

The Riverside Group Limited

Willowbrook

Inspection report

Willow Brook
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Willowbrook provides personal care within an assisted living scheme for people aged 55 and over. The complex comprises of 79 apartments. They are for single person or double occupancy. At the time of the inspection there were 57 people in receipt of a service.

This was the first inspection of Willowbrook since it was registered with the Care Quality Commission on 25 August 2016.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they were safe and staff were kind and approachable. There were sufficient staff to provide safe and individual care to people. People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Staff knew the needs of the people they supported to provide individual care.

People had positive relationships with their care workers and were confident in the service. There was a very strong emphasis on key principles of care such as compassion, respect and dignity. People were overwhelmingly positive about the care and support provided by staff. They all said they were treated with kindness and their privacy and dignity were always respected.

Appropriate training was provided and staff were supervised and supported. Staff had a good understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves. People received a varied and balanced diet to meet their nutritional needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. Systems were in place for people to receive their medicines in a safe way.

People and staff spoke well of the registered manager and they said the service had good leadership. There were effective systems to enable people to raise complaints, and to assess and monitor the quality of the

service. People told us they would feel confident to speak to staff about any concerns if they needed to.

The provider undertook a range of audits to check on the quality of care provided. People had the opportunity to give their views about the service. There was regular consultation with people or family members and their views were used to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe as systems were in place to ensure their safety and well-being. People received their medicines in a safe way. Staffing levels were sufficient to meet people's needs safely and flexibly and appropriate checks were carried out before staff began to work with people.

People were protected from abuse as staff had received training with regard to safeguarding. Staff were able to identify any instances of possible abuse and would report it if it occurred.

Is the service effective?

Good ●

The service was effective.

Staff were supported to carry out their role and they were given a good level of training to help them care for people effectively.

People's rights were protected. Best interest decisions were made on behalf of people, when they were unable to give consent to their care and treatment.

Changes in people's needs were quickly recognised and appropriate, prompt action taken, including the involvement of external professionals where necessary. People were provided with appropriate support in meeting their nutritional needs.

Is the service caring?

Good ●

The service was extremely caring.

The registered manager and staff were committed to a strong person centred culture. Kindness, respect, compassion and dignity were key principles on which the service was built and values that were reflected in the day-to-day practice of the

service.

People who used the service valued the relationships they had with care workers and expressed great satisfaction with the care they received. People were pleased with the consistency of their care workers and felt that their care was provided in the way they wanted it to be.

People said care workers always treated them with kindness and respect and often went above and beyond their roles. Staff built meaningful relationships with people who used the service and were given time to meet their needs and provide companionship.

Is the service responsive?

Good ●

The service was responsive.

People said the service was very flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

Staff were knowledgeable about people's needs and wishes. Records were in place that reflected people's current care and support needs.

People had information to help them complain. Complaints and any action taken were recorded.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in post. The registered manager promoted strong values and a person centred culture. People using the service, their relatives and staff were very positive about their approach and commitment.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff.

Willowbrook

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 22 August 2017 and was unannounced. Telephone interviews took place on 25 August 2017.

The inspection was carried out by an adult social care inspector and an expert by experience carried out telephone interviews with people after the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a service for older people.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

During this inspection we carried out general observations.

During the inspection we spoke with 11 people who lived at Willowbrook, the registered manager, the service manager, a visiting health care professional, four relatives and five support staff. We reviewed a range of records about people's care and how the service was managed. We looked at care records for five people, recruitment, training and induction records for five staff, one person's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, maintenance contracts and quality assurance audits which the registered manager had completed.

Is the service safe?

Our findings

All people we spoke with said that they felt very safe living at Willowbrook and with the staff who supported them. One person commented, "I feel safely supported by the care workers. They do everything by the book. I have a hoist and it is properly used by the two care workers." Another person told us, "I feel safe, I have a buzzer round my wrist and the care workers come if I need them. When I need them to help me, even struggling into bed, they will support me to do that. It makes me feel reassured." A third person told us, "I have had a few falls. I pressed the button and they [staff] were there in a couple of minutes, four or five of them (staff)." Another person said, "I feel safe. I know there is always someone there if I am not very well." One relative commented, "[Name] is definitely supported safely. Care workers come in the morning and help my relative to shower and get dressed."

People's needs were assessed by the local authority and they contracted with the service with regard to the number of hours of support people required. We considered there were sufficient staff to meet people's needs. Some people's needs were not complex and fifteen minute calls or less were carried out. During the inspection staff were not rushed and responded promptly and patiently to people's requests. One person told us, "If I use my buzzer staff come immediately." There were 57 people who were supported by staff. Staffing rosters and observations showed during the day nine support staff members were available until 3:00pm. Seven support staff were on duty until 10:00pm and two waking night staff were on the premises overnight. These numbers did not include the management team. Staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open.

Staff we spoke with were clear about the procedures they would follow should they suspect abuse. They expressed confidence to us that the management team would respond to and address any concerns appropriately. Staff had received training in relation to safeguarding. Staff understood the need to protect people who were potentially vulnerable and report any concerns to managers or the local authority safeguarding adults team.

People using the service and staff were kept safe because suitable arrangements for identifying and managing risk were in place. Risk assessments were carried out to identify risk. People's care plans highlighted any areas of risk to people's safety and wellbeing, in areas such as mobilising, falling or choking. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. Risk assessments were also used to promote positive risk taking and support individual lifestyle choices, such as medicines management. Staff were able to explain how they would help support individual people in a safe manner. One example included where a person was at risk of falls, the service had adapted their care package to help ensure their safety and staff carried out 10 five minute calls and this had reassured the person as they knew staff were coming to assist them rather than trying to mobilise independently themselves.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. We were told all incidents were audited by the responsible person at the office and action was taken by the registered manager as required to help protect people.

Medicines were given as prescribed. They were appropriately stored. People received their medicines when they needed them and they were supported to manage these themselves. Before people received a service, staff completed an assessment of needs. This included a description of each person's support needs relating to their medicines. Assessments explored people's capacity and whether they were able to administer their medicines independently or needed support. Staff outlined what specific support was needed within a care plan which meant staff were able to take a consistent approach. Where support was offered to people, records were kept to help ensure medicines were administered as prescribed. The registered manager monitored administration and recording arrangements to ensure any errors were identified and resolved promptly. Staff had completed medicines training and they told us competency checks were carried out. Staff had access to policies and procedures to guide their practice.

Staff we spoke with confirmed they had been recruited correctly. We were unable to access all the contents of human resource files to ensure people were appropriately recruited before they started work as they were located on the computer and we were given limited access by the recruitment company that managed them.

Records that were available showed that appropriate checks were carried out before staff began to work with people. We were shown on the computer a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before they were offered their job. We were shown copies of two references that had been obtained before staff were employed. One was a reference from the previous employer and the other was a character reference. We did not see application forms to check they included full employment histories or that applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people. We were informed by the registered manager these documents were held on computer and were managed centrally by the recruitment company.

Is the service effective?

Our findings

People made positive remarks about the staff team and their ability to do their job effectively. One person told us, "I'm really happy with the care workers. Some have their National Vocational Qualification (NVQ) at level 3 (now known as diploma in health and social care.) I know they get in house training." Another person commented, "I do think the staff are experienced. They seem to know what they're doing and how to go about it." Staff also told us there were opportunities for training. One staff member commented, "We do in house and specialist training to meet people's needs." Another staff member told us, "I've had two to three medicines competency checks over the year." Other staff comments included, "My training is all up to date" and "I do on line training but moving and assisting training is face to face."

Staff told us when they began working at the service they completed an induction which included the Skills for Care, Care Certificate to further increase their skills and knowledge in how to support people with their care needs. (The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.) They also had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. One person living at the service commented, "I have witnessed new care workers shadowing more experienced staff with myself."

The staff training records showed staff were kept up-to-date with safe working practices. The registered manager told us there was an on-going training programme in place to make sure that all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as dementia care, food and nutrition, dignity in care, mental capacity, equality and diversity and staff also completed a diploma in social care at level two. Planned training included end of life care and diploma in social care at level three for some staff members.

Staff told us they received supervision from the management team, to discuss their work performance and training needs. They said they could also approach the registered manager and service manager at any time to discuss any issues. One staff member commented, "I'm well supported, I have supervision every three months."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Willowbrook was meeting the requirements of the Act. We discussed the requirements of the MCA with the registered manager. They were aware of their responsibilities regarding this legislation. They told us they had requested an assessment from the local authority for one person who may require an application to the Court of Protection because they may be unsafe to go outside on their own.

Staff had received relevant training and were clear about the principles of the MCA and the actions to be taken where people lacked capacity. We were told information would be available where a person had a deputy appointed by the Court of Protection such as to be responsible for decisions with regard to their care and welfare and finances when the person no longer had mental capacity. This would be so staff were aware of the relevant people to consult about decisions affecting people's care. Staff were clear about the need to seek consent and to maintain people's independence.

People were involved in developing their care and support plan and identifying the support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'. People told us care workers always asked their permission before acting and checked they were happy with the care that was provided.

Most people made their own arrangements for their nutrition. The housing scheme had a restaurant which many people used for their lunch each day. Lunch was available and people had the option to order a meal to eat in their apartment. Where people needed help with food preparation or more significant support with eating and drinking, this was clearly detailed in their care plan. Related risks, for example with dysphagia (swallowing difficulties) were clearly documented, so staff were clear about the risk and what steps were needed to minimise them.

People managed their own medical appointments. Staff were not involved in people's routine healthcare, but they told us they were alert to any changes in a person's health or demeanour and responded to any emergencies. Staff told us they monitored people's well-being. Records showed that people were registered with a GP and received care and support from other professionals, such as the speech and language therapist, community psychiatric nurse and medical consultants. People's healthcare needs were considered within the care planning process.

Is the service caring?

Our findings

People using the service, without exception, told us, they were treated with kindness and compassion. People were observed to be relaxed and comfortable and they all stated they were overwhelmingly satisfied with the service. One person told us, "Everybody is very friendly and very nice. I can't say a bad word about them [staff]." Another person commented, "The care workers are pleasant and helpful." A third person said, "I love it here, I love everything about the place." Other comments included, "The care workers are all fantastic. I am really happy with them", "The best thing is the friendliness of the care workers. They are very friendly and easy to talk to", "The care workers are really kind and caring. They are more like family than staff", "I am really fond of the night staff. They will sit and chat with me if they haven't a call", "The care workers are compassionate. It is like talking to a friend", "The care workers are brilliant. They listen to you", "The staff team are a really nice bunch of people, they are brilliant", "The care workers are wonderful, absolutely wonderful" and "Nothing is too much trouble for the staff. They are very friendly and they have always got time for a chat with you." A visiting health care professional commented, "I'm more than happy with the care, all the staff are friendly and approachable."

People received information about the service when they started to use it. This provided them with information about the provider, including who to contact with any questions they might have. All of the people we spoke with confirmed they knew who to contact at the service.

Positive caring relationships had been developed with people. When the care package started people were introduced to the care workers who would be visiting them. When new care workers were employed they visited the people they would be supporting whilst still on their induction alongside the person's current care workers so that people got to know the replacement care workers. One person told us, "I have the same care workers most of the time, but I know all of them."

We saw care delivered matched the care highlighted in the person's care records. Staff were patient in their interactions and took time to listen and observe the person's verbal and non-verbal communication. People told us they were encouraged to make choices about their day to day lives. They said they were fully involved in decision making about their care. They said they were consulted and offered choices about their daily living requirements. One person commented, "The care workers let you do as much as you can. They don't try to force you." Another person said, "Staff help me out. I never feel rushed." A third person told us, "I feel in control. The care workers can make suggestions but they aren't pushy." One relative commented, "My wife's wishes are respected. If she doesn't want her shoes on she will tell them (staff) and they will listen."

All people said their privacy and dignity were respected. Staff were considered to be attentive, friendly and respectful in their approach. Staff were respectful of people's cultural and spiritual needs. One person told us, "I am definitely treated with dignity and respect. If I ask care workers to leave me for a few minutes, they will go out and come back. They let me do what I can on my own." Another person commented, "The best thing about my support is definitely the respect." A third person told us, "My front door is always open. When the staff pass they always ask if I'm alright."

Information was recorded to make staff aware of each person's communication methods and how to keep people involved in daily decision making. Where a person did not communicate through words, or had limited speech, specific details about what their different gestures and facial expressions usually meant were recorded. An example in a care plan included where a person used assisted technology to help them communicate. We saw the person used an iPad.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the management any issues or concerns. This sometimes led to a more formal advocacy arrangement being put in place with external advocacy services. Advocates can present the views for people who are not able to express their wishes. The registered manager told us an independent mental health advocate was involved with one person due to a safeguarding concern.

The registered manager told us people were supported to remain at the service for as long as their needs could be met. Two people had wished to remain at the service to receive end of life care and their wishes had been respected. They told us the relevant people were involved in decisions about a person's end of life care choices when they could no longer make the decision for themselves. People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people. This meant up to date healthcare information was available to inform staff of the person's wishes at this important time to ensure their final wishes could be met.

Is the service responsive?

Our findings

People lived independently in their own apartments and services were commissioned from Willowbrook staff in the event of emergency and if they required some care and support. Before they started using the service their support needs were assessed in a number of areas, including medicines management, personal care, communication and nutrition. Where a support need was identified a personalised care plan was put in place based on how people wanted to be assisted. These could include support with medicines or personal care or other care requirements as people became more dependent. The registered manager told us one person now received a reduced number of calls during the day as they had become more independent.

People told us they were involved and consulted by staff in how their care was developed and then delivered. One person told us, "Staff arrange a meeting with the care manager to discuss what I would like to happen. They [staff] are willing to change it if needed." People informed us that staff stayed for their allocated time, were reliable and arrived as arranged. "One person commented, "I sometimes get different care workers. The odd time I get agency staff but they are brilliant too." Another person told us, "I have the same care worker most of the time. I know exactly when they're coming."

Care plans were developed that outlined how the person's needs were to be met. They were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. For example, one record stated, 'I used to be a keen cyclist' and 'I get the Daily Mirror every day.' Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Care plans were person centred and well detailed to guide staff's care practice. The input of other care professionals had also been reflected in individual care plans. For example, the district nursing services and the speech and language therapy team, SALT team guidance was in place for a person with dysphagia, (difficulties with swallowing.) People's care records were kept under review. Regular evaluations were undertaken by staff and care plans were updated following any change in a person's needs. One person told us, "I have been in and out of hospital since I moved in. Staff have provided me with extra support when I needed it." People told us they were involved in meetings about their care and were aware of the care plans kept in their home. One person told us, "There is a care plan in the file. The care workers look at it and I tell them it is there."

Staff kept up to date with people's care needs by reading through care records. They told us changes in people's care were passed on to them at the daily staff handover. Staff kept daily progress notes to monitor people's needs, and evidence what support was provided. One person told us, "The care workers write in my care file every time they visit." Comments in records made by staff were meaningful and useful in documenting people's changing needs and progress. They gave a detailed record of people's wellbeing and outlined what care was provided.

There was a lively atmosphere in the service and a camaraderie was observed amongst the people. They

mostly spent time in their apartments and they met up in communal areas before lunch or for pre-arranged events. Tenants used the restaurant as a place to meet and socialise. We observed after lunch people retired to the lounge to continue socialising until they returned to their apartments or went about their daily lives. Staff and people told us events took place at the service. Activities included a film club, bingo, line dancing, scrabble, sing-a-longs, bowls, themed supper nights, regular tea parties and games. The service also had a library and hairdresser. We saw a jigsaw library was available. Planned entertainment and bus trips also took place, a recent trip had been to Gilsland Hotel. The service was preparing for the imminent official opening of the complex with a 1960s theme and local dignitaries and visitors were to attend. The complex was purpose built and was part of the local community. People told us they had watched it being built and they knew the site as it had been well used in other capacities such as a social club before the housing complex was built.

People were encouraged to be involved in the running of the service. Tenants meetings were held on a monthly basis and we saw people were invited for suggestions for activities and outings and were given information about the service. Meeting minutes were available for people unable to attend meetings. Meeting minutes for June 2017 showed arrangements were being made for people to attend a World War Two themed event and tea dance in Gateshead with transport provided. A regular newsletter was also produced by one of the tenants to keep people informed about the service and activities and events taking place.

People told us they would be comfortable raising any concerns or complaints and expressed confidence they would be dealt with. People said they would either speak directly to the registered manager or to senior staff. A copy of the complaints procedure was clearly available in the service and information was given to each person about how they could complain. The service viewed concerns and complaints as part of driving improvement. One person told us, "I haven't needed to raise any issues, but I know who to talk to if I did." Another person commented, "I'm quite happy with everything." A record of complaints was maintained and six had been received since the service opened. Complaints received were investigated and resolved with the necessary action taken.

Is the service well-led?

Our findings

There was a registered manager in place who had registered with the Care Quality Commission in May 2017. They were managing two services at the time of inspection but told us they were very shortly to just be responsible for Willowbrook so would be based full time at the service. The registered manager was fully aware of their registration requirements and had ensured that the Care Quality Commission (CQC) was notified of any events which affected the service.

The registered manager and service manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. They were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The atmosphere in the service was relaxed and friendly. One person told us, "It's a lovely place. There is a nice atmosphere." Another person commented, "I'd give them ten out of ten for the care here." The registered manager was enthusiastic and had many ideas to promote the well-being of people who used the service. Staff and people we spoke with were very positive about their management and had respect for them. One staff member told us, "You can go to the office, the door is always open."

People and their relatives told us they were happy with the service and the leadership provided. They said they felt well-supported and spoke highly of the service provided by the service. One person told us, "I'm really happy at Willowbrook and would certainly recommend it." Another person said, "I've never been so settled. My relative says I couldn't have found a better place to live." A third person commented, "Willowbrook is great. They help all sorts of people who need help. They do quite a lot for people."

The registered manager told us the ethos of the service was, "It is what we can do for people, not what we can't do." The culture promoted person centred care, for each individual to receive care in the way they wanted. Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The registered manager was supported by a management team that was experienced, knowledgeable and familiar with the needs of the people the service supported. They told us they were well supported by the provider's management team. They had regular contact with head office, ensuring there was on-going communication about the running of the service. Regular meetings were held where the management were appraised of and discussed the operation and development of the service.

Staff meetings took place monthly to ensure the smooth running of the service and separate night staff meeting took place as they were not on duty during the day. Meeting minutes were available for staff who were unable to attend.

Regular audits were completed internally to monitor service provision and to ensure the safety of people

who used the service. The audits consisted of a wide range of daily, weekly, monthly, quarterly and annual checks. They included the environment, medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation. Audits identified actions that needed to be taken. The registered manager told us the service received regular visits from other registered managers who were external to the service and they carried out audits and spoke with people who used the service and staff. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The registered manager told us the provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out to people who used the service and staff. Quality assurance questionnaires were issued to people by the service every six months to check the care provided and obtain people's feedback. Results from the survey sent out to people in April 2017 were positive. People's comments included, 'I try to be as independent as I can but I know help is there if and when needed', 'I'm very happy with the care', 'Happy with the same carers, feel very comfortable' and 'Care has been adapted to suit needs and has been a fantastic support and help.'