

# Hammonds Way Ltd

# Willow Brook

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

We carried out an announced inspection of this service on 24 August 2017. Willow Brook provides personal care and support for adults with a learning disability, autism or mental illness.

Willow Brook is a supported living service where people reside in self-contained flats on the first floor of a purpose built building and have designated key workers to support them with activities of daily living and personal care. The service operates from an office within the building. At the time of our inspection one person was being supported at Willow Brook.

There was a registered manager 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.

The provider supported staff with mandatory training which enabled them to care for people effectively. However, not all staff had completed training to assist them in managing behaviours that challenge which could impact on their skills in being able to deal with these behaviours in every day practice and audits had not identified this lack of training. However, there were other quality auditing and management systems in place to ensure that areas of improvement were identified and acted upon and to maintain best practice throughout the service.

Staff knew about the risks of abuse and avoidable harm and there were suitable processes in place if they needed to report concerns. The provider had procedures in place to identify, assess, manage and reduce other risks to people's health and wellbeing which were tailored to their individual needs.

There were enough staff employed by the service to keep people safe and in accordance with their needs. Safe recruitment practices were followed to ensure that those employed were suitable to work in a care setting.

Medicines were stored securely in individual people's flats and administered by appropriately trained staff. Medicine administration records (MAR) were kept up to date and medicines that were no longer required were disposed of appropriately.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and provided good examples of seeking consent when providing personal care and support. Deprivation of Liberty Safeguards (DoLS) applications were all completed thoroughly with a robust system in place to renew applications when required. There were good examples of best interest decisions having been made for a person when they lacked capacity to make decisions for themselves.

Staff were supported by regular supervision, well-being checks, group work and annual appraisal.

Staff were able to develop caring and warm relationships with people. They respected their independence, privacy and dignity when supporting people with their personal care and other activities of daily living. People were encouraged and supported to engage in meaningful activities according to their individual preferences.

People were supported and encouraged to maintain a healthy balanced diet and access health and social care professionals when required.

The provider's assessment, care planning and reporting systems were designed to make sure people received care and support that met their needs and was delivered according to their preferences and wishes. People were actively encouraged to contribute to decisions regarding their care and support. Support plans were personalised and holistic.

People knew how to make a complaint if they had concerns and complaints were logged, investigated and followed up in accordance with the provider policy. The complaints procedure was available in an easy read format.

The registered manager sought feedback from people, staff and external professionals to ensure the continual improvement of service provision. Feedback was very positive. However, the registered manager did not always ensure that mandatory staff training was undertaken by all staff in a timely manner.

The culture of the service was very caring and supportive which was cultivated by the registered manager. Staff spoke positively of the management team. The registered manager promoted staff well-being by introducing a number of processes to ensure staff felt valued. Meetings were held to encourage people and staff to discuss any issues they may have and for the management team to share best practice and learning from incidents.

## 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 protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and followed safe recruitment practices to ensure those employed were suitable to work in a care setting.

Processes were in place to ensure medicines were handled safely and administered by appropriately trained staff.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Mandatory training was not always completed in relation to managing behaviour that challenges.

DoLS applications had been completed fully with a robust system in place to manage the renewal of applications.

People were encouraged to maintain a balanced and healthy diet.

People were supported and encouraged to access health and social care professionals as required.

### Is the service caring?

Good ●

The service was caring.

People were actively encouraged and supported to contribute to decisions about their care and treatment.

Staff had developed warm and caring relationships with people they supported.

People's privacy and dignity was respected and their independence promoted wherever possible.

### Is the service responsive?

Good ●

The service was responsive.

People's support plans were personalised and holistic with their individual preferences and wishes taken into account.

The service supported and encouraged people to engage in meaningful activities of their choosing.

Support plans were reviewed regularly and reflected people's changing needs.

Complaints were dealt with in accordance with the provider policy and in a timely manner.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The registered manager did not always ensure that mandatory staff training was undertaken by all staff in a timely manner.

The service cultivated a warm and caring culture which had been implemented and maintained by the registered manager.

Staff spoke highly of the management team and provider.

Audits had not identified that elements of mandatory training had not been completed. However, there was quality auditing and management systems in place to ensure continual improvement and development in most areas.

Meetings were held for people and staff to encourage them to express their views about the service and annual questionnaires were sent to people, staff and external health and social care professionals to seek feedback regarding the service provided.

# Willow Brook

## 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.

The inspection took place on 24 August 2017. It was an announced inspection. We gave the registered manager 24 hours' notice of our visit to make sure people we needed to speak with would be available. The inspection team consisted of two inspectors. This was the first inspection of the service since their registration.

Before our inspection we reviewed the information we held about the home. We reviewed notifications of incidents the registered provider had sent to us prior to the inspection. A notification is information about important events which the service is required to send us by law. Prior to the inspection, the provider completed a provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we observed care and support being delivered by staff. The person who lived at Willow Brook was not always able to verbally express their views about the care and support they received.

We spoke with seven members of staff including; the registered manager, deputy manager, lead support workers and support workers. We spoke with two external health and social care professionals during our inspection.

We reviewed one care/support plan during our visit and a range of records relating to the management of the service. These included; complaints and compliments, accidents and incidents, quality assurance documents and a selection of policies and procedures. We also looked at recruitment, training and supervision records for five members of staff.

# Is the service safe?

## Our findings

Staff and external health and social care professionals told us that people were safe living at Willow Brook. One staff member said, "[Name] is definitely safe living here. This is [name's] home and we are protective of [person]."

The provider supported staff to protect people against avoidable harm and potential abuse. Staff were aware of the different types of abuse, and the signs to look out for. They knew about the provider's procedures for reporting concerns they may have about people. Staff told us they were confident any concerns they raised would be investigated and handled properly. They were aware of external agencies that could be contacted outside of their organisation if they considered their concerns were not being dealt with appropriately. Staff had regular refresher training in the safeguarding of adults and this was well attended. The provider had policies and procedures in place for safeguarding and whistle blowing. We observed that the management team had investigated safeguarding concerns robustly and within a timely manner.

The provider employed enough staff to keep people safe. There were four vacancies within the service but the provider had held interviews the day before our inspection to recruit new members of staff to the team. The provider used agency support workers to fill the gaps in the rotas, or, permanent staff were able to cover additional shifts if they wished. The provider used a regular agency and the agency staff who worked at the service had usually attended regularly and knew people well. The service provided agency staff with their own folder which gave them a summary report for the person they would be supporting during their shift. This ensured that whoever was working with the person would know how best to support and care for them.

We observed the service followed safe recruitment practices. We looked at the recruitment files for five members of staff and noted each employee had valid photographic identification, a full work history without any unaccounted gaps in employment, had completed a health declaration to demonstrate they were fit to carry out the requirements of their roles, suitable referencing and a disclosure and barring service check (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. These had all been completed satisfactorily.

People's medicines were stored securely within their own flats. Medicines were mainly prompted or administered from blister packs (a blister pack contains designated sealed compartments for medicines to be taken at particular times of the day) with some 'as required' (PRN) medicines given in accordance with the provider policy. People were supported with taking their medicines by staff who were appropriately trained to do so. Staff were provided with initial training and then observed during competency assessments by a senior member of staff. Documentation regarding the ordering, storing and administering of medications was all completed satisfactorily and weekly medication audits were undertaken to identify and act upon any anomalies. When medicines were no longer required by a person, the service arranged for the local pharmacy to collect the medicines for appropriate and safe disposal.

The provider identified and assessed risks to people's safety and wellbeing. Detailed, bespoke risk

assessments had been completed for each person living at Willow Brook. The assessments undertaken contained guidance for staff to manage the risks to people and themselves safely. For example, risks identified in relation to behaviour that challenges, eating and drinking enough, pain management and other environmental risks such as fire safety were all completed fully and easily accessible for staff to review when required.



## Is the service effective?

### Our findings

External health and social care professionals told us they felt confident staff at Willow Brook had the skills and knowledge to care and support people effectively. One health care professional said, "They [staff] are with people one to one and as a result they know everything about them, even a certain expression will alert them as to what the person they are looking after needs. They are very good."

The provider supported staff with refresher training to enable them to maintain the skills and knowledge required to carry out their roles effectively in accordance with best practice. The service maintained an electronic training matrix to record and monitor which member of staff had undertaken any element of the required annual training. Training certification was also recorded within the matrix, with some documentation available in staff files. Subjects such as safeguarding adults, fire safety, moving and handling and challenging behaviour were among the 16 subjects available to staff from an external training consultancy facilitated through e-learning. Most staff had completed most of the compulsory training elements, however, the training to equip staff with the necessary skills and knowledge to manage behaviour that challenges had not been completed by all staff. The registered manager told us that where it indicated on the training matrix that staff had not yet completed this training they would have carried over a certificate from their previous employer to confirm they had already completed training in this area. However, of the five staff files that we reviewed during inspection three members of staff had no relevant paper documentation to confirm this. We discussed this with the registered manager who confirmed that action would be taken regarding this matter as soon as was practicable.

Staff were provided with a comprehensive induction programme. New employees were given an opportunity to shadow an experienced colleague for two to three shifts to develop their skills and confidence when working on their own. We spoke with some members of agency staff who told us they were given all the appropriate information required about a person to support people effectively before they started their shift. One agency support worker said, "I would work here every day if I could."

All staff employed at Willow Brook were expected to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This was an ongoing process and there was an expectation that staff would complete the Care Certificate within 18 months from commencement.

The registered manager and deputy manager supported staff by providing them with regular supervision, well-being checks, group work and an annual appraisal where staff had the opportunity to discuss their training, development and performance issues. Members of staff told us that they were well supported by their managers and that if they had any personal issues that might affect their performance at work, they could go to their line managers or the registered and deputy managers to discuss matters. If a change of working pattern or leave was required as a result of those discussions, staff told us the management team tried to accommodate their request wherever possible. The registered manager had organised for a health

care professional to engage staff in group work enabling them to discuss things if they wished that they may have found challenging within the workplace. During sessions staff were given techniques to adopt to ease that particular issue for them in everyday practice.

The Mental Capacity Act 2005 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 Act. The registered manager was aware of the Mental Capacity Act 2005 and its associated code of practice. Staff received training in mental capacity and were aware of the principles of the Act and put these into practice.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had fully completed Deprivation of Liberty Safeguards (DoLS) applications and there was a robust process in place to ensure that applications were renewed when required. Best interest decisions had been made for people to keep them safe and there were good examples of the correct use of these assessments.

People were supported to ensure they maintained a balanced, healthy diet. Where a person was not always able to verbally communicate their food preferences each day, a felt board was used with pictures of different foods to be chosen and stuck on to the board indicating the food that person preferred to eat for each meal. People were supported by their key workers to contribute to meal preparation and cooking if they were able to do so. Meals were prepared and eaten within each person's own flat.

Staff encouraged and supported people to attend appointments and access health and social care professionals when required. Evidence was seen of people having attended for chiropodist and GP appointments. If someone had been unwell or been seen by the community nurses or their GP for example during the day, information regarding this was relayed to the support worker covering the next shift. This was a documented, detailed handover and contained all the required information relating to how a person had been supported throughout the day or night.

## Is the service caring?

### Our findings

During our inspection we observed kind and caring interactions between staff and people. Staff told us they were proud of the achievements that people made on a daily basis. One member of staff said, "I can't believe how far [name] has come since living here, it makes me feel so pleased to see [person] so happy now."

One to one support was provided to people living at Willow Brook and as a result staff knew people very well and had developed warm, positive relationships with people. We observed caring, encouraging interactions between staff and people living at the home. Staff took time to engage people in conversation, taking into account a person's individual communication needs. Members of staff gave examples of how they understood people who may not be able to verbally communicate their wishes. For example, observing a facial expression, or a sound, or their mood; even their posture or subtle behaviours were taken into account. This knowledge gained by staff, of the people living at Willow Brook enhanced the positive rapport between people and members of staff and enabled them to know how best to support people in their everyday lives.

Support workers were respectful of people and gave good examples of ensuring that people's privacy and dignity was protected whilst assisting them with personal care tasks. They told us that they ensured practical measures were taken to achieve this, such as closing bathroom and bedroom doors, drawing curtains and covering people when assisting with personal care.

Where possible, consent was sought from people and all support plans were available in easy read pictorial format so that people were able to actively contribute during reviews of the care and treatment provided. People's support plans were detailed and contained evidence people were involved in decisions about their care.

The service had received positive comments from relatives and from external health and social care providers regarding the care and support they provided. One health care professional said, "Staff at Willow Brook have very quickly recognised what works for [person] and have been able to manage the environment effectively and positively and reduce risks."

## Is the service responsive?

### Our findings

The service was responsive to people's needs. The registered manager promoted individual choice across the service. One external social care professional told us of the service, "They see the person as a whole, as an individual, that is why it works so well."

People were supported in their individual flats. The flats were personalised to the individual and were clean, light and airy. A person's photographs, personal items and furniture made each flat their own. The pre-admission assessment was completed by the registered manager in conjunction with the referring agency/professional and from this initial assessment a package of support was tailor made to cater for the individual person according to their needs, taking into account their own preferences and wishes.

Support plans were personalised with an in depth holistic view of the person to offer staff the opportunity of providing care and support that was person centred. The support plan contained detailed information regarding, how a person communicated, what they liked to wear, what their sleep pattern was like and what support regime they required. Further to this the plan not only offered specific details of any personal care tasks a person needed assistance with, but also what colours a person liked, what types of food they liked and what activities they preferred to engage in. For example, one plan said, "[Name] likes to wear blue and purple pyjamas". It continued to say where the person liked to visit during the day and what they might like to eat and drink at particular eateries or coffee shops.

To accompany and supplement the support plan was a 'personal planning book' created with the person and presented in easy read pictorial format. The book provided information for staff and encouraged people to participate in understanding and contributing to their own support plans. They included, ways of effective communication which included details of how to phrase and discuss matters so that a person would understand better. For example, using picture boards, what a person might say or do if they didn't understand or couldn't communicate verbally, circles of support, important life events, plan for morning, afternoon and evening, my birth, trips out, how I keep myself safe, top tips to being healthy, good things about me, things I like to say, things I like and dislike.

Each person was supported and encouraged to engage in meaningful activities and trips out into the local community and further afield. The activities were arranged around the individual's preferences. For example; one person liked to go to the hairdressers or to go shopping. Photograph books for each person were kept with the person in their flat, depicting them enjoying activities they had participated in and trips out that they had enjoyed.

The service had a complaints policy in place. This was also available in an easy read format to ensure that people using the service were able to raise their concerns or make a formal complaint if required. There was evidence during inspection of the registered manager having received very few complaints, but having dealt with them in a timely manner and in accordance with the provider policy.

## Is the service well-led?

### Our findings

Staff spoke highly of the management team, they felt their registered and deputy manager and the provider cared about their well-being and they felt valued as members of the team. One member of staff said, "The management are really supportive, they are so helpful." Another member of staff said, "It's just really open and honest here, very friendly and communication is good."

The registered manager had developed and maintained a transparent and warm culture within the service where people and staff were listened to. Staff felt able to discuss any concerns they had with their management team and said their concerns would be dealt with effectively. The registered manager introduced us to a person living at Willow Brook. It was evident that they knew the person well and the person felt comfortable with the registered manager. The management team were fully engaged with people living at the service and demonstrated detailed knowledge of people using the service.

Audits were in place to assess the overall safety of the service; however they were not always effective. The registered manager had processes and management systems in place to monitor the safety and effectiveness of service provision, which enabled the management team to look at any areas identified for improvement and act upon them as necessary. However, we found staff members had not received the required training in a subject which would have supported them to deal with managing behaviours that challenge. This could have impacted on their skills in being able to deal with these behaviours in every day practice. Particularly as people living at the service were assessed as demonstrating behaviours that challenge. Audits had, however, been completed and were effective when checking if support plans were accurate, whether daily logs had been completed, whether medicines administration records (MAR) were accurate and whether DoLS applications were due for renewal.

Quality processes were in place to assist the provider to assess the overall quality of the service. Feedback was sought from people and staff by sending out annual questionnaires. For people living at Willow Brook, questionnaires were produced in an easy read format to ensure that everybody was able to express their views regarding the service provided. The feedback was largely positive.

Following the completion of the staff survey the registered manager had implemented some changes for staff within the service to ensure they felt valued. They had been given an additional two days annual leave and an enhanced rate offered for overtime hours as well as introducing new well-being forms which were completed by line managers during supervision. The registered manager had also introduced group work with a health care professional to enable staff to be able to discuss any difficult issues that they may have encountered during their working day if they wished.

Meetings were held for people and staff to attend on a regular basis. During meetings people were updated with developments within the service and this also provided an opportunity for people to address any areas of concern they may have had. During staff meetings, best practice and learning from incidents was shared with the team.