

Exalon Care Limited

The Willows

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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

The Willows is a care home which provides accommodation and personal care for up to 10 people with autism, a learning disability or mental health needs. At the time of our inspection seven people were living at The Willows.

This inspection took place on 10 October 2017 and was unannounced. We returned on 17 October 2017 to complete the inspection.

The service did not have a registered manager in post at the service. 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 and associated Regulations about how the service is run.

The previous registered manager left their post at the service in September 2017. A new manager was in post and was available throughout the inspection. The manager said they were aware of the need to submit an application to be the registered manager and needed to obtain the information necessary to make the application. The provider had a condition of registration that a registered manager must be in post at The Willows and was therefore not meeting the conditions of their registration at the time of the inspection. We will monitor this and will consider taking action if the service continues to operate without a registered manager.

At the last comprehensive inspection in December 2016 we identified that the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not being managed safely. At this inspection we found the systems for managing people's medicine had improved and staff were providing safe support to meet the requirements of the regulation. However, further work was required to ensure staff always kept accurate records of the support they provided to people in relation to medicines.

Staff did not always take action to support people to manage risks they faced. Staff did not provide effective support to a person who had left the service when distressed. The lack of action by staff had increased the risks faced by the person. Records had been completed by staff involved in incidents, but the incident recording process did not include details of actions taken by the management team in response to the incident. The manager was aware of the shortfalls and was taking action to address them.

The provider had not ensured notifications were always submitted to the Care Quality Commission when required. Incidents in which abuse has happened, there is an allegation of abuse or those that are reported to or investigated by the police must be reported to CQC. This is to ensure CQC can monitor how the service is operating and take any follow up action that is necessary.

People who use the service were positive about the support they received and praised the quality of the staff

and management. People told us they felt safe when receiving care and were involved in developing and reviewing their support plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. One person commented they liked that there were staff awake at night so they can get help if needed. Another person told us they felt safe and said they would talk to staff if they had any concerns.

Staff were appropriately trained to give them the skills necessary to meet people's needs. Staff received a thorough induction when they started working for the service. They demonstrated a good understanding of the values and philosophy of the service.

The service was responsive to people's needs and wishes. People had regular group and individual meetings to provide feedback and there was a clear complaints procedure.

The management team assessed and monitored the quality of care. The service encouraged feedback from people, which they used to make improvements. The manager was aware of the shortfalls we identified as part of this inspection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff did not always take effective action to support people to manage risks they faced.

Medicines managements systems were safe, although work was needed to ensure staff always kept records of the support people received to manage medicines.

There were sufficient staff to meet people's needs and systems were in place to ensure people were protected from abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Records contained conflicting information about people's capacity to consent to some decisions.

Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

People's health needs were assessed and staff supported people to stay healthy.

Is the service caring?

Good ●

The service was caring.

People spoke positively about staff and the support they received. This was supported by what we observed.

Support was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided support in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning and reviewing their support.

Staff had a good understanding of how to put person-centred values into practice in their day to day work.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

The service was not always well led.

There was not a registered manager in the service.

The service had not always notified CQC of significant events they were legally required to.

The manager provided strong leadership and demonstrated values, which were person focused. The manager was aware of the improvements that were needed in the service.

Requires Improvement 

The Willows

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. The inspection was planned to check 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 inspection took place on 10 October 2017 and was unannounced. We returned on 17 October 2017 to complete the inspection.

The inspection was completed by two inspectors. Before the inspection, the provider completed a Provider Information Return (PIR). 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. We looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with three people who use the service, three support staff and the service manager. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for five people. We looked at records about the management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection in December 2016 we identified that the service was not meeting Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed safely. The provider wrote to us to set out the action they would take to address the shortfalls following the inspection and said they would meet the requirements of Regulation 12 by December 2016. At this inspection we found that improvements had been made to the management of medicines, although further work was required to ensure staff kept accurate records of the support provided in relation to medicines.

Medicines held by the home were securely stored and people were given support to take the medicines they had been prescribed. There was a record of all medicines received into the home and returned to the pharmacist. Where people were prescribed 'as required' medicines, there were protocols in place setting out the reasons for the medicine and when staff should support people to take them. Staff received training before they were able to administer medicines.

A record had been fully completed where people were supported to take medicines. However, staff had not always recorded when people had refused their medicines. Although there was not always a record that people had refused their medicine, there was a record of staff working with people's GP to discuss prescribed medicines they were not taking regularly. The manager said they would address this with staff and ensure people refusing their medicine was recorded in future.

Staff had made a record when people took medicines out of the home. However, these records were not always stored with the other medicine records, which made it difficult to check that the record of medicines held in the home was correct. We discussed this with the manager, who later found the missing records. One had been held by the person being supported and one was found in the home's safe. Whilst staff had followed the correct procedures to record the medicines, the records had not been stored in a way that enabled the manager to assure themselves that the amount of medicines held in the home was correct.

Staff did not always take effective action to support people to manage risks they faced. The manager reported an incident that happened between the two days of this inspection. A person had been distressed and had left the service at 11.30am. Staff supporting the person had assumed they had returned to the home and were in their bedroom. The incident was reported to the manager when they came to the home at 3pm, and on checking it was found the person was not in their room. A search was started and the person reported to the police as missing. The person was subsequently found at 7pm and was reported to be very intoxicated. Staff had taken no action between 11.30am and 3pm to provide support to a person who was reported to be distressed and had made an assumption the person was in their bedroom when this was not the case. The manager had reported this incident to the local authority safeguarding adults team, who had requested a review of the person's care by their funding authority. The manager told us the incident was the subject of a disciplinary investigation and action would be taken if necessary.

Records had been completed by staff involved in incidents, but the incident recording process did not

include details of actions taken by the management team in response to the incident. For example, in one incident a person slipped and hit their head. There was a record that advice had been sought from the out of hours doctor, but not a record of the advice that was received, action taken in response or actions to prevent the incident occurring again. The manager reported that in this incident the advice received was to observe the person, which had happened.

In another incident, a person cut themselves with a blunt knife, causing what were described as superficial wounds to their arms. A second incident was recorded, 16 days later in which the person had again self-harmed with a blunt knife. The second incident report stated there possibly needed to be an assessment in place covering the risk of a similar incident. There was no record that this had been followed up by the management team and no specific risk management plan was in place relating to self-harm for this person.

This was a breach of Regulation 12 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the people we spoke with said they felt safe living at The Willows. One person commented they liked that there were staff awake at night so they can get help if needed. Another person told us they felt safe and said they would talk to staff if they had any concerns.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify potential abuse and respond appropriately if it was suspected. Staff told us they had received safeguarding training and training records confirmed this. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report any concerns and were confident managers would take action to keep people safe. Staff were also aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. Records showed the management team had worked with the local authority and the police where there were concerns about people's safety.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. Comments included, "There are enough of them [staff]". Staff told us they were able to provide the support people needed, with comments including, "There's loads of time to do everything. You don't have to rush" and "There's time to support people to do what they want to".

Is the service effective?

Our findings

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 legally authorised under the MCA.

Records contained conflicting information about people's capacity to consent to some decisions. Two people had a record in their support plan which stated they had capacity to consent to support, but went on to say, 'When decisions are made [the person] should be involved and they need to be in his best interest'. The assessments did not recognise the person's capacity to make any decisions meant staff would not need to take any decisions on their behalf.

Another person had a mental capacity assessment which concluded they did not have capacity to consent to their care and treatment at The Willows. There was no record of a best interest decision process being followed to decide what the right support for this person was. The care plan for this person did not have information about how they could be supported to make decisions and how they communicated them. The mental capacity care plan for this person contained generic details and was not person centred. The plan did not set out what decisions the person had capacity to make.

Despite the conflicting information in two plans and lack of detail in another, staff demonstrated a good understanding of people's needs and the support they needed to make decisions. Discussions with staff demonstrated they were providing the right support for people to be involved in making decisions where possible. The manager told us they were aware information in the plans needed to be updated and they had started work to introduce a new recording system.

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 are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection there were two authorisations to restrict people's liberty under DoLS. These restrictions were kept under review to ensure they remained the least restrictive way to support people to stay safe.

People told us staff understood them and provided the support they needed, with comments including, "The staff are available for me so I can get help if I need it".

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff said these had been more frequent since the change in manager, with one commenting, "Since [the new manager] has been here they happen more frequently. If you want one, shout and you'll get one". We saw these supervision sessions were recorded. Staff said they received good support and were also able to raise concerns outside of the formal supervision process

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. One support worker told us they felt they needed more training in alcohol and substance misuse. The manager told us they had recently introduced a new training package that was available for all staff. This included substance misuse and the manager was planning for all staff to complete this within a month of the inspection. The manager said he was planning to make more accredited training available for staff. One support worker commented, "[The manager] is brilliant. I don't think there would be a time when I would have to ask for training; he's just so on it, it's great".

People told us they enjoyed the food provided by the home and were able to choose meals they liked. There was a planned menu, with alternatives available if people didn't like to main meal. The home was well stocked with food, which gave people to opportunity to have something different if they wanted.

People told us they were able to see health professionals where necessary, such as their GP or specialist nurse. People's support plans described the support they needed to manage their health needs. Records demonstrated people were supported to attend appointments.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "I am happy living here. I get on well with the staff" and "It's ok living here, I like the staff". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for support. For example, we observed staff provide one to one support for people when they requested it and supporting one person to plan out what they were doing for the day.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their health needs and who people wanted involved in their support. Staff had a good understanding of how people communicated. Staff were able to give examples of signs people were happy and signs they were uncomfortable and needed support. This information was used to ensure people received support in their preferred way.

People were involved in decisions about their support. People had regular individual meetings with staff to review how their support was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's support plans. One person told us "I have meetings with my keyworker every month. We look at how things have gone that month and plan what goals I want to achieve". The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people were able to discuss issues or important decisions with people outside the service.

Staff received training to ensure they understood the values of the organisation and how to respect people's privacy, dignity and rights. This formed part of the core skills expected from staff and was mandatory training for everyone working in the service. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy, for example not discussing personal details in front of other people and making sure they respected people's personal space.

Is the service responsive?

Our findings

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. One person told us they had recently bought a new tent and were planning camping trips with friends when the weather was warmer. Another person said they enjoyed being able to use the computer in the games room and play pool with their housemates. One person had returned from a holiday abroad the day before the inspection. Staff supported people to take part in individual activities and involved them in the planning. Records demonstrated these activities had included trips out to local shops and pubs, developing the home's garden and taking exercise. The manager told us they wanted to develop a more structured approach to the support provided for people to take part in activities, including educational opportunities. The manager was in the process of converting a garage to provide additional space to support people with practical activities. The service had employed a handy person, who was also trained as a support worker. The plan was that this member of staff would support people to develop their skills and provide activities for people.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, their daily routines and goals to develop skills to live independently. The support plans set out what their needs were and how they wanted them to be met. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. Although the plans contained a lot of information specific to the person, some also contained generic information that was not relevant to people's specific needs. For example, two people's files contained a dementia care plan, despite them having no needs relating to dementia. The manager told us this was a problem they had identified with the care planning system they had been using and said they were in the process of moving to a new system. The manager was confident their new system would make the plans more person centred and remove some unnecessary information. The plans were reviewed regularly with people and we saw changes had been made following people's feedback in these reviews.

Where people had specific needs, the service had worked with relevant health professionals to develop detailed plans to meet their needs. For example, some people had a pro-active behaviour strategies in place with detailed information about the steps staff should take to support them during periods of distress. Another person had an epilepsy management plan in place that had been developed by the epilepsy nurse. The plan contained detailed information about the support the person required if they had a seizure, the actions staff should take and what information staff should record.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. Comments included, "I don't have any concerns, but I would speak to [the manager] if there was a problem" and "I did have some concerns, but I have sorted them out with staff". The manager reported the service had a complaints procedure. The provider used a local advocacy service to have regular meetings with people and support them to raise any concerns. Staff were aware of the complaints procedure and how they would address any issues people raised in line with them.

The service had house meetings in which people could discuss any concerns or suggestions for the way the home was managed. Issues discussed in recent meetings included, changes to menus, planning group activities and purchasing of new furniture. The house meetings had not happened as frequently as the manager said they wanted over the previous six months. The manager had put plans in place to make sure the meetings were held every month.

Is the service well-led?

Our findings

The service did not have a registered manager in post. The previous registered manager left their post at the service in September 2017. A new manager was in post and was available throughout the inspection. The manager said they were aware of the need to submit an application to be the registered manager and needed to obtain the information necessary to make the application. The provider had a condition of registration that a registered manager must be in post at The Willows and was therefore not meeting the conditions of their registration at the time of the inspection. We will monitor this and will consider taking action if the service continues to operate without a registered manager.

The provider had not ensured notifications were always submitted to the Care Quality Commission when required. There was an incident in which one person hit another person on the back, leaving a red mark on their skin. The manager at the time of the incident had reported the incident to the safeguarding team at Wiltshire Council, but there was no record of whether CQC had been notified as this section of the incident form had been left blank. We had not received a notification of this incident.

On another occasion, two people were reported to be 'play fighting' when one fell from a chair, hitting their head on a fire place. The incident report recorded that medical assistance was sought, although the section on whether CQC had been notified was left blank. We had not received a notification of this incident.

On a third occasion, the police had visited the service as part of an investigation. The incident form stated CQC had not been notified of this incident.

We discussed these incidents with the manager, who checked back through the previous registered manager's records, and confirmed notifications had not been sent for these three incidents. Incidents in which abuse has happened, there is an allegation of abuse or those that are reported to or investigated by the police must be reported to CQC. This is to ensure CQC can monitor how the service is operating and take any follow up action that is necessary. The manager was aware what incidents needed to be notified to CQC and notifications had been made for all relevant incidents since the new manager had been in post.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The manager had clear values about the way support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maximises people's independence. The manager told us they had created a development plan for the service following their appointment. The development plan addressed the shortfalls we identified during this inspection.

Staff valued the people they supported and were motivated to provide people with a high quality service. The manager told us they wanted to develop the skills of the staff team through additional accredited training and support for them. Staff told us the manager had worked to make improvements in the service since taking up their post. They said the manager had worked to create an open culture in the home that was respectful to people who use the service and staff.

Staff had clearly defined roles and their responsibilities were set out in the home's policies and procedures. Staff told us there had been a period of instability, with a number of different managers, but were hopeful things would improve. One member of staff told us, "We've had five managers in three years; each one has their own style and way of doing things. Things get started and then another one comes in with a different way. It takes time".

The manager said there were a number of different audits and checks that were used to identify any shortfalls in the service. A director or senior manager from the provider company visited the home each month to assess the quality of the service being provided. This visit included discussions with people who used the service and staff to receive their feedback. Each month the visit looked in detail at a specific area of the service being provided and actions were developed where necessary. These actions were followed up at the next visit. The manager said they were in the process of developing a detailed self-assessment, that would be submitted to the directors each month as part of their assessment of the operation of the service.

The manager attended regular forums and groups within the sector to share best practice issues and learn from incidents in other services. This best practice was shared with staff through team meetings and individual supervision sessions.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the manager worked with them to find solutions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not ensured notifications of relevant events were submitted to the Care Quality Commission. Regulation 18 (2) (e) and (f).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured action was taken to assess risks to people and to mitigate those risks. Regulation 12 (2) (a) and (b).