

Kings Residential Care Homes Limited

Willow House

Inspection report

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Ratings

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| Overall rating for this service | Good ● |
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| Is the service safe? | Good ● |
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| Is the service effective? | Good ● |
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| Is the service caring? | Good ● |
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| Is the service responsive? | Good ● |
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| Is the service well-led? | Good ● |
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Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Willow House is a residential care home providing accommodation and personal care to up to five people. The service specialises in providing support to people diagnosed with learning disabilities and/or autistic spectrum disorders. At the time of the inspection three people were using the service.

People's experience of using this service and what we found

Right Support

People were encouraged to take part in a range of activities at the service and in the wider community. A staff member said, "The residents are lovely, and I like being on the go with them. They get lots of opportunities to go out and they have a good quality of life here." Staff involved relatives in people's care and support and kept them up to date on their progress and achievements. A relative said, "Every week pictures are sent to me, so I know what they have been doing." People had increased their independence since being at the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The premises were spacious, safe, and comfortable with a large secure garden at the back.

Right Care

Staff provided people with personalised care and support. They knew people well and communicated effectively with them using language, pictures and signs. People had a say in all aspects of their lives and staff encouraged them to make choices about their daily routines and activities. People were treated with dignity and respect. Staff protected their privacy and knew how to do this safely without undermining their independence. People were supported to be healthy, to eat well, and to be active and involved in the local community.

Right culture

The service's directors, manager, and staff team were committed to providing good quality care in a warm and caring environment. A relative said, "The service is well led without a shadow of doubt." People's needs and wishes were at the centre of the service and staff supported them to lead confident, inclusive and empowered lives. They sought advice and feedback from those involved in people's care including relatives and health and social care professionals. The service had a calm and happy atmosphere. Staff followed best practice guidance for supporting people diagnosed with learning disabilities and/or autistic spectrum

disorders.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (report published on 06 January 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing and people's safety. A decision was made for us to inspect and examine those risks and to assess that the service is applying the principles of Right support right care right culture.

We also looked at infection prevention and control measures under the Safe and Well-led key questions. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Willow House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of one inspector, a specialist advisor, and an expert by experience. A specialist advisor is a person with professional expertise in care and/or nursing. An expert by experience is a person with experience of using or caring for someone who uses this type of care service.

Service and service type

Willow Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection visit the service did not have a manager registered with the Care Quality Commission. Since then a new manager has been registered. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We inspected this service unannounced on 24 May 2022 and announced on 31 May 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and commissioners. We used the information the provider sent us in the provider

information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection

During the inspection

We spoke with three relatives and spent time with three of the people using the service. We spoke with the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with three care workers and two of the service's directors.

We reviewed a range of records. This included three people's care records, staff records, and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service. A relative said, "[Person] is very safe and safer than at home." Another relative told us there were 'no issues with safety' at the service.
- The service had a calm and happy atmosphere. People were comfortable and relaxed and got on well with the staff who supported them.
- Staff knew who to report concerns about people's safety to. They told us they would tell the manager, the provider, the local authority and CQC, as necessary, if they thought people were at risk of harm.
- Staff worked with the local authority to ensure people remained safe at the service and any concerns about their safety were explored and addressed.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health, safety and welfare. Risk assessments were personalised and considered people's individual needs and abilities.
- Staff knew when people were at risk and followed instructions in risk assessments to keep people safe. Staff used distraction and other interventions to support people to remain calm and settled.
- Staff ensured people were safe in the community. For example, staff checked out a disco for people with learning disabilities to see if it was suitable for the people using the service. They found it to be too busy at present for the current service user group.
- Environmental risks were assessed and minimised. The premises and gardens were safe and spacious.
- One person needed a written risk assessment for using the stairs and the manager said they would immediately put that in place

Staffing and recruitment

- There were enough staff employed and on duty to meet people's needs. Some people required one-to-one staffing, and this was provided.
- Relatives said the staff were 'wonderful' and provided 'exceptional care'
- Good staffing levels meant people took part in a range of activities and outings. Staff continually interacted with people, met their needs promptly, and accompanied them when out and about.
- The service had faced some recruitment challenges, but these were resolving, and there was an established and experienced core staff team who knew people well.
- Staff were safely recruited and screened by the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People had their medicines when they needed them and in the way they preferred. Each person has a 'medicines profile' which set out their individual needs and how they liked their medicines to be given to them. A relative said, "Medication is managed well."
- Staff were trained in the safe handling of medicines and had additional training, where necessary, for specific 'as required' medicines. Staff followed written protocols to ensure they administered 'as required' medicines as prescribed.
- Following an historic issue concerning gaps in medicines records, the manager and nominated individual regularly audited these to ensure any discrepancies were identified and quickly put right.

Preventing and controlling infection

- The service used effective infection prevention and control measures to keep people safe, and supported people, visitors and staff to follow them. A relative said, "The environment is clean and well-maintained."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Visiting in care homes

The service was following current government guidelines on allowing visitors into the service.

Learning lessons when things go wrong

- The manager recorded accidents and incidents and reviewed them in conjunction with the nominated individual. This was to ensure they had been managed appropriately and lessons learnt where necessary.
- The manager had improved the staff induction procedure to make it more flexible. This meant new staff members' differing support needs were recognised and met.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Senior staff completed comprehensive assessments of people's physical, mental health and social needs during the admission process. People's views and those of their relatives and professional support network were central to the assessment. A relative said their family member had 'settled in perfectly and integrated really well'.
- People's diversity needs, including their background, personality, life experiences, beliefs, and communication styles were assessed to ensure the service was right for them.
- The nominated individual said compatibility was a key issue during the admission process. The people at the service had good relationships with each other and it was important that new people fit in well with them. The admission process gave full consideration to this.

Staff support: induction, training, skills and experience

- New staff completed an induction and essential training before working unsupervised at the service. A staff member said this initial training gave them the skills they needed to provide good quality care and support.
- Ongoing training was both general and specific to the needs of the people being supported. This included training on positive behaviour support, epilepsy, equality and diversity, and supporting people diagnosed with autism.
- Ad hoc training was provided to meet people's individual needs. For example, staff were trained in PEG (percutaneous endoscopic gastrostomy) procedures when this was required at the service.
- Directors completed the same training as staff to ensure they understood good practice in care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- People had personalised care plans for nutrition and hydration. Some people had additional needs relating to their diet and these were well-managed. The emphasis was on encouraging people to make choices about their food and balance that with maintaining a healthy diet.
- Staff used weight charts and food and fluid charts are necessary to ensure people had enough food and drink to meet their needs. Food diaries showed people had a varied diet and ate meals at the service and out in the community in line with their preferences.
- Most relatives were satisfied with meal arrangements. A relative said, "Mealtimes are enjoyed and [person] is able to identify a preference." Another relative told us they would like more involvement in their family member's meal planning. The manager said all relatives were welcome to take part in healthy eating activities at the service and they would be reminded of this.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with a range of health and social care professionals to ensure people's needs were met. For example, speech and language therapists, physiotherapists, and GPs supported people at the service.
- People had 'Grab and Go' guides (health actions plans/passports) for health professionals so they could support people effectively. These contained key information about people's needs and emphasised the importance of protecting their human rights at all times.
- Staff ensured health care professionals understood people's communication needs and knew how to support them to make decisions about their health care according to the Mental Capacity Act 2005.

Adapting service, design, decoration to meet people's needs

- The premises were spacious, uncluttered, and comfortable and designed to provide a calm environment for people. There was a large garden at the back which was popular with people.
- People had 'home environment care plans' to support them to use the environment safely. These considered and addressed any additional needs a person might have including mobility and sensory needs.
- Bedrooms were personalised and re-decorated as necessary. For example, one person wanted a minimally-decorated bedroom when they first came to the service, but then changed their mind so staff supported them to decorate the room with items they had chosen themselves.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service worked within the principles of the MCA. Staff received MCA training and ensured people were supported to make decisions about their lives. People were asked for their consent before any care was delivered.
- Where a person's capacity to make specific decisions was unclear, staff assessed them and, if necessary, made a best interests decision. Health and social care professionals and others who knew the person well were involved in this process.
- If people had DoLS restrictions in place these were monitored, and new applications made to the local authority before they expired. Some restrictions had expired, and the service were waiting for the local authority to assess and renew them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff provided kind and compassionate care in a family environment. They had an excellent rapport with people and understood their communication preferences and individual needs.
- There were many caring and respectful interactions between staff and the people. Staff had a genuine interest in people's well-being and quality of life. A relative said, "I could not put a price on the care and love the staff provide."
- People's individual 'likes and dislikes' were recorded so staff understood them and incorporated them into people's daily lives. For example, one person liked playful interactions with staff, and we saw these in action with the person enjoying them. Another person liked to go out for lunch and regularly went out with staff to local pubs, including on the day of our inspection.

Supporting people to express their views and be involved in making decisions about their care

- Relatives said staff were 'exceptional' at supporting people to make decisions about their care and involved family members, where appropriate. A relative said, "They are very inclusive when making decisions and I am confident that they would not hide anything from me."
- Each person had a 'personal wishes and views' support plan. This explained their care and support preferences at the present time and in the future, if their needs changed.
- Staff supported people to stay in contact with those who were important to them. A relative said, "They [staff] are flexible to ensure I am able to visit."

Respecting and promoting people's privacy, dignity and independence

- CCTV was used in some parts of the premises to enable staff to monitor people in a less intrusive way. This was agreed, as far as possible, with the person themselves, and with their relatives and health and social care professionals involved in their care.
- Staff understood people's need for privacy and 'alone time' where this was desired. They gave people space while simultaneously ensuring they were safe and staff were close by to meet their needs. This meant people on one-to-one staffing retained their dignity and independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support plans were personalised and holistic. They focused on people's strengths and abilities and how staff could support them to be more independent.
- People progressed at the service. A relative said, "We were pleasantly surprised when [person] co-operated with the staff to complete a task not easily completed at home."
- Staff supported people to achieve their goals. For example, one person was now attending college and another person was more mobile and had increased their personal care skills.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to information in formats they could understand. Staff used pictures, language, signs and symbols to communicate with them. Staff communicated effectively with people, giving them time to understand and respond.
- People's individual communication plans/passports set out their preferred methods of communication. These were detailed and personalised, for example, one person used their own vocabulary and signs and staff learnt these.
- If people needed to understand something new staff used personalised story boards and social stories. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People followed their interests and took part in activities they liked and had chosen themselves. These included attending college, shopping, eating out, discos, and using local parks.
- People were supported to remain in close contact with their families, where appropriate, and enjoy regular visits and meetings both at the service and out in the community.
- When a person was looking forward to activities staff devised a pictorial chart so they could count off the days until the activity. This made the count down to the activity more manageable for the person.

Improving care quality in response to complaints or concerns

- The service had a user-friendly pictorial complaints procedure, and a written complaints procedure, to help ensure people and relatives know how to raise issues and concerns.
- The manager and nominated individual responded positively to complaints, keeping records, and, where possible, meeting with complainants to discuss their concerns and look for a way forward. Learning from complaints was shared with staff.
- Staff advocated for the people they supported and said they would complain on their behalf if they had concerns about the service they received. If people appeared unhappy staff explored what might be wrong and acted to bring about improvements.

End of life care and support

- No one was receiving end of life care at the time of our inspection. The manager said people's care and support preferences and choices would be discussed with people and those close to them if this became necessary.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive and happy atmosphere. A relative said, "Within a minute of walking into Willow House we felt comfortable. I would highly recommend the service. It is a family environment."
- People and their well-being were at the heart of the service. The manager, directors, and staff had a genuine interest in the people they supported.
- The family who run the service had substantial experience of supporting people with learning disabilities. The directors were closely involved with all aspects for the service, knew the people, relatives, and staff well, and were approachable and contactable.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and nominated individual investigated accidents and incidents and kept people, relatives, and other stakeholders informed of outcomes.
- The manager and nominated individual submitted statutory notifications to CQC when necessary if any significant changes, events or incidents happened at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a new manager who was applying to be registered with CQC. Relatives and staff said the new manager had had a positive impact on the service. A relative said, "We have a lovely new manager, a fantastic addition to the team."
- The nominated individual visited the service weekly and was in contact with the manager and staff daily to support them. The nominated individual oversaw staff training and was responsible for some of the service's administration. This enabled the manager to spend more time focused on people's and staff member's support.
- The manager and nominated individual carried out regular audits to quality assure all aspects of the service. For example, medicines were audited weekly and the premises monthly.
- The nominated individual reviewed the service policies and procedure in May 2022 and identified that some needed updating. This had been done.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in all aspects of their care. Records showed staff ensured their views were always taken in account.
- The manager and directors were in close contact with relatives and always willing to discuss the service and people's care and support. They were available online, by telephone, and in person if relatives wanted to meet with them. A relative said, "I have a number for the manager and nominated staff member key worker."
- The service employed a diverse staff team who understood equality issues. There were regular staff meetings and supervisions to help ensure staff were supported and involved in how the service was run.
- Staff felt well-supported by the manager and directors. A staff member said, "The manager's lovely, really supportive of staff, and listens to us. We can raise anything we like."
- The manager and directors understood staff's caring and other responsibilities outside the service, and enabled them to work flexibly if they needed to. Staff said they were able to have a good work/life balance because of this approach.

Working in partnership with others/ Continuous learning and improving care

- The manager and responsible individual worked closely with the local authority to help ensure people were safe and happy at the service. People recently had their care reviewed by social workers who had no concerns about how people were supported.
- Other health and social care professionals visited the service regularly and liaised with staff to bring about improvements, where necessary, to people's health and well-being.
- The manager and directors were members of various provider and service user support and information groups. This enabled them to remain up to date with good practices in social care. The service used training resources provided by the local authority.