Willow House Care Limited

Willow House Care

Inspection report

224A Liverpool Road
Southport
Merseyside
PR8 4PD

Tel: 01704551521

Date of inspection visit:
14 September 2017

Date of publication:
16 October 2017

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

This inspection of Willow House Care took place on 14 September 2017. The provider was given 48 hours' notice. This was because the service was a small service and we needed to be sure that someone would be available so we could carry out our inspection.

Situated in Banks, a small village on the outskirts of the seaside town of Southport, Willow House Care is a new service which began providing care to people in November 2016. The service is provided by Willow House Care Limited and offers support to people with learning disabilities in a supported living setting. The home is situated over three floors and has a large kitchen diner, lounge and a garden at the rear. At the time of our inspection, three people were using the service.

At this inspection, we have given the service an overall rating of good.

People we spoke with were complimentary about the staff, the registered manager and the service in general. People's relatives told us they were happy with the care their loved ones had received. They told us; "We feel as though we've hit the jackpot", "We're very pleased with the service", and "The service is very, very positive. I can't fault it".

There was a registered manager 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 2008 and associated Regulations about how the service is run.

Care files showed staff had completed risk assessments to assess and monitor people's health and safety. These assessments were completed in a manner that promoted both independence and safety for people living at Willow House Care.

Staff understood safeguarding issues, and were able to describe the course of action they would take if they felt anyone was at risk of harm or abuse; this included 'whistleblowing' to external organisations.

We found that people's medication was stored securely and administered safely by staff that had been appropriately trained.

A number of checks were carried out around the service to ensure that the premises and equipment were safe to use.

Our observations and discussions with staff confirmed that the staffing levels were sufficient for the support which needed to be provided. The registered manager had systems and processes in place to ensure that staff who worked at the service were recruited safely.

The registered manager provided us with a staff training plan and this showed staff received training to ensure they had the skills and knowledge to support people living at Willow House Care. The majority of staff had achieved, or were working towards, an NVQ level 2 or above. Records showed that all staff training was in date.
The service had a supervision schedule in place. Staff also felt confident to raise any issues or support needs informally.

The service operated within the principles of the Mental Capacity Act 2005 (MCA). Records demonstrated that processes were in place to assess people's capacity and make decisions in their best interests. People were supported to have maximum choice and control of their lives and records demonstrated that staff supported them in the least restrictive way possible.

People were supported to maintain a healthy diet, and people's dietary needs and preferences were catered for. People and their relatives told us that they were involved in choosing their food and devising the weekly menu.

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. Care plans contained evidence of the involvement of GPs and other professionals.

Staff adopted a caring approach towards people living at Willow House Care which was evident through our conversations with staff and through observations of staff interaction with people.

Staff worked with the aim of improving people's independence and this was evident throughout the care records which reminded staff to consider the person's 'steps to independence' in relation to a variety of areas of care planning.

Care was planned and delivered in way that responded to people's assessed needs. Care plans contained key information on people's personal preferences in an 'About Me' document. The service also completed daily records which outlined the care people were receiving and any changes in their support needs.

People were supported to raise complaints or concerns about the service through the use of an easy-read complaint policy. At the time of our inspection, there had been no complaints regarding the service. People we spoke to, and their relatives, told us they were happy with the service and had no reason to complain.

People told us they took part in a range of activities both inside the home and in the local community.

We received positive feedback about the manager from people who lived at the home and their relatives. Staff described the manager as 'supportive' and 'passionate' and ensured the home ran well.

The manager was a visible presence at the service, and was actively involved in monitoring standards and promoting good practice.

Further information is in the detailed findings below.

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.

Risks to people's health, safety and wellbeing were assessed and managed in a manner that promoted both independence and safety.

The staff we spoke with had received safeguarding adults training and were aware of what constituted abuse and how to report any concerns.

Effective systems were in place to ensure that people's prescribed medicines were administered safely.

We saw the necessary recruitment checks had been undertaken to ensure staff employed were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) for people who lacked capacity to make their own decisions. Staff obtained people's consent before providing care and support.

People's care records showed they had been supported to attend routine appointments with a range of health care professionals to maintain their health and wellbeing.

People we spoke with were happy with the food and were involved in choosing the menus at Willow House Care. People's individual dietary needs were catered to.

Staff had a good understanding of people's care needs and were supported through induction and on-going training.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about staff and the

service provided at Willow House Care.

Staff knew people well, which enabled them to have meaningful interactions with people.

Staff assisted people to use and develop their daily life skills. People had choices about how they spent their time and made decisions about their lives to help promote their self-esteem and independence.

There were no restrictions in visiting and the service encouraged relationships to be maintained.

Is the service responsive?

Good

The service was responsive.

Staff had a good knowledge of people's needs. People's care records contained relevant and up-to-date information about the support they required.

Care plans were personalised and outlined people's preferences, wishes, likes, and dislikes.

People had access to a wide range of activities, which were tailored to their needs and preferences.

A process was in place for managing complaints and an easy read version of the complaints procedure was available.

Is the service well-led?

Good

The service was well led.

The manager carried out regular checks to monitor and improve the quality of the service, and was a visible and active presence at the service.

People spoke positively about the registered manager. Staff told us the manager was 'passionate' and ensured the home ran well.

Staff meetings were held regularly.

Staff were aware of the whistle blowing policy and would use it if required. Staff told us there was an open culture in the home and they were able to speak with the manager if they had a concern.

Willow House Care

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 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 14 September 2017 and was announced. The provider was given 48 hours' notice because people who lived at the home and staff are out at different times of the day; we needed to be sure that someone would be in.

The inspection was carried out by an adult social care inspector.

Before our inspection we reviewed the information we held about Willow House Care. We asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We contacted the commissioners of the service to check if they had any updates about the service. We used all of this information to plan how the inspection should be conducted.

During our inspection we spoke with the registered manager, two members of staff and one person living at Willow House Care. We also spoke to two people living at Willow House Care and five relatives over the telephone. We observed staff interaction with one person who lived at the home. In addition, we spent time looking at three care records, three staff files, staff training records, meeting minutes and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People we spoke to told us they felt safe living at Willow House Care. One person commented, "Yes, I am safe". Relatives also commented, "Oh yes, of course they're safe".

Staff were able to explain the course of action that they would take if they felt someone was being harmed or abused, this was reflected in the organisations' safeguarding policy. We saw training records which evidenced that all staff had received safeguarding training and that annual updates were planned. Staff we spoke with also said they would not hesitate to 'whistle blow' to external organisations if they felt they needed to. Contact numbers for the local authority safeguarding team were displayed and readily available for staff to refer to.

We reviewed the way medicines were managed and administered at Willow House Care. We found that medication systems and processes were being safely managed. Staff were appropriately trained in administering medicines and an annual update was arranged for all staff. We saw that medication was stored safely and securely. Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. We saw that daily temperature checks were being completed of both the medication fridge and the room where the medication was stored. This helped to ensure the medicines stored in this fridge were safe to use.

We saw that risk assessments were in place regarding medication management which provided information to staff regarding the side effects of medication and guided staff as to what action to take in the event of a refusal or wrong administration. We viewed a sample of Medication Administration Records and saw that staff signed when people received their medication. People's medication files included picture identification of reduce the risks of errors. One person's relative told us "Staff manage {relative's} medication well and there are no issues with this".

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety in a variety of areas including community access, health and behaviour. These assessments contained relevant information on the potential risk to the supported individual and risk to staff, for example, behavioural risk assessments outlined the types of behaviour the individual may display such as verbal aggression or physical violence and what action staff should take.

Our observations and discussions with people confirmed that the staffing levels were sufficient for the support which needed to be provided. People told us there was enough staff to support them. Staff told us they worked overnight shifts and there was always someone on site at the service to support people if needed.

We reviewed three personnel files of staff who worked at the service and saw that there were safe recruitment processes in place including; a probationary period, references from previous employment and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults in health and social care

environments. One file was missing a reference which was contained elsewhere. The registered manager sent this to us following our inspection. The other files we looked at contained two references each. We spoke to a newly recruited staff member who told us that two references were requested before they began their employment.

The building itself was clean, well maintained and free from hazards. The Control of Substances Hazardous to Health file contained relevant information regarding the chemicals in use at the service and advice around handling and storage. Checks of the building and equipment were carried out regularly to minimise health and safety risks to people using the service and staff. This included regular checks of the water temperatures, gas and electrical safety checks and portable appliance testing. A 'fault list' was in place to ensure that repairs were completed in a timely manner.

We saw that a fire risk assessment was in place and weekly checks of the fire alarm system, smoke alarm and emergency lighting were carried out to ensure that these were in safe working order. Fire evacuation drills were completely monthly to ensure that people were familiar with the procedure in the event of an emergency. People had Personal Emergency Evacuation Plans, commonly known as PEEPs, which were personalised and contained relevant information to support the individual in the event of an emergency. For example, one plan documented that the person was hard of hearing and may not be able to hear the fire alarm. We saw that all people living at Willow House Care received instructions about the assembly point as part of their induction and that a pictorial format of the fire procedure and smoking policy was in use. We saw that all staff had received training in first aid, fire safety and infection control.

There was a process in place to record, monitor and analyse incidents and accidents, which included an explanation of why the incident occurred and any remedial measures put in place as a result of this. At the time of our inspection there had been no accidents. We saw that staff had undertaken a variety of risk assessments regarding trips and falls, the general building and activities to minimise the risk of accidents.

Good

Is the service effective?

Our findings

People were supported and cared for by trained staff who were familiar with people's needs and wishes. One person told us the best thing about living at Willow House Care was the "staff team". People's relatives told us, "Staff really understand {relative} and how to deal with them".

Staff reported feeling well supported in their role and that they had the skills and knowledge they needed to carry out their roles effectively. The staff we spoke to were able to discuss individual needs and behaviours and knew the ways in which these should be managed. The majority of staff had achieved, or were working towards, an NVQ level 2 or above. We reviewed the staff training matrix and saw that staff had an induction, probation period and relevant training in areas such as; manual handling, safe handling of medicines and equality and diversity. We saw that the specialist training in areas such as epilepsy was also planned. Staff we spoke with commented that if they required any extra training, they "would just ask and {the registered manager} would ensure it happened". We saw evidence of staff supervisions which were booked in the team diary. Staff told us they could also speak to the manager informally or within team meetings.

We checked to see if the service was working within the legal framework of the Mental Capacity Act (2005). The Mental Capacity Act (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.

The care files we looked at included Mental Capacity Support plans which contained the statutory principles of the Mental Capacity Act and outlined the test for assessing whether a person had capacity. We noted that staff had completed the relevant documentation in order to make decisions for people who lacked capacity in particular areas. These were decision specific and followed good practice in accordance with the principles of the Mental Capacity Act. For example, staff had clearly recorded the efforts they had made to assess whether one person could identify coins and count prior to concluding that the person lacked capacity to manage their own finances. We also saw that staff had assessed whether another person was able to assess quantities, frequency and the consequences of not taking medication prior to determining that they lacked capacity to manage their medication. The guidance provided reminded staff that all decisions must be made with the person's best interests in mind.

We saw evidence of best interest meetings which considered the individual's preferences in accordance with good practice guidance. We saw evidence within files that people were consulted and involved in their care plans, and that consent was sought from people (and their relatives) if appropriate. People signed their own care plans, outcomes form and photograph consent forms.

People who lived at Willow House Care were actively involved with food and drink purchases and staff were very familiar with their likes and dislikes. Weekly meetings were held to ensure people living at the home had full involvement with their food menus and to also ensure that choice and preference was being supported.

We saw that care files contained information on 'Nutritional Requirements' which outlined people's likes and dislikes and dietary needs. We saw evidence that one person's specialist dietary were effectively catered for and staff had developed their own knowledge and understanding around such needs. We received positive feedback from relatives and other professionals regarding the dietary support provided by the service in relation to the promotion of healthy eating and weight loss for one individual.

People who lived at Willow House Care had access to health professionals with regular health check-ups and routine appointments being documented in care files. A 'healthcare record sheet' outlined the outcome of each appointment and any relevant further action that was required. The service employed a designated staff member to assist people living at the service to attend their health appointments. We saw evidence that referrals were made to health services such as the chiropodist and dentist.

Good

Is the service caring?

Our findings

People spoke positively about Willow House Care. Their comments included; "I love it", "There's nothing I don't like", "It's lovely here", "Staff are amazing" and "It's very nice". People's relatives told us that staff at Willow House Care were caring and attentive towards their loved ones. Comments included; ""Staff bend over backwards" and "The staff are really nice and understanding". One person's relative gave an example of how their loved one had developed since moving to live at Willow House Care, citing improvements in their relative's mood, quality of life and self-esteem due to the care and support they have received. Comments included, 'They're happier than they've been in a long time".

People's likes, dislikes, preferences and choices were clearly recorded within care files. We saw that care files contained an 'About Me' document which contained information on the individual's hobbies and interests and provided staff with an easy to refer to summary of how to support people.

Staff ensured communication was not a barrier to people's involvement in their care. People living at Willow House Care had access to information in a way they understood, for example, through easy read version of policies. Staff told us about how they actively listened to people to ensure good communication. They described to us the different methods they used to ensure positive communication. For example, one staff member told us they used 'YouTube' videos to help explain things to a person living at the home. Communication support plans also outlined any difficulties in communication and contained relevant information to prompt conversation for example, one file contained information that the individual liked to talk about their family and football.

Staff we spoke with had a good knowledge about the people they supported; and could speak at length about people's likes, dislikes and interests and it was evident they knew the people they were supporting well. Staff were discreet and respectful in how they spoke about people's lives, showing a genuine regard for people. Care plans were written in the first person tense which promoted a person centred approach.

We saw that the service operated a 'word of the week' which was displayed around the home. During our inspection, the word was 'kindness'. This was also discussed in house meetings where people were reminded to treat each other with respect. We saw that the service had an anti-bullying policy in pictorial format to promote positive relationships within the service.

Staff took time to ensure dignity was maintained and we saw that people were actively involved in making decisions about their care. Staff were observed showing respect for people's privacy by requesting consent before entering people's bedrooms. Staff respected and appreciated that the service was people's home. We saw evidence that the service had asked for people's consent to use a room within the service to store paperwork. We saw that confidentiality was maintained and people were referred to in documents using a code to ensure anonymity. We looked at training records which showed that all staff had received training in respect of confidentiality and data protection.

The service promoted and encouraged people's independence. We saw that each person was encouraged

to access the local community including the youth club and local life skills groups. We observed one person being encouraged to help with signing in procedures for visitors during our inspection and in providing a 'tour of the home'. A service commissioner told us the service "encouraged {the person} to participate in house tasks such as cleaning, laundry and cooking". We saw evidence of this recorded within care files in a document entitled 'Daily Living Skills' which outlined people's routine and what aspects of their own care they could do independently. We saw that staff tried to encourage and develop these skills in creative ways, for example, one care file reminded staff to 'use humour and music to make these tasks less boring to me'.

At the time of our inspection, nobody at the service was using an independent advocate. Independent Mental Capacity Advocates represent people where there is no one independent, such as a family member or friend to represent them. Advocates help to ensure that people's views and preferences are heard. Staff were able to tell us how they would arrange an advocate should one be needed.

People told us they had family and friends visiting regularly. People's care plans provided information regarding important relationships to the individual and outlined details about people's relatives, partner, and best friends. People's relatives told us there were no restrictions in visiting, encouraging relationships to be maintained. Staff told us that they were flexible and accommodated last minute plans to promote family relationships and facilitate family holidays and days out. At the time of our inspection, one person was on a family holiday.

Good

Is the service responsive?

Our findings

Staff understood the importance of people being involved in their care, they told us, "It's all about choice, it's not my job to make decisions for people, it's about what they want".

We looked at the care records of the three people who lived at the home. We found individual person centred care plans which provided information around the many different aspects of support which staff needed to be familiar with such as health, personal care and financial. The detail in the care plans and risk assessments was person centred and enabled staff to appreciate and understand the level of care and support that needed to be provided and in what ways to suit the needs of the person. For example, one care plan contained information on a person's behavioural needs and reminded staff of triggers for this such as the lack of undivided attention. Another care plan outlined the warning signs of the person becoming anxious. Staff knew the content of these plans and were able to discuss de-escalation procedures and how to manage this behaviour.

It was evident from the care plans that people had been consulted and involved in the planning of their care. We saw that people's involvement was encouraged and facilitated by the use of pictorial tools. For example, the health action plan contained pictures to demonstrate eye, ear and teeth care. We saw that staff completed daily logs to record the care that they delivered and this prompted staff to consider the care the person had received each day in relation to a variety of areas including emotional well-being, health and nutrition. This enabled staff to monitor and be alerted to any changes in a person's mood or presentation.

Each month there was a 1:1 meeting between people and staff. We looked at records which showed that individuals were asked, 'What is going well for you at the moment?', 'What is not working so well?' and 'What is important to you now and in the future'? We noted that actions from these meetings were reviewed regularly and updates were recorded. We saw that the service responded appropriately to people's requests, for example, one person indicated that they would like to go to the shops independently. An updated was recorded which stated that the person had been to the cinema and the local shops independently in accordance with their wishes. We noted that staff clearly recorded the reasons if they were unable to comply with people's requests. For example, one person told staff in their 1:1 meeting that they would like to try horse-riding. We saw that staff had made efforts to facilitate this and had documented the reasons as to why this had not yet been arranged.

We looked at how social activities were organised at Willow House Care. We were told, and observed, that people were supported to follow their interests. One commissioner told us; "Staff support an active social life at evenings and weekends". People attended the local youth club, day provision, life skills courses and swimming. One person told us they enjoyed "going out shopping". This person also showed us a wide range of activities which were available inside the home including the use of a Nintendo Wii and snooker table. People living at Willow House Care had access to a large, well maintained garden when the weather permitted. We saw that each care file contained an 'Activity' record which documented the activities people attended.

We looked at processes in place to gather feedback from people and listen to their views. Willow House Care had a complaints policy in place to enable people to raise concerns if they needed to. The complaints policy provided people with a number of different methods of redress in the event that they were unhappy with the service provided, including details of the Local Government and Social Care Ombudsman. The service also had an easy read version of their complaints procedure which was in an accessible format to meet the needs of those living at Willow House Care. At the time of the inspection there had been no complaints. One person living at Willow House Care told us that if they weren't happy, they would "go to staff". When we spoke to a relative about the complaints process they said, "I've never had any cause to make a complaint". Relatives told us they had good, positive relationships with staff and manager and therefore would raise any issues informally if required. Following our inspection visit, the service also introduced a suggestion box placed in the communal area of the home to capture the views of people using the service. This enabled people to use pictorial tools to indicate their satisfaction levels about the service.

The service also held weekly house meetings to discuss any tenancy issues and devise food menus. We saw that discussion was also held regarding individual news and plans for the upcoming week, health and safety issues and any concerns or problems.

Good

Is the service well-led?

Our findings

People's relatives spoke highly about the care at Willow House Care. They told us; "We feel as though we've hit the jackpot", "We're very pleased with the service", and "The service is very, very positive. I can't fault it". People knew the registered manager and described a positive relationship with them, "We know {the registered manager} well and they keep in contact with us". People told us that the service was managed well and ran smoothly, "They are very good at recording, even the way {relative's} money is managed". A commissioner told us that Willow House Care was "a nice supportive environment" and provided an example of one person's whose quality of life had improved since moving to Willow House Care, something the person's relatives attributed to the staff team and environment.

There was a registered manager in post. 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.

Staff spoke positively about the management at Willow House Care. Comments included, "The registered manager is lovely, really caring, knowledgeable and passionate". Another staff member told us the registered manager was "friendly and encouraging". From our observations and the relevant discussions held with staff, it was evident that the provider promoted an open and supportive culture within the home and staff that we spoke with were clearly motivated to provide good quality care. Staff felt well supported in their role and commented that the registered manager "was always on the phone". One staff member told us that the registered manager had encouraged them to develop their skills and knowledge base by supporting them to work towards a leadership and management qualification.

We saw that the service had a clear vision with a focus on empowerment, which was evident during our inspection and outlined in their mission statement which states; "We believe that everyone with a learning disability whatever the nature or severity should be empowered through appropriate support and care to exercise their right to choice, opportunity, respect and dignity". We found that staff followed this ethos and worked with the aim of promoting people's independence.

We saw that staff meetings were held regularly. We reviewed minutes of meetings and saw that discussions were held regarding individual needs, medication administration and upcoming training.

As a new service, the audit and quality assurance system at Willow House Care was not yet fully embedded at the time of our inspection but the registered manager was fully aware of their obligations in relation to this. We saw evidence that the registered manager had arranged for an external consultant to complete a quality assurance audit in October 2017. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw evidence of monthly house audits which covered areas such as the environment, premises and safety. These audits recorded any faults or repairs that needed to be completed and the registered manager had ensured that repairs were completed

promptly.

We saw a wide variety of policies and procedures in place which were signed by staff members to confirm their understanding. We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely.