

Liaise Loddon Limited

# Willow Tree Lodge

## Inspection report

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Date of inspection visit:  
11 September 2017  
12 September 2017

Date of publication:  
13 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

Willow Tree Lodge provides accommodation and personal care to a maximum of four people who live with a learning disability and/or associated health needs, who may experience behaviours that challenge staff. At the time of inspection four people were living at the home.

This inspection took place on 11 and 12 September 2017. The inspection was unannounced, this meant the staff and provider did not know we would be visiting.

At the last inspection in 22 October 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The service did not have a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 registered manager had recently left the home and had cancelled their registration with the CQC. The area manager and positive support coordinator were providing management cover to the home whilst a new registered manager was appointed.

People were kept safe from harm and staff knew what to do in order to maintain their safety. Risks to people were assessed and action was taken to minimise potential risks. Medicines were managed safely and administered as prescribed. The provider operated thorough recruitment procedures to ensure staff were safe to work with the people. There were always enough staff to provide care and support to meet people's needs.

People were supported by staff who had the skills and training to meet their needs. The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were involved in making every day decisions and choices about how they wanted to live their lives and were supported by staff in the least restrictive way possible.

Arrangements were made for people to see their GP and other healthcare professionals when they needed to do so. People were supported to have a healthy balanced diet and had access to the food and drink of their choice, when they wanted it. The physical environment was personalised to meet people's individual needs.

People were supported by regular staff who were kind and caring. There was a warm and positive atmosphere within the service where people were relaxed and reassured by the presence of staff.

People's independence was promoted and support workers encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding

equality, diversity and their human rights. People were encouraged and enabled to be involved as much as possible in making decisions about how their support needs were met.

The service was responsive and involved people in developing their support plans which were detailed and personalised to ensure their individual preferences were known. People were supported to take part in activities that they enjoyed. Arrangements were in place to obtain the views of people and their relatives and a complaints procedure was available for people and their relatives to use if they had the need.

The service was well led. There was a clear management structure in place and staff understood their roles and responsibilities. The vision, values and culture of the service were understood by all staff, which they demonstrated when supporting people. Staff consistently said they had received good support from the management team who were always available to give advice and guidance, especially whilst awaiting the appointment of a new registered manager. The safety and quality of support people received was effectively monitored and identified shortfalls were acted upon to drive continuous improvement of the service.

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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Willow Tree Lodge

## Detailed findings

### Background to this inspection

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

This inspection of Willow Tree Lodge took place on 11 and 12 September 2017 and was unannounced.

Before the inspection we read all of the notifications received about the home. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service, the clinical commissioning group (CCG) and the local Healthwatch. The area manager had completed a Provider Information Return (PIR) about the home. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the four people living at the home, some of whom had limited verbal communication. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of each person.

We observed how staff interacted and cared for people across the course of the day, including when medicines were administered. We spoke with the staff including the area manager, the positive support coordinator, the provider's positive support lead, two shift leaders, two senior staff and seven staff. We also spoke with a person's relative and a deputy manager from another home within the provider's care group.

We reviewed each person's care records and looked at staff recruitment, supervision and training files. We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering August and September 2017, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings.

We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit we spoke with the five relatives of people living in the home, and three health and social care professionals who were involved in their support.

# Is the service safe?

## Our findings

People and their relatives told us they felt the service was safe. One relative told us, "The staff know (their loved one) so well so he is definitely in the right place. They know if he's not happy or unwell and let us know immediately."

Staff understood their role and responsibility to safeguard people from abuse. The provider ensured staff had ready access to relevant guidance. Thorough investigations were completed in response to any allegation of abuse to keep people safe from harm.

Staff underwent relevant pre-employment checks to check their suitability to support people living with a learning disability.

People's needs and risk assessments had been reviewed to ensure they contained all the information staff required to meet people's needs safely and to mitigate any identified risks. Staff understood people's risk assessments and the action required to keep people safe. We observed staff consistently deliver care in accordance with people's risk assessments, which kept them safe and met their individual needs.

If people displayed behaviours that challenge, these were monitored and where required referred to health professionals for guidance. Staff were aware of and alert to the different triggers of people's behaviour. During our inspection we observed timely and sensitive interventions by staff, ensuring that people's dignity and human rights were protected, whilst keeping them and others safe. Risks to people associated with their behaviours were managed safely.

Each person had an individual dependency assessment which detailed the level of staff support required to keep them safe in any situation. These assessments specified the ratio of staff required to support each person. Where people's needs changed requiring an increase in the level of staffing, senior staff were authorised to arrange further staff to ensure people were safe. Rotas demonstrated that the identified level of staffing required to ensure people were safe was always deployed. Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice. The provider had developed an effective system to provide cover for homes within their care group which experienced unforeseen staffing shortage, for example due to illness. The 'Dream Team' was a pool of experienced staff who could be diverted when required to provide staffing cover.

The provider had systems and processes in place to ensure medicines were managed safely in accordance with current guidance and regulations. Staff were trained to administer medicines safely and had their competency to do so checked every six months. There were appropriate systems to ensure the safe storage and disposal of medicines and additional security for specified medicines required by legislation. We observed staff supporting people to take their medicines in a safe and respectful way.

## Is the service effective?

### Our findings

Relatives consistently praised the skill and expertise of the staff in relation to their determination to enrich people's lives and provide opportunities for people to experience the best quality of life. One relative told us, "The staff are really good at recognising when something is upsetting (their family member) and they will look into it in great detail so things don't escalate."

The provider's induction and training programme ensured that all staff had completed the industry standard induction requirements and a period working with an experienced colleague. This ensured staff had the appropriate knowledge and skills to support people effectively.

Records demonstrated staff were up to date with the provider's required training and that they refreshed this regularly to keep their knowledge and skills up to date.

Staff told us they received effective supervision, appraisal, training and support to carry out their roles and responsibilities. They consistently told us the management team listened to their ideas and felt their contributions were valued and acted upon, for example; suggestions for people to take part in new activities or for changes to the environment.

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. Staff were proud of the success involving the withdrawal of one person's prescribed medicines due to the significant reduction in their behaviours that challenge.

Staff told us about the strategies they used to support people with decision making. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. This meant people's independence was maintained and they retained control over aspects of their lives.

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 Mental Capacity Act 2005 (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked to confirm the service was working within the principles of the MCA, and was meeting all conditions on authorisations to deprive a person of their liberty. We found that legal requirements were met and people's human rights were recognised and protected.

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. We observed people were supported to consume sufficient nutritious food and drink to meet their needs. People were encouraged and supported to prepare their own meals, snacks and drinks in accordance with their eating and drinking plans. People were referred appropriately to the dietician and speech and

language therapist if staff had concerns about their wellbeing. People were provided appropriate support to eat at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, protecting them from harm and promoting their dignity.

People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GP's, psychiatrists, opticians and dentists. Each person had an individual health action plan which detailed the completion of important monthly health checks.

## Is the service caring?

### Our findings

People experienced positive caring relationships with staff who consistently treated them with kindness and compassion in their day-to-day care. Relatives consistently told us their loved ones were very happy and settled at the home. One relative told us, "The staff couldn't be more caring." Another relative told us, "They (staff) are so understanding and will exhaust every avenue to get the right answer."

Staff were friendly, sensitive and discreet when providing care and support to people. They clearly knew people well and treated them with dignity and respect. Staff were able to tell us about their life histories, their interests and individual preferences. The staff team were well established at the home which meant people received consistent care.

Staff consistently interacted with people in a calm and sensitive manner, using appropriate body language and gestures where appropriate, in accordance with their communication plans. Some people used an adaptive form of Makaton, which involves the use of signs and symbols to aid communication, while others used photographs and pictures. We observed the positive impact of staff relationships with people and how these contributed towards their wellbeing.

Staff were able to encourage people to experience new things to increase their independence and enjoyment. For example, eating in restaurants and pursuing interests such as horse riding and swimming.

Staff spoke about people with passion and fondness in a positive manner, recognising people's talents and achievements, which demonstrated how they valued them as individuals. For example, staff spoke with pride about one individual who had developed such trust and confidence that they were now able to go swimming. Relatives of this person praised the dedicated caring nature of staff which had enabled their loved one to resume swimming after many years. These relatives told us, "We're lucky and he's lucky he has a place there. They really care for him and endeavour to give him the best quality of life."

People's care records included an assessment of their needs in relation to equality and diversity. Staff underwent training and understood their role to ensure people's diverse needs and right to equality were met. Staff supervisions and competency assessments ensured that people experienced care which respected their privacy and dignity, whilst protecting their human rights.

People were treated with dignity and respect, for example; Staff knocked on people's doors and sought permission before they entered their rooms. Staff maintained people's privacy keeping their doors closed whilst supporting them with personal care and explaining what they were doing throughout.

People chose where and how they spent their time, for example; One person who was assessed to require constant one to one care to keep them safe often chose to spend time in their bedroom alone. We observed staff reduce this person's anxiety and maintain their well-being by allowing them to be in their room alone, whilst ensuring their safety in accordance with measures detailed within their support plan.

## Is the service responsive?

### Our findings

People living at Willow Tree Lodge experienced care that was flexible and responsive to their individual needs and preferences. People's care plans were person centred and contained detailed support that identified how their assessed needs were to be met. Plans had been updated regularly by staff and had been recently subject to an annual review.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. We observed changes to people's care discussed at staff shift handovers to ensure staff were responding to people's current care and support needs.

Health and social care professionals told us the staff were responsive to their advice and guidance, which they proactively implemented whilst supporting people.

Each person had their own activity schedule which illustrated their chosen activities both within the home and community. During the inspection some people some went horse riding, some visited a local pub, another went into town shopping, whilst another went for a country walk. We observed people reading their favourite books and creating decorative flower pots for the provider's best garden competition.

Staff enabled people to be as independent as they could both within the service and in the community. Each individual was developing their lifestyle skills, for example in relation to personal care and independence skills, such as cooking. Their progress was recognised in ceremonies at the provider's head office, where people presented their folders showing photographs of their achievements.

People's families praised the staff for their commitment to providing fulfilling activities which enriched the quality of their loved one's life. For example one person who had not been able to leave the home and access the community for 18 months had recently attended the provider's barbeque hosted at another home within the care group.

People and their relatives were given the opportunity to give feedback on the service during meetings or by use of provider feedback forms. Feedback was consistently positive, with many complimentary comments about the support provided, the staff and the overall service.

People had been provided with a copy of the complaints process in a format which met their needs. Records showed one complaint had been received from a member of the public since our last inspection, which had been fully investigated and resolved to the complainant's satisfaction. People and relatives were enabled to make complaints where required and were confident that the staff would listen to them and take the necessary action.

## Is the service well-led?

### Our findings

The home was well-led. The previous registered manager had left the home on 17 July 2017. The home had been managed in their absence by the area manager and the positive support coordinator.

The previous registered manager had developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always acted upon.

People, relatives and staff told us that there was a close family atmosphere in the home where people cared for one another, which we observed in practice. They told us that the new management team had maintained and developed these qualities within the service. Staff told us the area manager and positive support coordinator had improved the team spirit and provided consistent guidance and support.

Relatives and health and social care professionals spoke highly about the effective management of the service. One relative told us, "The old manager was very good and set high standards and I have to say we were a bit worried, but since (named area manager) and (the positive support coordinator) have been there everything has carried on as normal." Health and social care professionals told us the home was very well organised and staff knew how to support people with learning disabilities.

Health and social care professionals told us they experienced good communication with the management team and staff who were always open and honest. Relatives told us they experienced excellent communication with the home and staff always knew what was happening in relation to their family member whenever they called or visited.

Staff consistently told us their shift leaders were very experienced, supportive and approachable. Without exception staff told us that the previous registered manager was a 'hard act to follow' and the area manager and positive support coordinator were doing an 'excellent job', whilst a new registered manager was appointed.

Throughout the inspection we observed how the area manager and positive support coordinator were committed to providing staff with clear guidance on the care and support people required, for example; providing reassurance to support staff with people who were becoming anxious.

People benefitted from receiving a service that was continually seeking to improve. Comprehensive electronic systems were in place to check on the standards within the service. These systems also afforded family members the opportunity to live time monitor the care being provided to their loved one.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team. The management team completed a series of quality audits including care files, health and safety, fire management and maintenance. Action plans were developed following each audit and monitored to drive the continuous development and improvement of the service.