

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Willows

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6BU

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Date of Inspection: 17 December 2013

Date of Publication: January
2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Mrs Karen Godwin
Overview of the service	The willows is a six bedded residential service that provides accommodation and personal care to adults who have been diagnosed with learning disability or autistic spectrum disorder. The service is located in Great Barr and has easy links to public transport and local amenities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

There were six people who lived there on the day of our inspection. We met with all the people that lived there. Some people were unable to verbally communicate their views of the service provided at the home. Therefore, we spent time observing how staff interacted with and supported people. We also spoke with two relatives of people who lived there, two members of staff and the provider.

Staff had the information they needed to know how to support people to meet their individual needs. One person said, "Since I've lived here, I've come on in leaps and bounds." We observed that staff knew how to support people in the way they preferred and to meet their individual needs. We saw that people's healthcare needs had been monitored and met.

We saw that appropriate systems were in place to safeguard people who lived there from abuse and harm.

People lived in a clean, homely and safe environment that met their individual needs.

There were sufficient staff who had the appropriate skills and knowledge to ensure that the needs of people who lived there were met.

People and their relatives were asked for their views about the service provided and these were listened to. A relative said, "It's excellent here, it couldn't be better, we don't know what we did without the staff here, it's a family atmosphere."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and their care was delivered in line with their individual care plan. We looked at the records of two of the people who lived there. This included a care plan that showed staff how to support the person to meet their needs in the way they preferred. Care plans had been regularly reviewed and updated, where needed, to reflect the person's current needs. We saw that the person and their relatives, where appropriate, were involved in their care planning as much as they were able to. Staff had signed people's care plans to show they had read them and knew how to support the person. During our inspection we observed that people were supported by staff in the way the person preferred and needed.

Records we sampled showed how staff were to support the person to take risks in their daily lives but how the person needed to be supported to reduce risks to their safety and welfare.

Records we sampled showed that people were supported to meet their healthcare needs. Each person had a plan that showed staff how to support the person to identify any health needs and have regular health checks. A relative told us, "Staff take our relative to the doctor when they are not unwell, they are very on the ball as far as their health is concerned." Records showed that people had regular health checks to promote their wellbeing. The provider may find it useful to note that in records we sampled we saw that one person had a health check but the results and any follow up were not recorded. In another person's daily records we saw that they had visited their GP the week before our inspection and were diagnosed with a possible health condition. However, this information had not been transferred to their health plan. This meant that people might be at risk of their health needs not being monitored or met.

We saw that people were supported to promote their independence skills. One person said, "They bought me a special kettle here so I can keep my independence but not burn myself." Records we sampled showed what the person could do and how staff needed to

support them. This meant that people were supported to be as independent as possible and to develop their skills.

We saw that people were dressed in different styles of clothing that were appropriate to the weather, their age and the activities they were doing. We saw that attention had been paid to people's personal care which promoted their wellbeing and self-esteem.

People told us they were supported to attend the local church when they wanted to. Records we sampled showed that people were supported to meet their religious needs and attended church and social events held at the church when they wanted to.

The provider told us that they often supported people to visit their farm that they part owned. People talked to us about their experiences at the farm. One person said, "I love it there, last summer we saw piglets being born and I wheeled them in the wheelbarrow." Another person told us they liked picking up the eggs and putting them in a box at the gate for people to buy. This gave people opportunities to develop their skills and enjoy time away from living in a city.

Records we sampled showed and people we spoke with told us that people often went out to do activities they wanted to do and also took part in a range of activities within the home. A games machine was provided which people said they liked using. People told us they often went out for walks with the dogs that lived there. One person told us it was their job to feed the dogs each morning. One person said they liked to sing along when a member of staff played the keyboard. During the day we saw that people were engaged in activities around the home. One person helped to make drinks throughout the day. Some people were sewing; others watched TV, listened to music of their choice or spent some time in their bedrooms. We saw that people moved freely around the home as they wanted to.

A car was provided to enable people to go out in the community. We saw that the provider used the car to enable one person's relatives to visit them at the home. One person told us, "We go out in the car all the time but I've got a bus pass too." We saw that two people went out with a member of staff shopping and used their bus passes for this. This meant that people were supported to use public transport to promote their independence but also had access to a car so they were able to go out in the community regularly. A relative told us, "They travel around a lot here; they have a very good life."

People told us and records we sampled showed that people were often supported to go away on holiday. People had been on longer holidays to Ireland, Devon and Cornwall as well as weekends away. People had returned the day before from a 'Turkey and tinsel' weekend in Lincoln. People told us how they much they had enjoyed this. We saw several holiday photos displayed around the home of all the people who lived there.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who lived there were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw that information was available to people who lived there, staff and visitors about who to contact if they had any concerns about the home or had witnessed or suspected abuse. The provider told us that no safeguarding issues had been raised about the home.

We looked at the records of two members of staff who worked there. These showed that the required checks were completed before staff started working there to ensure that people who lived there were safeguarded from harm and abuse. Staff were asked to sign an annual declaration to state they had not been convicted of a criminal offence since their Disclosure and Barring Service (DBS) check had been completed. This confirmed that staff were still suitable to work with the vulnerable people who lived at the home.

Staff records we sampled showed that staff had received training in safeguarding vulnerable adults from harm and abuse. Staff spoken with knew how to report any suspicion of abuse to the relevant local authority to ensure people's safety and welfare.

One person told us that they had their own bank account and got their money out when they wanted. They told us that their relative and the provider helped them with learning how to budget their money to ensure their safety and wellbeing. A relative told us that the provider ensured that their relative's money was spent on what their relative needed and was used appropriately.

We observed that staff interacted well with people who lived there and people were at ease in the company of staff. A relative told us that their relative was safe there and they had no concerns about the home. They said that staff supported their relative and never shouted at them but spoke with them calmly which helped to improve their relative's wellbeing.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who lived there, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was adequately maintained. We saw that the home was well decorated, furnished and maintained. It was a homely environment and people looked comfortable in their surroundings. The home had been decorated with Christmas decorations and people told us they had helped with these.

We looked at all people's bedrooms with their permission. We saw that these had been decorated and furnished to people's individual tastes and interests. One person told us that staff had moved the furniture in their bedroom around so that they could move safely around. People's bedrooms were clean and homely.

Three people had their own en suite shower and toilet. A shower room with a walk in shower was provided on the first floor. A walk in shower room and a bathroom were provided on the ground floor. We saw that the ceiling in the bathroom had been damaged from a leak. The provider told us that this room was to be redecorated and they were waiting for the ceiling plaster to dry out before this was done.

There were two lounges provided so that people had a choice of where they sat and did not always have to sit together. A large kitchen/dining room was provided and we saw that people were able to access the kitchen when they wanted to. There were always staff nearby so that if people were at risk of hurting themselves they would be there to support them.

To the rear of the home was a large, well maintained garden where people said they liked to spend time in the warmer months.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We found that four permanent staff were employed to work there which included the provider. There was also a member of staff employed to cover holidays and staff sickness. The provider told us that they did not use agency or unfamiliar staff to work at the home. One person told us that they always knew the staff that supported them and staff knew how to support them to meet their needs. Another person told us that they often went out to do the things they wanted and there were always enough staff to support them to do this. Records we sampled confirmed this.

Staff spoken with told us they had received a lot of training since they started working at the home. One member of staff said, "I've learnt a lot since I've been here and I love working here." Staff records we sampled showed that staff had received the training they needed to know how to meet the needs of all people that lived there.

Staff records we sampled showed that staff received supervision with the provider where it was discussed how well they performed their role within the home. Objectives were set to ensure that staff supported people who lived there to meet their needs. Staff had an annual appraisal to ensure that the objectives set had been met and they were being supported to know how to support people who lived there.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who lived there and others.

Reasons for our judgement

People who lived there, their relatives and staff were asked for their views about their care and they were acted on. Records we sampled included a book for the person that recorded their views about their week and how they had been supported. This was produced using pictures which made it easier for people to understand. We saw that staff had spent time with the person to complete these and had asked for their views. One person said, "We choose what we want to eat, pick where we want to go and what we want to do." We saw that one person did not like their lunch. Another person told them, "Staff won't bite your head off, just say you don't like it and staff will get something else for you." We saw that staff asked the person what they wanted and provided this for them. We saw the minutes of meetings that were held with people who lived there. These were produced using pictures and photos which made them easier to understand. We saw from these meetings and throughout our inspection that people had a choice of how they lived their life and were encouraged to try different things and enjoy different experiences if they wanted to.

We saw that staff meetings were held. Staff told us that their views were listened to and action was taken to make changes where it benefitted people who lived there.

The provider told us that weekly medicine audits were completed. They told us that the local authority now had a pharmacist who was employed to audit medicine management systems in care homes and they would have a visit from the pharmacist in the future.

We saw that appropriate systems were in place to ensure that people were safe and their needs were met in the way they preferred. We saw that risks to people's safety and wellbeing were assessed and action taken to reduce risks where needed. We found that the provider was aware of how to make improvements when needed to ensure that the home was well run to benefit people who lived there.

We saw that information was provided in picture format, which made it easier to understand, about how to make a complaint. The provider told us that no complaints had been received about the service provided at the home.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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