

Review of compliance

Fountain Care Ltd T/A The Willows Care Home
The Willows Care Home

Region:	London
Location address:	1 The Ridgeway Sutton Surrey SM2 5JX
Type of service:	Care home service without nursing
Date of Publication:	September 2012
Overview of the service:	The Willows provides care and accommodation for up to six young adults with learning disabilities. The service supports people with autism and those who may display behaviours that challenge the care services that they require. Further details about the services provided can be obtained directly from the home.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Willows Care Home was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 9 August 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

There were three people living at the Willows and we met with all of them during the course of our visit.

Due to their needs, the people that we met were unable to share direct views about the standards of care. In order to make judgements about the care that individuals received, we observed care practices; interactions with staff and tracked three people's records of care. Case tracking means we looked in detail at the care people receive. We also looked at various records in relation to the staff and the way the home was being run.

People living in the home have both learning and physical disabilities, some of whom have complex needs and limited communication abilities. During our visit people were offered choices, spoken to respectfully, made to feel involved and showed signs of well being when interacting with both the staff and other people using the service. Staff were attentive to individuals and were able to identify with the gestures and reactions that people gave, what these were likely to indicate and respond appropriately.

Plans of care were person centred, well created and closely reflected the specific needs of the person. This meant that staff had clear information on how to support their needs and lifestyles.

Before the Willows opened in June 2011, the staff team were given lots of training to enable them to meet people's needs and understand the way the service should be run. Staff told us that they were happy working at the home and felt well supported by the manager. They said there was good teamwork and a supportive atmosphere. Comments included, "the training is good and appropriate to our work."

We saw that people were provided with a range of personalised and meaningful activities

to meet both their specific physical needs and social interests. This extended to within both the home and local community.

The home was clean, safely maintained and furnished to comfortable standards. People had the right specialist equipment to promote their independence and meet both their physical and sensory needs.

What we found about the standards we reviewed and how well The Willows Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.

People who use the service 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.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The provider was meeting this standard.

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

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

All three people using the service require assistance with communication, and the staff team actively support individuals to express their needs and make choices. We saw that staff explained what they were doing and gave people informed choices when giving personal care, preparing lunch and planning activities for example. Staff took time to listen and respond appropriately to any signs, gestures or specific communication methods.

Other evidence

Records evidenced that people are encouraged and supported to make decisions about their care and daily lives as far as possible. We saw that people's choices and preferences were recorded and updated at regular intervals. Examples included person centred care plans, health action plans and monthly keyworker sessions with staff. The care plans were illustrated with photos to enhance people's involvement and understanding. There were other visual aids around the home to help people identify with their surroundings and to help them recognise their daily routines. We saw picture menu cards and photographs of people taking part in their daily activities.

People were supported in promoting their independence and community involvement. Care plans included information about the person's aims and ambitions, and how staff

are to support them with their social interests and occupation. Individual timetables and records evidenced that people lead active lives and there is a structured programme of activities. Examples included swimming at a hydrotherapy pool, college, restaurants, cinema and visits to parks and places of interest.

We looked at people's care plans and found they were person centred. Their care needs, choices and preferences were recorded and written as "this is how I want you to support me..." This information helped staff make sure people were involved in daily decisions about their care.

People using the service and their relatives or representatives had signed in agreement with their records. Care plans evidenced the involvement of the person using the service by being person centred, written from their perspective, and by being signed by the person and/or representative and their keyworker.

People's diversity, values and human rights were respected. Care records included clear information about any specific preferences in relation to people's ethnicity and culture. There was good evidence that staff respect and effectively respond to these needs.

Records confirmed that people are supported to keep contact with their families and friends. Examples included regular phone calls and one relative uses 'Facebook' to keep in contact with their family member.

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The people we met were not able to tell us directly about their care experiences; however we saw that their care and welfare needs were clearly recorded and staff knew how to support them. During our visit, we saw that people using the service were engaged in activities and that they were supported by staff on a one to one basis. Although people living at the Willows have limited verbal communication, staff supported and encouraged people to be as fully involved as possible. We saw one person helping in the kitchen as they enjoyed watching the food preparation. Despite their physical limitations to actively take part, staff made sure the person was included in what was going on by involving them in conversation and describing what was going on around them. Staff encouraged each person to respond in their own way.

Other evidence

Most of the staff group had worked at the home since it opened in June 2011 and as a result, they knew people well. Staff spoke confidently about people's different care needs and were familiar with each person's likes, dislikes and unique personalities.

We looked at care records for the three people using the service. Although the home has not been open very long, there was a range of records that looked at all areas of the individual's life in a person centred way. The manager and staff had taken steps to obtain lots of useful information about each person so that they would know what support they require. Each person had an accurate assessment of their needs that they, or people close to them, had been involved in. Records showed that the home managed each person's transition to the Willows in a structured way. This ensured that

people had the time they need to settle in and that staff got to know their support needs.

Illustrated with photos and clear language, care plans reflected what was important to someone, their capabilities, and what support they need to achieve their personal goals in life. Many actions recorded were specific and also highlighted people's achievements and gave ownership to each person. There were also guidelines in respect of individual needs such as mobility, communication and eating and drinking. Other areas covered in each person's file included specific care plans for people who have epilepsy.

Records told us that the home makes sure people's care plans are regularly checked and updated where necessary. Key workers do this on a monthly basis with people who live at the home, to make sure they are still meeting their needs properly. Staff produce a monthly report to evaluate whether goals and activities have been achieved and highlight any other significant events or issues.

Each person also had communication guidelines which gave lots of detail about how a person expressed themselves. This helped staff to understand the person's unique behaviours, moods, signals and temperaments and what they might mean. Up to date guidelines were also available on how best to support a person where their behaviour may challenge the services they require. One person using the service experienced some difficulties when they first moved to the Willows and there were increased episodes of challenging behaviour. Records showed that guidelines and interventions were used by the staff to help lessen the person's anxiety and help them settle in to their new home.

We looked at daily reports which gave a good overview of a person's daily experiences, activities, health and well being and any other significant issues.

We saw that there were ongoing reviews of people's care needs and staff had updated them accordingly to meet individual changing needs and circumstances. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

There was correspondence which showed that the staff team works closely with other professionals to ensure that people receive the healthcare services they need. Records we reviewed included routine checks and appointments with other professionals such as the optician, dentist, dietician, GP and consultant.

This showed that staff ensured people's general health needs were regularly reviewed and met.

We noted that each person had a health passport. This contained detailed information about how staff should communicate with the individual concerned along with medical and personal information. This document could then be taken to the hospital or the GP to make sure that all professionals were aware of people's individual's needs.

There was evidence that any risks people may experience had been assessed and recorded. Individual assessments covered the full range of assessed risks and matched the needs of each person. Examples seen included personal care, eating and drinking, mobility, accessing the home / wider community and using the home's vehicle. This meant that the person's safety was considered while still promoting their independence. There were specific risk plans associated with people's healthcare needs such as epilepsy and diet.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest.

Where people may lack capacity to understand their care and support options, we saw examples where the service held discussions about how they could make sure people's best interests were represented. Where necessary, decisions had been made on their

behalf within a multiagency framework, involving family members. We saw evidence that appropriate applications had been made where a person may be deprived of their liberty. One example concerned the use of arm restraints.

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

Staff we spoke to demonstrated an awareness of the different types of abuse and what they must do should they witness anything untoward or poor practice. They were aware of what to look for and also what to do if they saw anything of concern. Staff told us that if they suspected abuse or were told about an allegation of abuse they would inform the manager immediately.

There were systems in place and relevant policies to safeguard people's welfare.

Positive arrangements are in place to protect people, respond to any concerns and to help represent their views where necessary. We saw evidence that the service was using the latest procedures to safeguard vulnerable adults. There was a copy of the PAN London guidance available to staff (Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse). This is a report that aims to ensure consistency and continuity of practice across all London boroughs to safeguard adults at risk. In line with the guidance, the home had appointed a staff member as the safeguarding lead and records showed that all other staff had completed relevant training.

People using this service may show behaviour which challenges the service they require. Care plans included up to date and detailed guidance on how staff should support or manage such behaviours. Any specialist guidelines were clearly recorded and routinely updated to enable staff to support the person appropriately. Specific training around dealing with challenging behaviour had also been arranged for staff. We

spoke to the staff about how they supported people when they challenged the service or presented a risk to themselves or others. The staff were able to explain how they used de-escalation techniques to keep people safe.

Records and policy evidenced that the correct recruitment checks are made on staff suitability before they start work.

No safeguarding concerns have been reported to us and the manager was aware of their duty to notify us about reportable events. Our records reflect that no safeguarding incidents or allegations of abuse had been received by us at the time of this inspection.

Our judgement

The provider was meeting this standard.

People who use the service 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.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We were shown around the home and looked at some of the bedrooms with people's permission. People had personalised their rooms how they like and been involved with choosing their room colour and furnishings. The bedrooms were comfortably furnished and personalised to reflect the individuality of the person as well as meet their needs. Bedrooms clearly reflected each person's interests, hobbies and personal identities. Some people using this service have additional physical disabilities. We saw that the home was equipped with appropriate aids and adaptations to meet their individual needs and ensure their safety. This included tracking hoists, adapted baths and wheelchairs. There were many homely touches to reflect the individuality of the people who live at the Willows. For example, there were artwork pictures created by one person and photos of activities that people had taken part in.

Other evidence

People who use the service receive care and support in an environment that is suitably designed and adequately maintained by the provider.

At the time of our visit, The Willows was well furnished, homely and decorated to high standards. All six bedrooms had modern en suite facilities and one person's bathroom was being converted into a shower 'wet' room.

There were three wheelchair accessible bedrooms on the ground floor and spacious communal areas that included two lounge areas, kitchen, dining room and large rear garden.

The deputy manager confirmed that a budget was available for purchasing equipment or furnishings as people requested or needed. The standards of décor and personalisation by people who use the service supported this.

There were appropriate maintenance contracts for the home concerning gas and electrical safety and for servicing equipment such as the assisted baths, hoists and wheelchairs. Records showed that the manager and staff carry out regular health and safety checks of the environment to ensure that it remains safe. There was evidence of fire safety checks and maintenance, including an up to date fire risk assessment. Fire alarms and equipment had been serviced and practice evacuation drills held regularly involving both people using the service and staff. Each person also had a personalised fire evacuation assessment that listed the individual actions needed for supporting them in the event of a fire.

Other up to date risk assessments were in place concerning the premises and safe working practices. These aim to safeguard the welfare of all those both living and working in the home. Records were completed for essential maintenance and necessary repairs. The provider has its own maintenance department to carry out essential repairs and redecoration.

Our judgement

The provider was meeting this standard.

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

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

During our visit, all the staff we met demonstrated a good understanding of the care and support needed by the people who use the service. Staff members were confident in their work and were aware of the support needs of people using the service.

We spoke with two staff about their experience of working at the Willows. The staff said that training was good and covered a range of topics relevant to their role. One staff told us there was good teamwork and consistent care because the team had stayed the same since the home opened.

We found that staff received appropriate professional development.

We looked at training and supervision records for three staff. The staff files we checked each included a completed induction, training certificates, contracts and supervision records. We looked at the induction process for the newest member of staff. This evidenced that their induction was structured and based upon the Skills for Care common induction standards. These are a set of standards which are designed to provide staff with the basic information and skills necessary for work in adult social care.

Records showed that staff had completed a range of training and learning to support them in their work and keep up to date with current practice and legislation. Other examples included courses on the Mental Capacity Acts and DOLs, equalities and diversity, health and safety, handling medication and communication. Staff had attended other various courses that were specific to people's assessed needs. This included learning about epilepsy, autism and preventing and managing

challenging behaviour. There had also been a recent in house training session on practical moving and handling techniques. One staff told us they found it beneficial to experience being moved in a hoist as they could understand what it felt like for the person being transferred.

Records confirmed that staff had regular supervision with the manager or deputy. These showed that job performance is monitored and career development needs are discussed in relation to the home's objectives and people's needs. All staff spoken with told us they had regular supervision where they could discuss personal targets, objectives and any other issues.

There were plans for all staff to have an appraisal of their work following the home's first year in operation.

Staff meetings were being held regularly and staff said they were able to contribute their ideas. We looked at some minutes of these meetings which showed clear discussions for keeping everyone up to date and sharing information about developments and practices in the home.

Other Information share between staff included a communication book, daily shift plans and handover records. This meant that staff were routinely kept informed about changes to people's needs and well being.

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Due to their needs, the people using this service do not have the capacity to share their views regarding their care. We gathered evidence of people's experiences of the service by reviewing care records and audit reports for the home.

Other evidence

There were various systems in place to monitor the quality of the service provided. We saw evidence of regular health and safety checks on all aspects of the premises and equipment. This included appropriate maintenance contracts concerning fire, gas and electrical safety and for servicing equipment such as electrical appliances.

Other recorded checks looked at the environment, fire safety, care plans, medication and infection control.

The provider took account of complaints and comments to improve the service.

We saw that monthly unannounced visits were being undertaken by other managers from the owning company. These reports followed essential standards set by the Care Quality Commission. Reports always considered the experiences and outcomes for people using the service as well as any actions taken to improve where needed. As the home had only been open a year, satisfaction questionnaires had not yet been sent out to relatives and other professionals involved in the service. The deputy manager advised that plans were underway to provide surveys and for the home to develop a quality assurance plan based on the findings.

There was a record of all accidents, incidents and complaints and details of how these had been investigated. As required by law, our records show that the service keeps us promptly informed of any reportable events.

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Author	Care Quality Commission
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