

Deben Willow Care Limited

Deben Willow Care

Inspection report

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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 took place on 9 and 17 August 2017 and was announced. This was our first inspection of this service.

The service provides care to people in their own homes in the Suffolk coastal area. On the date of this inspection they were providing support to 90 people across the area.

The service had a registered manager. 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.'

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they received excellent care from staff who knew them well. We were given examples of where staff had gone above and beyond to ensure people received high quality care and support. People received care from a consistent group of care staff. Care staff were punctual and effectively carried out the care and support required. Where people required support with their medicines this was provided safely.

Staff had received a range of training that included moving and handling, safeguarding and medicines. Staff were encouraged to take further qualifications to develop their knowledge and enable them to provide high quality care. Staff told us that the training they received was good and equipped them to provide the care and support required.

The service followed safe recruitment procedures. Staff attended an induction prior to working alone in the service. Staff told us that they worked alongside an experienced staff member before working alone. This was usually planned so that they met the people they would be supporting during their induction. Once working in the service staff received regular refresher training.

The service had a complaints procedure. Both formal complaints, minor concerns raised and any accidents and incidents were monitored to ensure a satisfactory outcome and for any learning to improve the service.

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.

Staff were aware of their duty to report suspicions of poor care and/or harm.

People's support and care needs were met by a sufficient number of staff.

Recruitment checks were in place to make sure that only staff that were suitable to provide care for people were recruited.

Where required, people's medicines were administered and managed as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate, relevant training and induction.

The service worked within the Mental Capacity Act 2005.

People were supported to maintain good health and access healthcare support.

Is the service caring?

Good ●

The service was caring.

Staff were caring, compassionate and highly motivated. These principles were embedded in the care they provided. They treated people with dignity and respect and went the 'extra mile'.

People were able to express their views and be involved in decisions about their care.

People were supported by staff they knew well and had developed strong and meaningful relationships with them.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which met their needs. This was detailed in the care plan.

Care plans were regularly reviewed to ensure they met people's needs and preferences.

The service had a complaints policy and people were aware of how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There was an open and positive culture, which focussed on providing high quality support for people.

Staff were valued and supported to provide good quality care.

Feedback was used to drive improvement.

Deben Willow 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 9 and 17 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and staff are often out during the day; we needed to be sure that someone would be available to speak with us. The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience on this inspection had experience of using domiciliary services.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We also reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

During the inspection we spoke on the telephone with nine people being supported by the service and visited three people in their own home. We spoke with three relatives on the telephone and one relative while visiting a person. We looked at records in relation to four people's care. We also spoke with three members of care staff, the deputy manager, the registered manager and a director of the provider company. We looked at records relating to the management of the service and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe when receiving care and support from the service. One person said, "Yes because they [care workers] are very good and very efficient, they make me feel good." People also told us that they would feel confident to raise any concerns they had regarding safety with the service and that these would be addressed. One person said, "They [care workers] fill me with confidence, they are approachable and I can talk to them if I have concerns."

Staff we spoke with told us they had received training in recognising where a vulnerable person may be the subject of abuse. They were confident that they would recognise if a person they were supporting was being abused and knew the appropriate action to take. Records demonstrated that appropriate referrals had been made by the service to the designated investigating authority when abuse had been suspected. The provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from the risk of abuse.

People had individual care and support plans, and risk assessments in place in relation to their assessed needs. Risks assessed included, moving and handling, medicines, outings and whether the person could be left alone. Risks to care staff from the environment were also assessed. The completed risk assessments gave guidance and information to staff to make sure the assessed individual risk was minimised.

The service maintained a record of incidents or areas of concern. This included incidents such as a person having a fall, a frayed carpet which may pose a trip hazard to a person and a carer noticing a change in a person's condition. The action taken to follow up all of the incidents was recorded and followed through to a satisfactory conclusion. This meant that we could see that the service followed up and resolved incidents and concerns as far as they were able.

The registered manager explained to us how the service managed their staffing levels. They told us that the service was organised into set 'rounds' and that there was also 'a pool' of care staff to cover sickness and holidays. People told us that they had not had a missed care call. A small number of people did mention late calls as a concern but confirmed they were contacted by the service if their call was going to be delayed. The management team told us that they had an electronic display showing if each member of care staff had reached their call and at what time, although this was not working on the day of our visit. One of the 'rounds' was dedicated to providing calls to people who required two members of care staff. The registered manager told us that this ensured that where a person had been assessed as requiring two care staff to support them this was always provided and also meant that care staff arrived together and were able to begin providing support on their arrival.

Calls were scheduled with a minimum of five minutes travelling time between them. The registered manager told us that even if people lived next door to each other they would always schedule travel time. This meant care staff did not use care time to travel between visits and people received their full allocated time.

The director told us that as the service covered such a large rural area, that when recruiting staff, they looked to recruit from the area the round covered. One member of care staff told us how providing care and

support to people in their local area enhanced the care they provided as they had a good relationship with other local support services such as GP's.

The service also had a pool of cars which carers could use if they did not have their own car. The director told us that this meant that, in some cases, the service had been able to attract good quality care staff that would otherwise not have been available to the service. It also meant that care staff could provide a continuity of support to people if their own vehicle was unavailable.

People told us that where the service supported them with their medicines this was done safely. One person said, "I have a number of medications, the first care worker helps me with it, yes I receive it on time, no problems." The relative of another person who was prescribed cream said, "They put the cream on [person's] legs before they dress [person]."

Records of the management and administration of people's medication were maintained by the service. Staff told us, and records confirmed that they were trained to administer medicines. Audits were carried out to ensure people had received the medicines correctly.

Is the service effective?

Our findings

People told us that staff providing their care and support had the knowledge and skills required to do so effectively. One person said, "Yes, I think the training at Deben Willow is far superior to any other company I have used. They are professional they [care workers] read the care plan."

Before providing care and support staff undertook an induction. This comprised of a day in the service office to undergo initial training in medicines, safeguarding and lone working and one day moving and handling. New care staff also undertook shadow shifts with more experienced staff to develop their skills. The registered manager told us that new staff usually carried out shadow shifts supporting people they would subsequently be supporting so that they got to know the person before providing support. New staff also undertook the Care Certificate or other relevant qualification. The Care Certificate is the competencies that should be covered as part of induction training of new care workers. It should be completed by care workers joining health and social care since April 2015.

On completion of their training staff received supervision sessions. However, records showed that not all staff had received supervision as regularly as Deben Willow Care policies required. We discussed this with the registered manager and director. They told us that they were aware of this and the reasons it had happened. Actions had been put in place to bring supervisions up to date that included the recruitment of another member of staff. Staff told us that the service supported them well. One member of care staff described the training as, "Really good." Care staff also praised the additional training they received to support people's individual needs. An example referred to by several staff was dementia training which they said provided good information on the condition enabling them to support people living with dementia more effectively. The service was also working with other organisations to promote best practice in care. For example, they had asked all carers to become a 'Dementia Friend' with the Alzheimer's Society initiative.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. When speaking with one person about their day to day life and how they made decisions they said, "I am fine, I have as much freedom as I want."

We asked people if care staff asked them for their consent before providing care and support. People confirmed that their consent was sought. One person said, "Yes they say things like do you want that doing?" A relative said, "Yes, if it is relevant." When we visited a person in their home with a member of care staff the member of staff demonstrated a working knowledge of the MCA. They included a person living with dementia into the conversation with language and subjects which were inclusive.

People told us that, where required, staff supported them to prepare food and drink. One person said, "They do my toast and tea in the morning, they know what I like." Another person said, "They make me a cup of tea and it is lovely and if I want anything else I will tell them." People's care plan provided staff with information on whether people required support with meals and what support to provide. Care plans also demonstrated that the service had made referrals to the dietician and speech and language team when necessary.

Staff pro-actively monitored people's health needs. One person said, "The care workers take a close interest in how I am and my needs, they are very helpful and supportive." One relative told us how care staff had noticed a condition that their relative had developed whilst they were providing them with support. They said, "I am [person's] main carer and I did not notice the [condition]. The carer only comes in twice a week to give me a break and they noticed." The carer had brought the condition to the attention of the person's relative who was their main carer and ensured that the appropriate medical intervention was sought. Records demonstrated that where care staff noticed a change in a person's health, referrals were made to the appropriate professionals. People told us that they were supported to attend healthcare appointments. One person said, "Yes they do, they are excellent."

Is the service caring?

Our findings

People told us they valued their relationships with staff. One person said, "They are all fantastic, we laugh and chat and it lifts my spirits in the morning." Another person said, "They make sure I am alright, they get everything I need. I am very lucky." Relatives also told us that they valued their relationship with care staff highly and felt that care staff were, "Like part of the family now." Although they went on to say that care staff maintained professional boundaries. Another relative said, "[Carer] makes me a cup of tea in the morning which I really look forward to."

A member of care staff's knowledge and interaction with two people they were supporting in different villages some distance apart had enabled them to become re-united. This had resulted in one person attending the others 90th birthday party. Initially a person had told the member of staff that they had invited an old school friend to their birthday party but they were not sure if they would attend or if they were still alive. Another person being supported by the member of staff told them how they had been invited to a 90th birthday party but did not have any way of getting there. This person had not left their house for some time. Realising the connection the member of staff facilitated the person's attendance at the birthday party. They supported them to choose their outfit and introduced them to their friend at the party as, because they had not met for so long, they did not recognise each other. The member of staff told us that when the two were comfortable in each other's company they left them to reminisce. They went on to tell us that when providing care to the person subsequently the person may forget who had visited them the previous day but they always remembered the trip to the party. They told us how privileged they felt to have been able to rekindle the friendship between the two people. This demonstrated a highly motivated member of staff who was inspired to offer compassionate care.

In another example the service had demonstrated a strong person-centred culture in enabling a person living with dementia to be with their relative when they passed away. The service received an emergency call from a social worker as the person's main carer had been taken into hospital. The person had no family to support them. The service director visited the person and supported them to visit their partner in hospital. The director told us how, on the trip back from the hospital the person lost their anxiety and travelled back home in a much calmer state. The service continued to support the person to regularly visit their partner in hospital. After several visits the service received a call from the hospital to say the person had deteriorated. They took the person to the hospital to be at their partner's bedside. Hospital staff and service care staff explained the situation to the person in a way they could comprehend. The person asked the director to stay with them. The social worker has since been in contact with the service complimenting them on the high standard of care they provided.

The service does not normally provide care at night. However, the registered manager gave us examples of where staff had offered to provide night care to people they supported when their normal support was not available. This included where a live in carer had been arranged but a person who lives with dementia had become distressed. The regular carer from Deben Willow Care volunteered to stay the night as the unfamiliar carer was causing so much distress. This demonstrated a strong person centred attitude.

People told us that they were able to express their views and were involved in decisions about their care and treatment. A person said, "I am involved and yes I am able to make decisions about what is needed." Where appropriate relatives were involved to support people with making decisions. Another person told us, "Me and my daughter make decisions together." The service also ensured that relatives had the correct legal authority to make decisions on a person's behalf. A relative told us, "Yes I do have a power of attorney; I am in discussions with them at the moment."

The service was pro-active in supporting people's dignity and staff appreciated people's needs around privacy and dignity. One person told us that they had met their carer in the community and how the member of staff had respected their privacy. They said, "It is done professionally, I saw one carer in [store name] it was a polite hello, no mention that they are my carer." We saw an example of where a person lived with their partner supported by care staff. Care staff recognised that the partner was not always working in a way which supported the person's dignity. They approached the partner providing the care and explored alternative options for the person's support which would respect their dignity. This resulted in the person spending their day clothed in a way which maintained their dignity.

People's personal information was protected. The service told us in their PIR that due to the nature of the business and the wide rural area that it covered it was necessary to have regular communication either by telephone or email. To aid full communication and to protect data they subscribed to a service which encrypted on line communication. Staff used hand held electronic devices to receive and record some information about people's care. While we were inspecting records at the service offices a member of care staff was liaising with the registered manager using the service IT system regarding a concern they had with a person's health. This meant that the member of staff had the support of a more experienced member of staff to make a decision as to the best action to take as quickly as possible to ensure the person's well-being.

People told us that staff supported them to be as independent as possible but were sensitive to any changes on a daily basis, such as how far a person could walk. Staff had an in-depth knowledge of the abilities of the people they supported which meant that they were aware of what people could do for themselves. One person said, "They assist me rather than do everything for me. Some days I am better than others, some days I can do a little bit more and they take a step back." Another person said staff supported them to remain independent as they were, "Sympathetic to my needs, helping with what I feel I need and want."

Is the service responsive?

Our findings

People told us that they received care that was personal to them and which changed if their needs changed. One person said, "I only have to say and they will do it."

The registered manager told us that care plans were continuously modified to address people's changing care needs. People told us that regular reviews of their care were carried out and that they were involved with the reviews. When asked if they could recall the last review of their care plan one person said, "Yes beginning of this year," another said, "Yes, a couple of months ago," and another said, "Yes about two weeks ago." We noted that the record the service maintained of when reviews to care plans were due showed that some care plans reviews were overdue. The registered manager explained that the record was a working document and that the system for scheduling reviews of people's care may not be operating as effectively as possible. We also noted that one care plan had been reviewed and the care plan had been updated. This had been recorded on the service computer system but the printed care plan in the office had not been updated. The registered manager assured us that they recalled delivering the updated care plan to the person's home. They and the provider had recognised these issues and a new member of staff had been recruited, one of their responsibilities would be to ensure reviews were up to date and recorded appropriately.

When new people were referred to the service, senior staff undertook a comprehensive assessment of their care and support needs. The registered manager told us that this enabled them to ensure that the service could provide the support the person required before agreeing to provide care.

People said their care records accurately reflected the care and support they needed. Care records also contained details of people's likes, dislikes and interests. For example whether they wanted a male or female care and that another person supported Ipswich Town Football club. This supported care staff to provide care in accordance with a person's preferences and engage in conversation on subjects the person had an interest in.

The service sent out a weekly rota informing people of who would be providing their care. This meant that people were aware who would be coming into their home. People told us that care staff usually arrived at the agreed time and stayed for the planned amount of time. One person said, "I know roughly when they are going to come which is helpful." Another person said, "Yes on time 99 per cent of the time yes, but if we finish early it is my choice. I get a weekly rota." People confirmed that if their carer was going to be late due to unforeseen circumstances they were telephoned by the office to let them know.

Information regarding the care provided to people, food and drink offered and taken; and any observations by the staff member were recorded in the daily record. These were regularly audited to ensure that the care and support provided met that in the person's care plan.

People told us that they felt able to raise concerns about any issues which may concern them. One person said, "I would speak to the care worker directly first then the office and express my views." Another person

said, "I would contact the office and speak to someone who I know by name." Although people we spoke with had not had cause to raise a concern they were confident that if they did raise an issue the service would deal with their concern or complaint.

The service had a complaints procedure which set out the procedures if a person wished to make a formal complaint. This was available to people in the folder containing their care plan in their home.

Is the service well-led?

Our findings

People who used the service were very positive and complimentary about all aspects of the service. One person said, "I think it is excellently managed and run." Another person said, "Absolutely well managed."

The service had an open and inclusive culture. The director of the provider company told us that they saw their role as being part of the everyday running of the service and they were part of the team. Both the registered manager and provider were able to provide care to people which meant that they were aware of the day to day issues affecting care staff. Office staff were also trained to deliver care and support. This meant that not only could they help out in case of emergencies but were aware of the challenges facing care staff. Staff told us that they felt able to approach the management team with any concerns they may have. One member of staff gave us an example of where they had raised concerns regarding the amount of time they had to provide care and support to a person and this had been addressed and longer hours obtained from the commissioning authority.

Care staff received a monthly newsletter which updated them with staff changes, company news and passed on any compliments that had been received. The service also organised staff meetings. This meant that staff, who were spread across a wide geographical area, were kept up to date and involved with the wider organisation.

The service had a registered manager in post. However, they were planning to retire in the near future. The provider had recruited the current deputy manager to the post. The deputy manager had worked in the organisation for a number of years. They had acted as the manager during a period of sickness and were now working with the provider and registered manager to ensure a smooth transition when the current manager retired.

The provider recognised that the service was expanding and this meant that the processes and procedures for organising and monitoring the quality of the service would also need to change. To meet these requirements the provider was procuring improved IT systems and had also expanded the number of supervisory staff. This meant that the service had the support structure in place to ensure care staff were able to deliver high quality care and support.

The service placed a high value on staff. Information technology in place ensured staff were able to contact each other when on duty. The provider told us that mobile phone coverage in the area was poor and before purchasing the system they had researched the most effective network. We were also made aware of other ways the service had supported staff. This included offering a financial support, emotional support when dealing with bereavement and promoting training opportunities. This meant that the service retained committed staff who were committed to providing good quality care.

People told us that the service carried out regular reviews of the care they received. A relative told us, "They check by telephone if I am satisfied, they are always trying to improve." The results of these reviews were used to drive improvement. For example one survey had shown that people and staff had problems getting

hold of the on call person out of hours as they were providing care to people. This had resulted in there being a dedicated on call person who did not provide care who could deal with out of hours queries without delay.

There were governance systems in place to ensure people were receiving appropriate care. For example carers care notes and medicines records were audited monthly.

The service worked with other organisations to ensure they are up to date with current practise. The provider gave us an example of how they had improved their recruitment and leadership through accessing Skills for Care for advice and information.