

Willow House Care Limited

Willow House Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Willow House Care provides care and support to people living in a number of 'supported living' settings so that they can live as independently as possible.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, the service was supporting 11 people with their personal care needs.

People's experience of using the service and what we found

We identified some improvements needed to the provider's governance systems to ensure they evidenced continuous learning and improvement to the service. There were no audits or checks in place and no formal review or analysis of accidents and incidents. This meant we could not be certain that action was being taken where necessary to improve the service.

We have made a recommendation regarding this.

Some records relating to the overall management of the service were not being stored in line with the services' registration condition. We found some records were being stored in people's homes. The provider took immediate action to address this and submitted a request to change their registered location to enable records to be stored correctly.

Some improvements were needed to the provider's recruitment processes. Whilst relevant safety checks had been completed on new applicants, interviews had not been formally recorded and gaps in employment history had not been explored and an explanation provided.

We have made a recommendation regarding this.

Family members told us they felt there were enough staff to keep people safe and provide them with the right support. Risks to people's health and well-being had been assessed and care plans provided detailed information for staff to follow in order to support people safely.

People told us they felt safe whilst being supported by staff at Willow House and family members were reassured their relatives were well-cared for. Staff received safeguarding training and knew how to identify and respond to allegations of abuse. Safeguarding concerns and accidents and incidents were acted on appropriately by staff. Records showed relevant professional were contacted and investigations completed where necessary.

People's needs had been fully assessed and staff had access to relevant information and guidance to

provide effective care and support for people to achieve good outcomes. People had access to health and social care professionals when needed and staff sought advice where people's needs changed.

Staff had the relevant skills, knowledge and support to carry out their role. Family members told us staff knew their relative well and how best to support them. One family member said, "They [staff] are excellent. They know [relative] really well and know exactly how to support him."

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were at the centre of their care and were supported to be as independent as possible. Managers and staff empowered people to make their own decisions about their care and support.

We received positive feedback from people and family members about the service provided and the positive outcomes people experienced. One person said, "I love Willow House Care Group and all the staff for what they do for me. I wouldn't want any other care group". Staff felt able to speak up if they were concerned and told us they were well-supported by the provider.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 October 2017).

Why we inspected

The inspection was prompted in part due to concerns received about possible closed culture and restrictions placed on people's day to day lives. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willow House Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

This service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

This service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

This service was not always well-led.

Details are in our well-led findings below.

Willow House Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was completed by an inspector and a medicines inspector.

Service and service type

This service provides care and support to people living in three 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post, however they had recently resigned from their post and were working their required notice period. The provider, who was also the nominated individual, told us they would be taking over the management of the service and would be registering with CQC.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are

often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 17 August 2022 and ended on 30 August 2022. We visited two of the houses on 17 and 19 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We received feedback from three people receiving support and three family members about their experiences of the service provided. We spoke with three staff members, the registered manager and provider/nominated individual.

We reviewed a range of records including three people's care records, three people's medicine administration records and five staff files in relation to recruitment. We also reviewed a variety of records relating to the management and governance of the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We identified some areas in need of improvement in relation to the provider's recruitment records.
- Relevant safety checks had been completed on new applicants to make sure they were suitable to work for the service. However, the provider had not formally recorded interview notes and some gaps in employment history had not been explored and/or documented.
- The provider immediately addressed the issues identified and implemented systems to ensure more robust recruitment processes were followed.
- Family members felt there were enough staff to keep people safe and provide them with the support they needed. However one family member said, "Yes, there's enough staff to make sure they [people] are all kept safe but I do think they need more so that [relative] can do the things he wants to do at night and weekends."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were no records to evidence the registered manager or provider were completing regular reviews or analysis of accidents and incidents. This meant we could not be certain that learning was taken from incidents in order to prevent them occurring in the future.
- The provider told us that records were in the process of being implemented within the houses to enable review and analysis to take place but these were not in use at the time of our inspection.
- Accidents, incidents and safeguarding concerns were acted upon appropriately; referrals were made to relevant professionals and action taken to keep people safe from harm.
- People told us they felt safe whilst being supported by staff and family members were confident their relatives were well-cared for. One family member told us, "I know that absolutely nothing is going on in that house. They [people] are all very vocal and would tell us [family] if there was anything wrong."

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people's health, safety and well-being had been assessed and detailed plans were in place to help staff support people safely.
- Staff had good knowledge of people's identified risks and how to support them safely and in a person-centred way. One family member told us, "They [people] get tailor-made care specific to their needs. They all have different needs. [Relative name] gets the care that is right for him."
- Medicines were stored and managed safely by staff who had completed medicines training and had their competency to administer medicines regularly assessed.
- Care records contained details of how and when people needed to take their medicines; this included

medicines that were taken 'when required'.

- Regular stock checks were completed on people's medicines to make sure levels were correct. However, no audits were completed to check for any areas of improvement. We have reported on this further in the well-led key question.

Preventing and controlling infection

- Staff had received training in infection prevention and control and received regular updates and guidance; particularly in relation to COVID-19.
- Staff had access to PPE and were observed following current guidance in its use.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs had been assessed and care was delivered in line with best practice guidance.
- Staff had access to detailed information about people's needs and how best to support them in the least restrictive way possible and in a way people preferred.
- Where possible people were supported and encouraged to participate in the preparation of meals in order to develop and maintain independence.
- Risks associated with people's food and drink intake were clearly recorded and guidance was in place for staff to follow in order to support people safely.

Staff support: induction, training, skills and experience

- Staff had received training relevant to their role and people's individual needs. Newly recruited staff completed a detailed induction program to make sure they had an understanding of what was required within their role.
- Family members told us staff were knowledgeable and knew how to support people in line with their individual needs. One family member said, "They [staff] know [relative] really well. They know how to support him and what he needs. They are good at what they do."
- Staff received regular supervision meetings which enabled them to discuss any concerns or development needs.
- Staff told us they felt supported in their role. One staff member said, "I always feel I can talk to [provider] if I need to."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other health care professionals to promote good outcomes for people.
- People were supported and encouraged to live healthier lives and access the healthcare they needed.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA.
- Assessments were completed to determine a person's capacity to make specific decisions about their day-to-day care and support. Where required, best interest decisions were made with the involvement of relevant others.
- People told us, and family members confirmed, they were given choice and control. One person told us, "I can come and go as I please. I have a key. There are no restrictions. If I want to go to the day centre I can but I don't have to." One family member said, "No restrictions at all. They [people] have freedom of choice."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider did not have systems in place to evidence continuous learning or improvement.
- No audits or checks were completed in areas such as medicine administration or care plans and there was no formal review or analysis of accidents and incidents. This meant the provider could be missing opportunities to identify possible issues and implement necessary actions.

We recommend the provider review their governance systems to ensure they drive continuous learning and improvement.

- The provider was responsive to the feedback given and immediately took action to implement effective systems. We found no evidence that this had impacted on people's care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- During the inspection we found that not all records were being stored at the services' registered location in line with the conditions to their registration. This was immediately addressed by the provider and an application has since been submitted to change the registered location to enable records to be stored appropriately.
- The registered manager had resigned prior to our inspection visit. The provider had taken over the management of the service.
- We received positive feedback from people and family members about the provider. One person said, "I love [provider] she is just brilliant. No-one cares more than her. She has supported us through everything."
- Statutory notifications were submitted to CQC as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a culture that was person-centred, open and inclusive.
- We received extremely positive feedback from people and family members about the care and support provided by the service and the positive outcomes people experienced. Comments included; "Simply the best. Brilliant," "I'll never get a nicer place" and "[Relative name] is a happy young man. He is more settled than he has ever been. His quality of life is terrific. They [people] go to so many places, shows, outings. He has a life that is more normal now than he has ever had."
- Staff told us they enjoyed working at Willow House and felt supported by the provider. One staff member

said, "I do love working here. I love supporting the people who live here. [Provider] is very supportive. I can talk to her about anything."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular meetings were held with people to give them the opportunity to share their views and give feedback about the support they received and the activities they took part in.
- Regular staff meetings had been stopped by the provider due to difficulties in being able to include all staff. However, they were provided with regular updates about the service and any changes to people's needs via other methods.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their legal responsibility when things went wrong. They were open and transparent about the shortfalls found during this inspection.