

Willow Tree Homecare Ltd

# Willow Tree (Bournemouth)

## Inspection report

Unit 8, Churchill Court  
33 Palmerston Road  
Bournemouth  
Dorset  
BH1 4HN

Tel: 01202399669

Website: [www.wthomecare.co.uk](http://www.wthomecare.co.uk)

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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 was announced and took place on 16 and 17 August 2016. We told the provider one day before our visit that we would be coming to ensure that the people we needed to talk to would be available. At the last inspection completed in July 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Willow Tree Homecare Ltd provides personal care and support to people who live in their own homes. At the time of our inspection they were providing personal care to more than 110 people in their home.

A registered manager was not in post; however, the current manager had submitted an application to become the 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 said their care and support needs were met and that care workers were kind, caring and respectful. People were generally very positive about the care staff saying they felt safe with good relationships.

Staff had been trained in safeguarding adults and were knowledgeable about the types of abuse and how to take action if they had concerns.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce chance of their recurrence.

There were recruitment systems in place to make sure that suitable, qualified staff were employed in the right numbers for effective running of the service.

Medicines were managed safely.

The staff team were both knowledgeable and suitably trained.

Staff were well supported through supervision sessions with a line manager, and an annual performance review.

Staff and the manager were aware of the requirements of the Mental Capacity Act 2005 and acted in people's best interests where people lacked capacity to consent.

People and staff were very positive about the standards of care provided. People were treated compassionately as individuals, with staff knowing people's needs.

People's care needs had been thoroughly assessed and care plans put in place to inform staff of how to care for and support people. The plans were person centred and covered all areas of people's needs. The plans we looked at in depth were up to date and accurate.

There were complaint systems in place and people were aware of how to make a complaint.

The service was well led. There was a very positive, open culture in within the service.

There were systems in place to audit and monitor the quality of service provided to people.

## 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.

People were protected from harm because risks were identified and managed appropriately.

There were safe medication administration systems in place and people received their medicines when required.

There were sufficient staff with the right skills and knowledge to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were themselves supported through regular training and supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005. Wherever possible people consented to their care, and where they lacked the mental capacity to consent, best interests decisions were made.

### Is the service caring?

Good ●

The service was caring.

People found their staff supportive and respectful.

People were kept informed about any changes to their service.

### Is the service responsive?

Good ●

The service was responsive.

People received the care they needed. Their care plans reflected their individual needs and were regularly reviewed and updated.

There had been no complaints since our last inspection. The service had a complaints procedure and people told us they would feel able to raise any concerns.

## Is the service well-led?

Good 

The service was well led.

There were systems in place to monitor, and where necessary to improve, the quality of service provided.

There was a positive culture where people and staff were confident to report any concerns to the management team.

# Willow Tree (Bournemouth)

## **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.

The inspection of the agency's office took place on 16 August 2016, with visits to four people who use the service on 17 August 2016. The inspection was carried out by one inspector on both days.

Before the inspection, we reviewed the information we held about the service; this included information we had received from third parties. 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 asked the local authority who commission the service for their views on the care and service provided by the service.

Questionnaires were sent out to 31 people who use the service, 44 members of staff and 31 friends and relatives. We spoke with six members of staff and the manager as well as meeting with one of the directors of the company. We looked at four people's care records and medicine records in the office and a sample of records kept in people's home. We also looked at records relating to how the service was managed. These included four staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

# Is the service safe?

## Our findings

Everyone was positive about the staff who supported them, saying they felt safe and at ease with the staff. Generally, people had formed strong relationships with the staff upon whom they relied. One person told us, "I don't know how I would manage without them, they are all so good". All the returned surveys from people and their friends and relatives informed that people were safe from abuse and or harm from care workers.

The manager had taken steps to make sure people were protected from avoidable harm and abuse so that people's human rights were protected.

Staff were knowledgeable about identifying the signs of abuse and knew how to report possible abuse to the local social services. This was because they had completed training in adult safeguarding that included knowledge about the types of abuse and how to refer allegations. The staff were also aware of the provider's policy for safeguarding people. Training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required.

The manager had put systems in place to identify and manage risks so that people and staff were protected from harm as far as possible. Part of this was to undertake risk assessments before a package of care was put in place. The assessments included the person's home environment, risk of falls, malnutrition, medicines, moving and handling and skin integrity.

When people had accidents, incidents or near misses these were recorded. There was a process in place of reviewing these records to look for developing trends. Incident forms were detailed, setting out what had happened and the action staff had taken to keep the person and others safe.

The manager had also put in place systems for responding to emergencies. For example, if a staff member arrived at a visit and found someone was unwell. There was an out of hours and on-call system in place so that people who used the service and care workers could contact the service in emergencies. People said that they could access staff at the office when they needed to.

The service had expanded since the last inspection with more care workers employed. The manager had piloted an innovative way of extending the service and utilising staff resources. They were, however, aware of the need to have staff recruited and available to take on new work. The manager said they always recruited sufficient care workers so that they could provide full cover on the rota whilst meeting training needs, sickness and annual leave. People we spoke with said that they always received a rota in advance, although this could sometimes arrive a bit late, so that they knew who was scheduled to visit them. They also reported that they received regular care workers, except for cover of annual leave and sickness. All the returned surveys reported that people received regular care workers who they were familiar with.

People told us the staff were competent and knowledgeable and that generally workers arrived on time. This was corroborated from returned questionnaires which reported that workers were generally punctual.

If they were going to be delayed, people said they would be telephoned and kept informed. People also confirmed that they were told if there were any changes to their planned visits and that visits were not cut short. Returned surveys reported that staff stayed for the full duration of the scheduled visit.

Robust recruitment procedures had been followed and all the required checks had been carried out. Records contained a photograph of the staff member concerned, proof of their identity, references, a health declaration and a full employment history with gaps explained and reasons given for ceasing work when working in care. A check had also been made with the Disclosure and Barring Service to make sure people were suitable to work with people in a care setting.

Management and administration of medicines conformed to best practice guidelines. Care workers had been trained in the administration of medicines and records showed that their competency to administer medicines safely had been assessed. Care workers were knowledgeable about each person's medicines and how to administer them as there were care plans in place about a person's medication needs. A system of "spot checking" by managers ensured that the staff were following the correct instructions for medicines and keeping appropriate records.

People told us they received their medicines as they required. We checked a sample of medicine administration records (MAR) and found that they had been completed in full showing people had received the medicines they required.

# Is the service effective?

## Our findings

Generally, people were satisfied with the service they received.

Staff had received a range of training to develop the skills and knowledge they required. New staff completed an induction training programme of five days, which led to the care certificate, a nationally recognised induction qualification. We spoke with the organisation's trainer, who was positive about the training package provided to care workers, saying it covered all the topics required. The trainer had systems in place to make sure staff were kept up to date with their training requirements and records corroborated this. Training completed by staff included safeguarding, fire safety, moving and handling, health and safety, medicines awareness and mental capacity. Some staff had received specific specialist training, for example for one person who was being PEG (percutaneous endoscopic gastrostomy) fed.

All the returned surveys reported that people felt staff were competent and appropriately trained.

People were supported by staff who received supervision through one to one meetings with their line manager. The manager had introduced themed supervision sessions to ensure that staff were kept up to date and were competent to meet people's needs. Staff told us that they could always speak with someone senior between times if they needed further support.

Separate staff meetings for Bournemouth and Poole teams were held regularly, the last meetings being held in March. Copies of the minutes showed that staff were able to raise issues and were kept informed about the overall functioning of the agency.

We looked at how the agency made sure they complied with The Mental Capacity Act 2005 (MCA). This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

People's rights were protected because the staff acted in accordance with MCA, seeking consent where people were able to make decisions about their care and support. Staff had a good awareness of the MCA and how it affected their work. People were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. People and relatives confirmed that care workers checked with the person before providing care and gained their consent to provide the care needed. Care plans contained consent forms and these had been signed by the people receiving care or the person they had nominated to do this for them.

People were supported with their health care needs and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

## Is the service caring?

### Our findings

People told us they were treated with kindness and respect. One person told us, "They are all so kind and helpful, I don't know what I would do without them". A member of staff who worked at a housing project the agency supported, told us that a relative of theirs had received support and care at the project. They said that they had been so impressed about the level of service that they had joined the agency themselves.

Promoting dignity was a core subject of staff training to make sure this formed a cornerstone of how staff worked with people.

People told us that their care workers were friendly and caring and respected their choices and preferences. Some people commented that staff were most helpful and would go the extra mile, doing small services to make sure people were left comfortable and prepared for the day.

Care plans included information about people's preferences, likes and dislikes. Care workers were aware of people's needs and demonstrated that they knew people's needs and how people wished to be supported.

All of the people and relatives that we spoke with confirmed that they had been consulted about their care plans and were involved in making decisions about their care. They also said their needs were met by their care workers.

Care workers knew about requirements to keep people's personal information confidential. People confirmed that care workers did not share private information about other people with them.

## Is the service responsive?

### Our findings

People were very happy with the standard of care and support they received from the service. One person told us, "I don't know how I would survive without them, they have all been so helpful".

The manager had systems to ensure that people's needs were assessed before they began to receive a service and people's care records showed they had an individual assessment completed that took into account their specific health and support needs. Care and support plans had been developed from these assessments to address people's needs and preferences regarding their care. Care plans were up to date with people being involved in their care plan reviews. Care plans were clearly written and described the support people needed at each visit. They explained what people were able to do independently, and what activities they would require support with.

People received a rota each week, which detailed the staff who would be supporting them in the week and at what time. Some people felt an improvement would be for the rota to be sent out earlier as sometimes it arrived at the start of the week. People told us staff stayed with them for the full length of their visit and made sure they had given them all the support they required before leaving. Care records were written after each visit and the times and lengths of their stay.

A complaints procedure, which was clear and detailed, was in place and each person received a copy within the information pack provided to them at the beginning of their contract. Responses to surveys showed that people knew who to go to if they had a complaint. People told us they had confidence they would be listened to and their complaint would be fully investigated. The complaints log showed that the three complaints made this year had been looked into and action taken to address any shortfalls.

## Is the service well-led?

### Our findings

Generally, people told us they felt the service was generally well managed. All the returned questionnaires said that people who used the service or their relatives would recommend the service to others.

The manager promoted a positive, open and honest culture within the organisation and was highly motivated and committed to providing a quality and personalised service to people. People and staff had confidence in the management and knew who to approach if they had any concerns. Overall, there was good staff morale and positive approach that was appreciated by people who used the service.

Quality assurance systems were in place to monitor and improve the quality of service being delivered. People's experience of care was monitored through regular questionnaires, and calls at intervals made from the manager to check they were happy with the service they received.

Staff had a good understanding and were confident about using the whistleblowing procedure. There was a whistleblowing policy, which was in line with current legislation and contained contact numbers for the relevant outside agencies with which staff could raise concerns.

The manager had notified the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

There was a system of audits in place to ensure a quality service was maintained. Examples of audits included, medication, health and safety, safeguarding adults, complaints and environmental risks in people's homes. The audits gave an overview of the service and enabled any trends to be identified and actions taken to address any shortfalls. The manager was supported by a quality team who received monthly information from the manager on the performance of Willow Tree Bournemouth. They had also visited the service to carry out a compliance review as part of the service improvement.