

Willow Home Care & Support Services Limited

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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

Willow Homecare and Support Services Limited is a domiciliary care agency that supports people to live in their own homes. At the time of our inspection the service was providing support to 490 people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered person's'. 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.

In November 2015 the service secured a contract with North East Lincolnshire as one of their three preferred providers. This involved the transfer of high numbers of new clients and staff from other care agencies and has led to considerable expansion within the service. The development of the agency has also posed challenges for the management team and staff which they have worked hard to meet, including the on-going recruitment, training and deployment of staff.

We found staff were recruited in a safe way. All checks were in place before they started work and they received a comprehensive induction. Additional experienced staffing was available to support with assessments and offer support in emergency situations. People received a reliable service, with staff having time to provide the care people needed.

Staff received training in how to safeguard people from the risk of harm and abuse. They knew what to do if they had concerns and there were policies and procedures in place to guide them when reporting issues of potential abuse.

Safe systems were in place for the administration, storage and recording of people's medicines.

The registered manager ensured staff had a clear understanding of people's support needs whilst recognising their individual qualities and attributes. Staff were positive about the support they received from their manager.

Records showed people had assessments of their needs and support plans were produced. These showed people and their relatives had been consulted and involved in this process. We observed people received care that was person-centred and care plans provided staff with information about how to support people in line with their personal wishes and preferences.

Staff supported people in line with their nutritional and health needs. They encouraged and respected people's independence and dignity. Staff liaised with healthcare professionals on people's behalf if they needed support accessing their doctor or other professionals involved in their care.

Risk assessments were completed to guide staff in how to minimise risks and potential harm. Staff took

steps to minimise risks to people's wellbeing without taking away people's rights to make decisions.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support, and what to do if people lacked capacity to agree to it.

There was a complaints procedure in place which was available in a suitable format, which enabled people who used the service to access this information if needed. The service had developed systems to review the quality of service provision and highlight areas which required further action. Action plans with identified timescales had been produced to address shortfalls.

People told us staff treated them with respect and were kind and caring. Staff demonstrated they understood how to promote people's independence whilst protecting their privacy and dignity.

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 the risk of harm and abuse, because the registered provider had systems in place to manage risks.

Policies and procedures were in place to guide staff in how to safeguard people from harm and staff received training about this.

Robust recruitment procedures ensured people were only supported by staff who were considered suitable and safe to work with them.

People's medicines were managed safely by staff that had been trained.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction, training, supervision and appraisal, to ensure they had the right skills to care for people.

People who used the service were supported to maintain their physical and mental health needs. Staff supported people to maintain their nutritional needs.

Staff understood the Mental Capacity Act, 2005 (MCA), which meant they could take appropriate action to ensure people's rights were protected.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated in a kind and caring manner and were encouraged to be independent. Their privacy and dignity was respected.

People told us they were happy with their care and that they had developed positive relationships with the staff.

People were involved in decisions about their care and treatment.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care, which respected their preferences and choices.

People could raise concerns about the service and these would be investigated to their satisfaction. Other stakeholders could raise concerns about the service. Changes were made as a result of concerns raised.

Is the service well-led?

Good ●

The service was well-led.

The management of the service promoted strong values in the service.

There were effective systems to assure quality and identify any potential improvements to the service.

The culture of the service was described as open and focussed on providing a quality service to people who used it.

Willow Homecare & Support Services Limited

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 registered 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 the 16 June 2016 and was carried out by two adult social care inspectors. The inspection was announced and we provided the registered manager with 48 hours' notice of our intention to visit. The reason we announced the inspection was to ensure someone would be available at the registered office.

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed and returned by the provider within the timescales set. We reviewed the information we held about the service. We also contacted the local authority's contracts monitoring and safeguarding teams. Where any issues had been identified by these parties we included them within our inspection.

During our inspection we spoke with four staff, two care coordinators, three managers and the registered manager. We also visited two people in their own homes and spoke with a further five people who used the service following our inspection. A further ten staff returned questionnaires to us following our inspection.

We looked at the care records of eight people who used the service. This included support plans, assessments undertaken before a service commenced, risk assessments, medication records and records made by staff following their visits to people. Records relating to the management of the service including policies and procedures, quality assurance documentation, accident and incident reports and complaints were also looked at. Staff rotas, training records, supervision and six staff recruitment files were also

reviewed.

Is the service safe?

Our findings

People who used the service told us, "I can't fault them, I would never change from Willow", "There have been no problems and I do feel completely safe", "I feel safe with staff and them being here", "There has never been any [staff] that I have had to ask the service not to send anymore, I like them all."

When we asked people about the timeliness of calls people told us that overall their calls were made on time. They said that if there was a specific problem at an earlier call which caused the carer to be delayed, they would be informed and another carer would be sent out. The people we spoke with emphasised that this had not been their experience and told us, "The timekeeping is good, if the calls are out of sync I can use my alarm, but I have never needed to", "There have never been any issues with punctuality, they come when they say they will", "People moan and groan about their care provider, but I have never needed to, mine is wonderful" and "I have very good staff, it is a good service, they come when they say they will and they leave when they are supposed to."

People were protected from discrimination, abuse and avoidable harm by staff that had the knowledge and skills to help keep them safe. The registered provider had policies and procedures in place to guide staff and advise them of what they must do if they witnessed or suspected any incident of abuse. One staff member we spoke with told us, "I wouldn't hesitate to report anything I was unhappy about. It is our responsibility to keep people safe."

Training records confirmed staff had completed training about safeguarding people from harm and abuse. Staff we spoke with confirmed they had completed safeguarding training and they were able to describe different types of abuse. Staff told us they would report any concerns they had straight away and they also described the relevant agencies who they would report such abuse to, including the local safeguarding team and CQC. They were also aware of the importance of disclosing concerns about poor practice or abuse and understood the organisation's whistleblowing policy. Staff told they were also issued with a pocket guide on safeguarding, which they could carry with them for reference.

We reviewed the safeguarding incident records that had occurred at the service. Discussions with the registered manager and staff confirmed that where concerns had been identified they had been referred appropriately and fully investigated. Records showed that where staff had acted inappropriately in any way, disciplinary action had been taken. Staff we spoke with told us they felt confident approaching the registered manager and they felt they would be taken seriously.

The registered manager and registered provider completed an analysis of all accidents and incidents in the service. The information was used to identify emerging trends or patterns, or if someone's needs were changing and needed more support or a review of their care. Any identified changes in people's needs were quickly shared with other professionals involved in the person's care and acted on by the service.

People who used the service had risk assessments in place relating to their health and wellbeing. The care records we reviewed contained risk assessments for medication, moving and handling, use of equipment

and nutrition. Environmental risk assessments were also completed regarding the properties of people who used the service. This ensured staff worked in safe environments. The risk assessments included information about action to be taken to minimise the chance of harm occurring.

We looked at ten staff files and saw checks had been undertaken before the employee had started working at the service. We saw references had been taken from previous employers, where possible, and that potential employee's had been checked by the Disclosure and Barring Service (DBS). This ensured as far as practicable, people who used the service were not exposed to staff who had been barred from working with vulnerable adults.

The staff we spoke with told us the recruitment process had been thorough and they had been informed they would not be able to begin working until satisfactory checks had been carried out and suitable references obtained. One staff member told us, "I was asked about different scenarios and my previous experience as well as my personal values, to see if I was right for the job. I then had to wait for all of my employment checks and references to be done before I could start."

Staff were seen to wear uniforms when visiting people in their homes and had been provided with photo identity badges. Staff we spoke with also told us they were provided with personal protective equipment (PPE), including gloves and aprons. One person told us, "The staff are always very smart in their uniforms and wear gloves and aprons when supporting my husband."

We looked at the records maintained for medicines and saw that risk assessments had been completed and information was provided in care plans about how people preferred to take their medicine. People told us, "They administer my eye drops very well, they are well trained," and "I like the staff to pop my tablet on my tongue and offer me a drink of water, that way I don't drop it. Have a look in my book it's all there."

Training records showed staff were trained to manage and administer medicines in a safe way. The registered manager had completed competency assessments on staff practice and regular on-going checks were carried out, through observations of staff practice.

Medication administration records (MAR) were used to record the medicines staff had either administered or prompted the person to take. These were regularly checked by the agency office to ensure medicines were administered as prescribed.

We saw that on any occasion where records had previously not been completed correctly, an investigation had taken place and staff had been asked to complete medication training again. Following this further competency checks by senior members of staff were carried out. This ensured the staff member was competent to administer medicines, before any further involvement with medicine administration.

Systems were in place to identify and manage foreseeable risks. The organisation had a business continuity plan which addressed risk to the running of the service, such as a power failure. This meant the call monitoring system could never be down for more than thirty minutes at any time. Staff also had mobile phones which the office could use to send messages and contact carers at any time.

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who met and understood their needs. People told us, "The staff are excellent, I can't fault them, they look after me too. If it hadn't been for their help I wouldn't have been able to go on and keep him at home," and "We have the same people coming all the time, they are good girls, all of them and very kind." Another person told us, "[Name] was their carer from day one until their recent promotion to a senior. The new staff replacing her have been consistent and this has meant they have been able to build up a good rapport with him and bring out the best of him."

Staff told us they were supported in their role and received regular supervision and appraisal. Records we reviewed confirmed this. A formal plan for supervision was also seen to be in place. We spoke with staff who confirmed that senior staff regularly worked alongside them and observed their care practices. The registered manager told us regular team meetings were held and staff we spoke with confirmed these were in place.

The service had its own training department, which provided a mixture of in house face to face training, external training and some e-learning. A comprehensive induction programme was in place for all new staff joining the service. This consisted of reviewing the organisations policies and procedures, mandatory training to support them in their role, shadowing experienced staff and regular monitoring to ensure they were confident and competent in their position. Staff we spoke with told us, "The induction was good and very informative, it gives you the opportunity to meet people and get to know them before you start to support them," and "It is really informative, I think the training is good."

The registered manager told us newly appointed staff were enrolled to complete the Care Certificate and all staff were automatically enrolled on the Qualifications and Credits Framework (QCF) level 2 diplomas in health and Social Care. The registered manager and staff told us a mixture of face to face and on line training was provided. Staff confirmed they had access to arrange of training, supervision and support.

Training records showed staff had access to a variety of training including: safeguarding, MCA/DoLS, moving and handling, dementia, first aid, infection control, health and safety, dementia and nutrition and well-being.

Staff we spoke with told us they felt they had enough training. They were able to approach the registered manager if they required any additional training and were confident this would be provided. Staff told us they had completed training in the Mental Capacity Act 2005 (MCA) and were aware of the legislation.

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. Applications for people in the community

must be made to the Court of Protection and the registered manager confirmed that no applications had been made.

Staff explained how they discussed what care people wanted to receive and gained their consent before supporting people. Care records we looked at contained signed consent documents, capacity assessments and minutes of best interest meetings which involved relevant healthcare professionals and family members.

People told us that staff understood their needs and knew how to support them in the way they preferred. People told us, "They (staff) always ask what we want and we tell them. They involve us all the time," and "They listen to other professionals who are involved in our care, I can't praise them enough." Another told us, "The care staff are bothered about me and help me to do the things I need help with. I wouldn't change anything."

People's care records contained evidence that health care professionals were involved in their care, when required. Staff told us they liaised with people's GP and other professionals when necessary to ensure people's health needs were met. One person told us, "I had a stroke and [Name] knew as soon as she arrived what had happened. She got an ambulance and got me to hospital, she did all the right things."

Staff supported people to eat and drink sufficient amounts. People's nutritional needs were assessed by staff as part of the initial planning of their care and support. Care plans indicated people's likes, dislikes and preferences for their food and drink as well as the level of support they required for eating and drinking. Some people needed encouragement with their nutrition and when required staff prepared meals when supporting them.

Is the service caring?

Our findings

People we spoke with told us they were happy with the care and support they received. Comments included, "They are lovely people. They are all so caring when they come," and "The staff always respect my privacy and dignity." Another person told us, "I was beginning to get tired and run down, the staff picked up on this and helped me to arrange a respite stay for my relative to give me a chance to have a rest. They are so caring," "I'm more than happy with the service I get."

People we spoke with told us that in the main staff were punctual and attended their calls at the allocated time. If for any reason staff were going to be late or held up for some reason, people said they were informed of this. Some of the people we spoke with told us initially, when they were first referred to the service, they had been unable to have their calls made at their preferred time. They told us that during their initial assessment with Willow their preferred time had been noted, but staff had explained that it may not be possible to accommodate this. Following the review people had been given options of times that were available to choose from and the opportunity to go onto a waiting list for their preferred time, when this was available. One person told us, "My morning call is much better now I am able to have it at the time I want, I didn't have to wait long for this to happen. I would just like my evening call to be later now and I'm sure that will come when they are able to provide this."

When we asked people if they were involved in their care they told us, "We are involved in making decisions about the care we receive; we are fully consulted, but more importantly, listened to." Other people told us, "Yes definitely," and "They involve me all of the time."

Each person received a service user guide which provided them with key information about the service and ensured people were aware of the standard of care they should expect.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they provided the support that people needed, but were mindful of retaining people's dignity. One staff member said, "We should care for people as we would like to be treated." Another told us, "It can be quite difficult when intimate care is needed. In these situations we have to be mindful of how people may feel and put them at their ease, while maintaining their privacy and dignity." People who used the service told us, "At first they [person using service] were so cross about being reliant on people, but the team we have worked alongside the physio to get them back on their feet. [Name] (the physiotherapist) sings their praises. Without the excellence of our carers this wouldn't have happened."

The staff we spoke with demonstrated a good knowledge of the people they supported and their care needs and were able to describe people's personal preferences and details of their life history. Staff confirmed they read people's care records and this provided them with enough information to support them effectively.

One staff member told us, "For some people their care needs may change quite quickly, for example we may notice someone is struggling to get in and out the bath, which hadn't been a problem before. In these situations we always contact the office and get an assessment done so the person has the right equipment

to help them to maintain their skills and independence as well as keeping them safe."

Staff understood the importance of promoting people's independence and this was documented throughout the care records we looked at. Outcomes people wanted to achieve were recorded, along with specific details of how staff could support individuals to achieve them. One staff member told us, "We need to be mindful that for some people, although they have lost some of their skills, there are others they still have. We need to continue to support them and encourage them with these for as long as they are able." Another told us, "We need to make sure everything is recorded properly to reflect any changes so information is shared within the team, as things can change on a daily basis, and people get the support they need."

Staff understood the importance of keeping people's information confidential. They explained about not speaking about people's care needs in front of others and stated that information should only be shared with other staff members on a need to know basis.

The registered manager showed us the secure computer system where information about people who used the service and staff was held. They confirmed that computers were password protected and only staff who needed to have access were aware of the passwords. Any paper files were held securely in locked cupboards and only accessed by staff with permission. Everyone who worked at the service understood the importance of maintaining confidentiality.

Is the service responsive?

Our findings

People told us the service was person centred and responded well to meeting their needs. Comments included, "All the carers took time to get to know not just mum but all of the family. Each carer showed compassion and ensured mum was at the centre of all decisions made," and "There is always help at the end of the phone if I need it."

People were supported by staff to contribute to the planning and delivery of their care. People told us they were involved in helping plan their own care and support package. Care records we looked at showed that people who used the service, their relatives and professionals (social workers and district nurses) were involved in contributing and reviewing how care packages were provided.

Before services commenced an assessment of the person's needs was undertaken by a manager or senior member of staff and information was provided to help staff understand the care and support that was required. This information was used to create basic support plans and risk assessments that were then amended over time, with more information added as people's needs changed. Staff we spoke with told us, "People's care plans get reviewed and updated when something changes," "Any changes are shared with us quickly so consistency of care can be provided," and "We are also given regular updates via our phones if needs change quickly."

The staff team understood the care and support needs of each of the people they supported and were able to describe their individual needs and how these were met. They also had a good understanding of people's preferences for the way their support was delivered. One person who used the service told us, "All the girls are good. They know how I like to have things done and that is what they do." Another told us, "The girls are brilliant. I had a fall at Christmas and they knew exactly what to do. They rang my relative and for an ambulance. They kept me calm and responded to my needs."

Care records described people's preferences and what people could do for themselves to maintain their independence. People's preferences, life histories and interests were recorded so that staff had holistic information about each individual. This helped to ensure that people received individualised care and support, in line with their preferences.

Each person who used the service received a plan of their care, which detailed who would provide the calls, when they would be provided, duration of the calls and details of what was required during each call. People had daily communication records completed by staff which detailed the support which had been provided, food and fluid consumed, their physical and emotional well-being and medication administered. This information provided staff with an overview of what had happened for individuals on a daily basis and provided accessible information for staff between care calls.

Any concerns about people's well-being or anything considered to be unusual were immediately reported to the registered manager, for further advice and support.

The service had a complaints and compliments procedure in place and the registered provider followed this procedure to respond appropriately to people's concerns and complaints. People were provided with a copy of the complaints procedure when services commenced. The procedure detailed how concerns and complaints would be dealt with.

People told us they knew what to do if they were unhappy with the service. One person said, "I've never had the need to complain, but would ring the office if I did." Another told us, "I have no complaints, but I have complained in the past and I was listened to and action was taken, so they do what they say they will." Another told us, "I have complained once, after the carers had finished their call I needed some help. I rang them and they were unable to come back to help and asked me to ring the office. I did that and they sent someone out to me. So I was happy with how they dealt with it," and "People come out from the office all of the time to check how things are and if we are happy with things."

We looked at the way the registered provider managed and responded to concerns and complaints. Records showed people's concerns had been documented and responded to in an appropriate timeframe. Staff had been informed about issues raised and any changes or improvements needed with their practice were addressed through supervision or at staff meetings.

We saw the process involved a letter of apology being sent out which detailed actions taken by the service following their investigation of the complaint. The registered manager gave us an example of a concern that had been dealt with recently, which involved the way staff logged into the call system. They told us that the previous electronic system relied on the cooperation of people who used the service to allow staff to use their home telephone to log into their system. Although this incurred no charge to the individual, staff and people who used the service had raised this and it had been recognised by the service as a potential issue. A new system where a bar code was placed on people's care files meant that staff could use an app to scan the code to show when they arrived and left their calls, without the need to use people's telephones.

Is the service well-led?

Our findings

When we spoke with staff about the management of the service, all the comments we received were positive. These included, "Yes if I ever have a problem I can go to any of them in the office", "They are very good if we need time for appointments or something and get our calls covered for us", "I can always call them if I need to talk about any problems or things I have come across", "I think staff morale is fine", "I feel well supported in my job. We get overtime payments, a bonus if we do something over and above, like pick up a shift at short notice and we can have private health care too," and "[Name of registered manager] is so on to it, anything that is raised or comes up, she deals with it straight away."

People who used the service told us they were able to contact the office and their query would be dealt with. They told us, "The senior staff come out quite often and check upon the girls and see if we are happy with everything", "We are sent questionnaires to fill in to see what we think about things." Another person told us, "They want to know what we think about things," and "I know I can pick up the telephone at any time and anyone I speak to will always make time to speak to me."

Prior to the inspection we had received a negative comment about the attitude of one of the office workers at the service. When we spoke with the registered manager about this they confirmed they had been informed about this and shared with us the action that had been taken to resolve this issue.

In November 2015 the service secured a contract with North East Lincolnshire Council as one of their three preferred providers. This involved the transfer of high numbers of new clients and staff from other care agencies and has led to considerable expansion within the service. The development of the agency has also posed challenges for the management team and staff which they have worked hard to meet, including the on-going recruitment, training and deployment of staff.

The registered manager, who is also the registered provider, referred to the service as a family run business committed to offering an excellent service to their customers. They told us they encouraged and supported their staff team to be passionate about providing the best quality care and support.

There was a management structure in place to support the registered manager, which included three managers, a training manager, three care coordinators and a team of senior care staff.

The registered manager had systems in place which gathered the views of people who used the service, their relatives, staff and health professionals. They also met with people who used the service regularly to seek their views further.

The outcome of the meetings and surveys completed were analysed and a report produced, which detailed the findings, any areas of concern and how these were to be addressed. An example of this was when staff had expressed their previous working rota, twelve days on followed by two days off, was too long and they found this tiring. The management team reviewed the rotas and introduced a new working pattern, so staff worked four days on followed by three days off. The changes were seen to have been discussed with both

staff and people who used the service to ensure continuity of staff teams could be provided.

Further audits were completed by the management team, to ensure the service was running smoothly and effectively. These included health and safety, staff training, care records, daily records and medication. Time limited action plans were seen to have been put in place to address any shortfalls identified. This helped to ensure the service was continually developing and people were receiving a quality service which they were involved with.

The registered manager told us how they monitored information relating to incidents, falls and accidents to make sure people were kept safe and protect people's wellbeing. Accidents and incidents were recorded and analysed on a regular basis and we saw that where issues were identified, prompt action was taken to prevent further incidents from occurring. For example, senior staff told us that often people said they were able to do things independently and in some cases they had found their own 'workarounds' to do things. However these were not always found to be safe. In these situations these were reported and referrals were made to the appropriate professionals for further assessment and any equipment required.

The registered manager was aware of their responsibilities to notify the Care Quality Commission (CQC) and other agencies of incidents that affected the safety and wellbeing of people who used the service.

The registered provider promoted 'a challenging bad practice' awareness, providing staff with opportunities through supervision and staff meetings and to question practice and discuss what was and was not working.

The registered manager and senior staff were involved in different networking groups within the local community in order to keep updated on best practice. Managers were also involved with the local safeguarding forums and met regularly with Care Commissioning Group (CCG) to support care provision. They were also involved in a community group 'Voice' which is a voluntary organisation, within North East Lincolnshire. 'Voice' spreads the awareness of issues from vulnerable adults to specialist health and wellbeing organisations that can deal with their health issues.