

Willow Home Care Ltd

Willow Home Care (Telford)

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 caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Willow Homecare services (Telford) is a domiciliary agency providing support to 38 customers in their own homes. 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.

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

A new manager had started with the service in August 2021 and it was evident that their appointment had led to numerous improvements to the service provided. People who used the service, although very satisfied overall with their support, told us they had noted improvements. Staff also reflected this and now felt well supported and better informed as to their role and how to safely meet people's needs.

Call times were the main area where people felt improvements could be made. People shared examples of not receiving their care at their preferred time. This was being reviewed by the manager as was the effective deployment of staff to ensure they had time to carry out their roles effectively.

Quality assurance and service auditing processes were now in place to review the quality of the care provided and ensure that improvements continued to ensure people received a good service. However, these processes had not been fully embedded and more time is needed to ensure improvements can be sustained over time .

At the time of the inspection medicines management had improved and a new system had been implemented to make the process safer.

Staff had access to personal protective equipment (PPE), and used it appropriately to keep people safe. Any breaches in this were investigated by the manager to ensure people were supported safely.

People were involved in their need's assessment and their choices and preferences were shared with staff to ensure person centred care. People spoke highly of their staff teams and most people had some consistency, which they valued.

People received a caring service, and everyone commented on feeling safe. People's dignity and privacy was respected, and people shared numerous examples of how the staff made them feel relaxed and comfortable.

Staff felt well supported and well trained. They felt listened to and had opportunities to express their views.

People had access to relevant healthcare services to promote their physical and mental health and although this was usually facilitated by family members staff did work with professionals to adapt care and

support to ensure people received joined up care.

Risk assessments were in place to reduce or mitigate identified risks and these could be updated as needs changed, as could care plans.

Staff had a good understanding of how to safeguard people from the risk of potential harm. People's complaints had not previously been listened to or acted upon however the new manager was open and approachable and committed to listen and take action to improve people's experiences of care.

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.

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

Rating at last inspection

This service was registered with us on 07 May 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the provider's sister service where there were issues relating to staffing, medicines and management. A decision was made for us to inspect this, yet unrated service, to see if similar issues were impacting on people's quality of life at the Telford branch of the service.

We have found evidence that the provider had made some improvements at the service however, more are required. Please see the safe and well led sections of this full report.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Willow Home Care (Telford)

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager who is currently going through the process of being registered with the Care Quality Commission. This means that, once registered, they, and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 22 October 2021 and ended 10 November 2021. During this time, we spoke with people who used the service, relatives and staff and reviewed documentation that the manager sent to us. We visited the office location on 26 October 2021 to see the provider, the manager and the office team; and to review care records, policies and procedures.

What we did before the inspection

We reviewed information we had received about the service since their registration in May 2021. We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities, together with other agencies may have responsibility for funding people who used the service

and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with six members of support staff, four senior staff, the manager and the provider.

We reviewed a range of records. This included two people's care records and extracts from others. We looked at two staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies, procedures and audit documents were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The manager provided us with requested documents that reflected the manager was monitoring the service and implementing changes.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People told us that they always received their care calls although some were not at the times expected. One person told us, "Sometimes they are a bit late and don't tell me. I think this could be improved". Another said, "Sometimes my call is early, and I have to go to bed [early]. I think this could be better." A relative told us, "The calls are all over the place."
- Overall staff said they attended calls at the time specified on their rota although they agreed they were not always people's preferred times. One staff member shared an example where a person had, on one occasion, had a call at 2 pm for their teatime call. This meant the person had no support at tea time to prepare their meal. We spoke with the manager about this and they advised it was an isolated incident with mitigating circumstances.
- The manager told us they had a new system for monitoring call times to ensure calls are delivered within the time window agreed with the contracting authority.
- At the time of the inspection the new process had not been fully embedded and from feedback it was evident that changes had not yet been fully implemented. This meant call times were not yet at times required to best meet people's needs, although the manager was confident that call time windows were being adhered to.
- We looked at two staff recruitment files and they contained all required information to reflect a safe recruitment process. We spoke with the recruitment coordinator who shared details of how they ensured potential staff had the right qualities and competencies to support the people who used the service.
- Newly recruited staff told us they felt recruitment procedures were thorough and they understood why pre-employment checks were necessary to protect people.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they would be confident to recognise and report abuse. They also told us they would be confident the manager or the provider would listen to their concerns and take appropriate action.
- The manager was confident to use the processes in place for reporting and managing risks and had worked with local authorities to keep people safe in the past.
- Staff received training to safeguard people from abuse as part of their induction to ensure they had the knowledge prior to supporting people.
- These systems and processes meant that staff and managers were able to help protect people they supported from abuse.

Assessing risk, safety monitoring and management

- People told us they felt safe when receiving care and support.
- Staff said they considered risk assessments to be effective and they were confident they could deliver safe care as a result of the assessments in place.
- A relative told us, "[Staff] are very good with [person's name] in the shower. They feel safe and they haven't fallen recently."
- Care plans showed that risks were identified and assessed in order to enable staff to support people safely. For example, people who needed support to be moved had their risks assessed and guidance was available to tell staff how to move them safely.
- One staff member said that they had identified risks and shared them with the management team. They said they had taken immediate action to produce a risk assessment in order to keep the person safe when receiving their personal care.

Managing medicines safely

- People who spoke with us said they received their medicines on time and how they preferred. Some people shared examples where care staff had told them it was too soon for their next dose and waited until it was the correct time.
- A relative told us of an error that had occurred with the dose of a named medicine and the manager was able to show us how this error could not happen in the future. This meant that medicines management was more robust in order to keep people safe from harm.
- Staff told us they only administered medicines when they have been trained and assessed as competent to do so.
- Medicines audits took place weekly and any issues were identified immediately as staff cannot move to another call until medicines have been safely administered. This meant that any errors were immediately rectified offering people greater protection.

Preventing and controlling infection

- Staff told us they had a good supply of personal protective equipment (PPE) to ensure a reduced risk of cross infection.
- The manager told us how they complied with Covid-19 guidelines to protect people and staff. On the day of our inspection we saw staff in the office were adhering to social distancing measures and wearing masks.
- People who used the service said staff wore appropriate PPE, including facemasks and we saw how the manager had taken action when they had been informed of staff not following the guidelines thus placing people at risk of contamination. The measures in place protected people from the risk of cross infection in order to keep them safe.

Learning lessons when things go wrong

- The provider acknowledged there had been issues relating to the service as a whole and told us what action they were taking to make improvements. For example, they had recently introduced a new care planning management process called 'Birdie' to support staff to deliver care. The system was contained in an App to mobile phones. Staff and managers referred to this as the APP. The App detailed people's personal information, and support needs. It also identified what tasks were required at each call and contained a monitoring tool to ensure that any late calls or any missed actions were immediately alerted to the management team and investigated. This meant that the team could immediately identify issues and address them before they impacted upon the person receiving the care and support.
- The manager had reviewed all parts of the service and produced an action plan detailing areas requiring improvements. They used examples of where things had gone wrong to review practice and learn from them.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were assessed before they used the service to ensure that their needs and preferences could be met. The agency received information from the funding authority. The management team carried out a comprehensive assessment of their own in order to develop an effective care plan. We saw a completed plan before it was loaded onto the 'APP'. It contained person centred information relating to the person, including their needs, wishes and preferences.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion, disability and sexual orientation. This meant that care could be delivered in line with people's preferences and choices.
- Professional assessments relating to equipment required by people was checked by senior staff when they visited to ensure they were being used in line with legislation and guidelines for their safe use.
- Staff worked with Occupational Therapists to ensure the correct equipment was used. Details such as colours of slings to be used were clearly documented in care plans.

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

- People told us their assessed needs were met by staff who were competent to meet their needs. One person told us, "They all know what to do".
- Staff told us that the 'APP' containing people's care needs was detailed and enabled them to meet people's needs effectively and in ways they preferred. People's social, health and wellbeing needs were all detailed for staff to follow.
- Where advice from healthcare professionals had been received this had been actioned by staff.

Staff support, induction, training, skills and experience

- People who used the service spoke highly of their staff team, especially the staff who were consistent. One person told us, "They do a marvellous job." Another said, "They know their job. They are superb."
- Staff told us they felt very well supported by the new manager. One staff member said "[Manager's name] is very supportive and we must follow protocols." Another said "[Manager's name] is very fair, if there's a problem its dealt with." Staff also said the manager was approachable and they had implemented supervisions and staff meetings. This meant that staff were able to discuss issues and they were confident that actions would be taken to improve the service for people and for their own working conditions.
- Staff were positive about the induction they received. The majority said that it was delivered in an informal and relaxed way. Whereas not all staff liked this style most told us they did. One staff member told us, "Induction was really good and really helpful." Another said, "The induction was good and the trainer was

really positive."

- Newly appointed staff received an induction consisting of face to face training, online training and then they shadowed experienced members of staff to allow them to get to know the people they supported.
- There were systems in place to ensure staff received mandatory and refresher training when needed. Staff had been sharing ideas of training that they would value, and the manager advised us that these were being actioned. One staff member said, "I'm happy with the training I've received. I have asked for more and this is being considered."
- A relative told us more dementia training would enable staff to deliver more effective support. The manager confirmed this was one of the courses being resourced. This meant that staff could develop skills and knowledge in basic skills but also more specialist skills to help them meet individual care and support needs
- One staff member told us that training, such as moving and handling, was personalised to meet people's specific needs. For example, staff received generic moving and handling training and then received additional support to become familiar with people's specific pieces of equipment. This enabled staff to offer bespoke support to meet individualised needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff received training on the MCA and the training consisted of a quiz to check staff understanding.
- No one currently lacked capacity for decision-making in relation to the care and support they receive from the agency
- Care plans detail people's communication methods. This meant that people could share their choices and decisions to enable them to remain in control of the care.

Staff working with other agencies to provide consistent, effective, timely care

- We saw that the service worked with other agencies. For example, staff told us they liaised with district nurses to ensure continuity and monitoring of people's health needs. One staff member told us, "Communication between teams is good." This promoted effective care and had a positive effect on people's wellbeing.
- Staff worked with occupational therapists, GPs and social workers. Where information had not been shared with the service and had placed staff at risk of harm the manager was taking a proactive approach to ensure this did not happen in the future.
- Health passports were in place and contained information for sharing should a person require hospital treatment or support. This ensured that hospital staff were aware of people's support needs if they were unable to share them at the time of admission.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with said they were very well treated and were very positive about the staff who supported them. One person told us. They are marvellous, little gems." Another said staff were, "Very good, lovely people."
- Staff told us care plans detailed people's personal wishes and preferences and this meant they could respect people's individuality.
- People told us staff are polite and courteous.

Supporting people to express their views and be involved in making decisions about their care

- People told us they had been involved in the planning of their care and support. Relatives also told us they were also part of this process. This meant care was personalised.
- The manager was starting to contact everyone who used the service to see if the care they received met their needs. A relative told us they were expecting a review imminently to discuss care provided. This showed there was a follow up to check people's views and decisions were being respected and they were receiving the care they wanted.

Respecting and promoting people's privacy, dignity and independence

- People told us the care and support they received was carried out in a way that maintained their privacy and dignity. One person told us, "If I need help, they are very discreet, they don't complain, and I feel comfortable." A relative told us staff had taken time to build their family member's trust. They told us, "They [staff] listened and were sensitive to their pride. Trust is developing."
- Staff told us training in treating people with dignity and respect was mandatory and this tied into the core values of the service. The provider detailed their key values in their statement of purpose as, 'Recognition of the intrinsic value of people, regardless of circumstances, by respecting their uniqueness and their personal needs; treating them with respect.' Our feedback suggested these core values were being implemented by staff.
- Staff supported people to remain as independent as they were able. One person told us, "Thanks to [the staff] I am starting to walk again on my own. This is because of them helping me. They are very good."
- The manager promoted confidentiality of information by password protecting documents and providing training to staff on the importance of this. This meant that information could only be accessed or shared with people who needed to see it.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained people's likes and dislikes and their social and medical backgrounds. Staff said this information helped them get to know people they supported and meet their needs in ways they preferred.
- Changes to a person's care and support plan were made immediately and this was due to the care planning system the service used being responsive. This meant the plan was always reflective of people's immediate needs.
- Care plans were reviewed regularly, and any changes were acted upon immediately. A staff member told us, "Everything is on the APP. All information is put down immediately so it's more responsive." Another staff member shared an example of its responsiveness with us. They said, "A person's medicines changed. I sent the information to the office and it was updated onto the care plan immediately." This meant that the next staff supporting the person would have up to date and accurate information to ensure the person's health care needs were met as prescribed.
- One member of staff said, "Our staff go 'over and above' to meet people's needs. We know most of our clients well and how they prefer to be supported"

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager advised us that any special communication needs would be documented in a person's care plan. They told us information could be made available in different formats to ensure information was accessible. For example, files could be produced in large print.
- The manager told us that the screen used by staff when reading care plans on the APP could be set to a colour that makes the information easier to read for certain groups of people. This meant that staff's individual communication needs could also be catered for.

Improving care quality in response to complaints or concerns

- Historically there had been concerns that complaints that had not been well managed. The provider said that complaints had previously been 'brushed under the carpet' and this was one reason why a new management team was brought in. There had been no formal complaints made since the new manager's appointment, but the manager had developed a log to record them and was reissuing the welcome packs for people with the complaints procedure and contact details for management.
- The manager was exploring ways that complaints could be raised before they got to the formal stage.

They were implementing telephone calls and visits to people to discuss care packages. Staff told us they shared concerns with management quickly so that they could be resolved informally.

- One relative told us about 'little things' that could improve their family member's quality of care. They had told the manager and had been told the manager would 'take action'. The same relative had shared details of an incident with the manager and received reassurances that the manager was responding to this. This was in the process of being managed at time of our inspection.
- The provider told us they met regularly with the manager and was aware of all issues currently affecting the agency. This was reflected by the manager who was being fully supported to make improvements to the service.

End of life care and support

- People's care plans contained information about their religious beliefs, and some contained basic information about their wishes should their needs change.
- There was no one currently been supported for end of life care.
- One staff member had recently been commended for their caring and sensitive approach to supporting a person at the end of their life. A relative said they had 'gone above and beyond' and made suggestions to keep the person comfortable and they also supported the family.
- Staff received training about end of life care so they would have the skills and competences to support someone at that stage of their life.
- We saw one person's end of life care wishes referred to in their care plan. This meant staff could support those wishes and assist the person in a way that they had chosen.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- A new manager had been appointed to manage the service and they started in August 2021. Since that time, they had developed an action plan to demonstrate their work priorities in areas that required improvement. They had developed this plan after reviewing the service and working with the provider to identify historic issues and identify priorities. The action plan covered all areas of regulatory requirements and reflected the findings of this inspection. This reassured us that improvements were appropriate and reflected the needs of the service.
- At the time of the inspection the manager had not had time to embed certain policies and procedures although a major piece of work had been completed to make the delivery of care safer and more person centred.
- Senior staff all told us that changes were required. As a team they were committed to do this and had worked proactively with the manager and the provider to review systems and processes and look for improvements. One senior staff member told us that changes were 'major'.
- Not everyone who used the service was aware of the new management arrangements. The manager addressed this by rolling out the welcome packs again, with more information and contact details for themselves and the management team.

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

- Everything the manager had implemented so far had proved effective. This was demonstrated by staff and people who used the service who had noted improvements and changes for the better. One person, who had used the service for a while said, "Its great at the moment."
- Staff told us that they felt supported by the management and felt they would be listened to if they raised a concern. One staff member told us, "[managers name] has done an amazing job." Another staff member said, "Things weren't the best previously but [manager's name] is amazing."
- Care plans were more person centred and the manager was engaging with people, and the staff team, to gain their views of the service.

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 manager and the provider were fully open and transparent about issues within the service and areas where they had to take action when things went wrong. The manager was aware of their duty of candour

and reflected this during discussions during and prior to the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider now carried out regular audits and was approachable to staff who shared previous management concerns. They listened to the team and acted to improve the service.
- Staff meetings now took place and information was shared with staff. Staff told us they felt empowered to share issues or make suggestions for change. One staff member told us they had identified a safety issue and as a result a risk assessment was immediately carried out to assess the risk and formulate an action plan to reduce it.
- The new manager planned to visit people and contact them by phone to gather immediate feedback about the service and was open to hear what people said. One relative told us they had already shared a concern with the manager, and it was being dealt with. This demonstrated that people's views and opinions were valued and responded to.

Continuous learning and improving care

- The provider and the manager had developed an action plan to address concerns previously identified prior to the management change. A staff member told us, "Everything is being updated since [manager's name] started."
- The provider told us they thought the care planning system they previously had in place was effective. After issues had been raised about its effectiveness the provider told us, "As a result we stripped everything back." They went on to implement a new system and they had improved information available to staff and thus improved the quality of the care provided.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide joined up care.
- A local authority representative told us how issues had been raised historically about the care provided. They told us, "They [the service] still have some work to do but have made improvements." The manager and the provider fully acknowledged this but were confident with strong leadership and effective communication they could achieve this.