

# Roche Healthcare Limited

# Willow Court

## Inspection report

Victoria Road  
Elland  
West Yorkshire  
HX5 0PL

Tel: 01422378564

Date of inspection visit:  
16 October 2019

Date of publication:  
21 November 2019

### 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

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

People had good relationships with the staff and were complimentary of the care and support they received. Staff often went the extra mile to promote people's wellbeing. They organised social events and gave people support in addition to their care packages. This included support with personal appointments, visiting beauty salons and attending church.

People told us they felt safe and staff knew what to do if they thought somebody was at risk.

There was a good standard of information showing how staff could minimise any risks, and people received their medicines safely.

People's preferences about the support they received was integral to the assessment and care planning process. People were supported to maintain as much independence as possible.

Staff worked well with other health and social care professionals to make sure people received the support they needed.

Staff were recruited safely, well trained, and people had consistent staff providing their 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. People had signed their consent to care plans and risk assessments.

People told us staff provided their care and support in the way they preferred. They said staff respected their independence and privacy.

Systems were in place to gain the views of people using the service. People were involved in interviewing new staff.

The service benefitted from strong leadership. The registered manager worked with a wider management team to review and promote improvements within the service.

Rating at last inspection: At our last inspection we rated the service as good. (Published 18 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Willow Court

## 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

The inspection was carried out by one inspector.

#### Service and service type

Willow Court is a domiciliary care service. The service is based within a housing complex provided by housing company and supports older people and people with physical disabilities to live in their own homes within the complex.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity was completed on 16 October when we visited the office and spoke with people using the service.

#### What we did before 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five members of staff including the registered manager, care co-coordinator, a senior manager and two care workers. We also met and spoke with eight people who used the service.

We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures were in place. Staff recognised different types of abuse and knew what to do if they thought someone was at risk. Safeguarding alerts had been made as necessary to the local authority safeguarding team.
- All the people we spoke with said they felt safe whilst receiving care and support.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support needs were assessed, and staff had access to information to help them minimise any risks as much as possible.
- Risk assessments associated with the environment in which staff would provide support were completed.

Staffing and recruitment

- Systems were in place to make sure staff were recruited safely.
- The registered manager had good systems in place to make sure there were enough staff to meet people's needs.

Using medicines safely

- Staff received training in administration of medicines.
- Protocols were in place for supporting the safe administration of 'as required' medicines.
- Body maps and supplementary medication administration records were in place for recording administration of topical medicines such as creams.

Preventing and controlling infection

- Staff said they had access to as much protective equipment such as gloves and aprons as they needed.

Learning lessons when things go wrong

- Accidents were audited to identify themes and trends for which action could be taken to minimise the risk of reoccurrence.
- Where an accident had occurred, which had the potential to re-occur and affect other people, this had been added to the risk assessment for all people using the service.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- People had signed their consent to care plans and risk assessments. All of the people using the service had capacity to make choices about their care.
- People told us staff supported them in the way they preferred.
- The registered manager said when people had Lasting Powers of Attorney (LPA's) in place, they made sure these were seen to check they were followed.

Staff support: induction, training, skills and experience

- All staff followed an internal induction and went on to follow a training programme developed by the provider's training department.
- Following induction, staff studied for diplomas in care.
- Staff received ongoing support from the registered manager and wider management team. They told us they received regular effective supervision and competence checks. Staff felt confident to raise any issues with the registered manager at any time.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported as needed in meeting their nutritional needs. One person's care plan included clear and detailed information about how staff should meet their need to receive a pureed diet. The information gave instruction about how the food should be presented and how to prepare different foods.

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



- Staff had good relationships with district nurses and social workers. The registered manager said people were often referred to Willow Court by the social work team. A moving and handling trainer from the local authority was used for support with people's needs when required.
- People's care files included advice from healthcare professionals. For example, one person's care file included instruction from the posture and mobility service.
- People said staff would call the doctor or nurse for them when needed.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- All of the people we spoke with said staff were kind, caring and supportive.
- A number of compliments had been received by the service with many of them thanking staff for their loving and compassionate approach. One person had said "We appreciate all you did for her, even when she herself didn't always appreciate it. You kept her clean, fed and loved, you went the extra mile for her. She could not have been better looked after anywhere, your services were of the highest degree."
- Examples of staff going the extra mile to make sure people's individual needs were met included accompanying a person to church, supporting a person with their prescribed exercise routine and supporting ladies with hair care and make up. Staff also looked after a person's cat when they could no longer do so themselves to enable them to keep it.

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

- People told us they were fully involved in the process to assess their needs and formulate their care plans.
- Staff said they would report any change in people's needs or preferences to a senior member of staff who would then speak with the person to make sure their care plan reflected their current needs and preferences.
- People had signed they agreed with and consented to the support outlined within their care plans.

Respecting and promoting people's privacy, dignity and independence

- One person told us they were "in control" of their life with staff support.
- A section of care plans was 'Please tell us how your life will be better with the assistance we are providing'. One person had responded by saying this would be to 'retain an amount of independence living in their own home'. Care plans were reflective of people's choices and helped to support independence.
- People were asked about their needs in relation to accessing assistive technology or aids and adaptations which would promote their independence.
- During our inspection we saw a visiting healthcare professional providing support to a person in view of others. Staff immediately picked up on this and acted to protect people's privacy and dignity.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were person centred and written from the point of view of the person. They gave clear instruction to staff about the support the person needed on each visit and how they would like their support to be delivered.
- Care plans considered people's needs in relation to spirituality, communication, social life and interests, being healthy, managing finances, mobility, oral care and medical conditions.
- One person's care plan included very specific detail in relation to medical equipment they needed, and another provided staff with clear instruction about what to do if the person had a seizure.

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.

- Care plans included information about people's communication needs and how staff should support them to enable effective communication. Sight and hearing needs were considered.
- The registered manager said they would be able to provide information for people in a format to meet their individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people, often outside of care hours, to meet their social and recreational needs. For example, one person was supported to bake, and people were supported to attend medical and personal appointments such as hairdresser and beauty salons.
- Staff regularly provided entertainment and social occasions for people. They included Christmas and Halloween parties, coffee and cake afternoons and a poetry afternoon.

Improving care quality in response to complaints or concerns

- People said they knew what to do if they were unhappy about something.
- People were given a copy of the complaints procedure when they start receiving support. No complaints had been received.

End of life care and support

- The care co-ordinator told us they had recently been leading on work to make sure people's wishes for

their end of life care were discussed and recorded.

- Care plans included people's wishes exactly as they had said. For example, one person who said they wanted to continue to be supported by the service said, "I want things to remain as they are now if they can. I want bacon and egg and my crumpets well done. I want my showers to continue so you may have to help more with showers. I'm not God fearing and don't want a preacher."
- Records had been made of who people wished to be contacted when they died.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us they were very well supported by the registered manager and the wider management team. They said there was always somebody to contact for support.
- The service was well run and organised. The registered manager worked effectively with senior managers to ensure people received an effective service.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in 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 registered manager and senior manager described a new system being introduced by the provider to effectively monitor, audit and improve services for people. The system had been introduced to address issues identified within the provider's services.

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

- The registered manager and staff we spoke with were clear about their role and responsibilities and had a very good knowledge of the service.
- The senior manager showed us an additional system they were introducing to audit the service using the five domains used by CQC for assessing and reporting on services.

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

- People's opinions of the service were sought through satisfaction questionnaires. We saw the most recent results which reflected a high percentage of satisfaction.
- People who used the service were involved in interviewing new staff. Staff recruitment records included this input.

Continuous learning and improving care

- The registered manager maintained an overview of how the service was being delivered. They analysed feedback from people using the service, staff and others involved in order to learn from people's experiences and look at where improvements could be made.

Working in partnership with others

- Staff worked with a range of health and social care professionals to make sure people received the support they needed.