

Willow Care North Shropshire Limited

Infil House

Inspection report

Shrewsbury Road
Hadnall
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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

About the service

Infil House is a domiciliary care service providing care and support to people in their own homes. They were providing a service to 32 people at the time of the inspection. 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

The provider recruited staff safely and ensured that required checks were completed before they started to provide care to people.

People received care from a team of regular care workers. They were deployed to meet people's needs and respond to changes in their need.

The provider had submitted notifications as necessary to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

People received safe care and support because staff were trained to recognise signs of potential abuse.

Staff followed good hygiene practice when supporting people in their own homes.

People were supported by a caring and kind staff team. People were supported to maintain their independence and their privacy and dignity was valued and respected.

People received safe care and support because risks were assessed and managed to reduce the likelihood of avoidable harm.

Systems used for the management of medicines were safe and people received their medicines as prescribed.

The provider arranged training for staff that met the needs of people using the service. Staff were assessed for their competency which ensured they were safe to work with people.

Care plans were developed for each individual and included people's preferences and wishes.

Audits were in place that checked the quality of the service. Action plans were implemented and followed where necessary. There was an open culture in the service and the registered manager made themselves available to people.

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

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

Rating at last inspection

This was the first inspection of this location. The service was rated as good.

Why we inspected

This was a planned inspection based on the provider being a new legal entity.

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.

Infil House

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

Our inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 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.

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

Inspection activity started with the expert by experience making telephone calls to people who used the service on the 10 September 2019 then a visit to the office location on 11 September 2019.

Before the inspection

We reviewed information we had received about the service since registration. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually (the Provider Information Return) to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection. We checked for feedback from local authorities and commissioning bodies.

During the inspection

We spoke with eight people who used the service and one relative. We spoke with two members of staff, the registered manager and the training manager. We reviewed three people's care records, three staff personnel files, audits and other records about the management of the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- Staff had received training to protect people from harm. Those we spoke to knew how to recognise potential signs of abuse. Staff told us they knew how to share concerns and were confident that they would be listened to and their information acted upon.
- The registered manager was aware of the procedures to follow to report abuse to protect people. They had participated in the process effectively to safeguard one person who used the service.

Staffing and recruitment:

- People told us there were always enough staff provided to meet their needs. A person said, "The people at the office will chat as much as the carers to me. They recruit the right sort of staff."
- The registered manager told us they ensured people received support from a consistent group of staff.
- People had access to staff support 24 hours a day via an on-call system.
- Staff had been through a recruitment process prior to starting work at the service. We found all necessary checks had been completed prior to staff members starting to work with people who used the service.

Assessing risk, safety monitoring and management:

- Risks associated with the safety of the environment and equipment were identified, assessed and managed to ensure that people remained safe in their home.
- Care records reflected that people's risks had been assessed and guidance was available to staff to ensure they acted safely and consistently.
- One person said, "The carers use the stand aid hoist safely. They have all been trained with it."

Using medicines safely:

- People were supported by skilled staff to take their prescribed medicines safely.
- One person told us, "Carers give me my medicines morning and evening and they record it all."

Preventing and controlling infection:

- People told us that staff wore aprons and gloves when assisting them with personal care.
- Care workers received regular training in infection prevention and control.

Learning lessons when things go wrong:

- If incidents and accidents occurred, these were documented, and action taken in response to find out why things had gone wrong. This would be used as learning to try and prevent similar incidents occurring in future.

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 as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff induction, training, skills and experience:

- People were supported by staff who received training in a range of subjects to meet their needs.
- Staff were given opportunities to review their work and development needs with the registered manager.
- Staff induction ensured they were trained in the areas the provider identified as relevant to their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The registered manager completed an assessment of people's support needs before they started to provide care to them. This enabled people and their relatives to have an input into the care provided.
- One person told us, "I was involved with my assessment and care plan. I told them exactly what I needed and in what order. They respected that and responded and that is how my care is carried out."
- The registered manager assessed people's information and communication requirements. Management understood the Accessible Information Standard. A person with a visual impairment had their weekly sheet provided in large sized format so they could read it with clarity.

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

- Where people received support from staff to eat and drink they received enough to maintain their health. Staff told us they knew people's dietary needs and preferences, and this enabled them to promote a healthy and varied diet in line with individual tastes.
- One relative said, "They give me my own choice of breakfast and they always make me a drink and ask if there is anything else before they leave."

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

- The registered manager described how they liaised with community teams which demonstrated the provider was open to working with health and social care professionals.
- Care records included details of GP's and other relevant health professionals involved in people's care.

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.

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.

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.

- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Staff described how they always asked people and gave choices. One member of staff said, "We always ask people what they want and how they would like us to do it."

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 as 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; equality and diversity:

- Staff ensured people were treated in an individual and equal way, irrespective of their beliefs, opinions and lifestyle. The service ensured that staff were allocated to them in line with people's preferences around age and gender. One person said, "The best thing for me is they are sociable. They tidy up and do jobs, but I enjoy the conversations. It starts my day off well. They are good people."
- People received support, reflecting their diverse needs and requirements. Personalised support plans detailed people's abilities and what was of greatest importance to them.

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

- Care records considered people's views and preferences and those of their relatives. This helped to ensure that care was delivered in a way that met the needs of people who used the service.
- Meaningful relationships had been developed between people, their relatives and staff. People felt comfortable and trusted the care workers who came into their home.
- One person commented, "The carers say, 'we'll do anything, just tell us'."

Respecting and promoting people's privacy, dignity and independence:

- Staff spoke respectfully about people. One staff member told us how they carried out personal care discreetly and only if the person was comfortable. They were always mindful of who may be listening and checking the person had privacy by being covered as far as possible.
- One person said, "They are very caring, and we have a laugh and a joke. They know I like to do some things for myself."

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 meet people's needs, preferences, interests and give them choice and control:

- People had individual care records in place which reflected their current needs. These included risk assessments and care plans.
- Care plans included areas that people needed support with and the action that care workers needed to take to support people well.
- One relative said, "The management make sure things run smoothly. They will arrange earlier morning calls if I have to go to a morning hospital appointment."

Improving care quality in response to complaints or concerns:

- People told us they knew who to speak with if they were unhappy with the service.
- People were given information on how to raise concerns or complaints when they started to receive care.
- The provider had a procedure for managing complaints. We looked at records that showed a complaint had been responded to and resolved promptly for the person.

End of life care and support:

- The service was not currently supporting people who were receiving end of life care. Peoples wishes or preferences should they need such care were discussed and recorded. Staff were provided with training for each individual situation when people needed support to remain at home.
- Staff would work with professionals such as the district nurses and hospice care staff should they need to provide individual support.

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 as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The provider had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service. We saw that action was taken to address any issues was recorded.

Engaging and involving people using the service, the public and staff:

- Staff discussions were held regularly, and staff told us that the registered manager was supportive.
- People's involvement in their local community was actively encouraged, along with their access to preferred leisure activities.
- One person said, "The management pop round occasionally. They sent us a questionnaire a couple of weeks ago." Another said, "They are brilliant as I am treated like a human being rather than a client."

Continuous learning and improving care:

- Surveys showed that management sought people's views about the service and acted on any suggestions.
- The registered manager assured us if incidents happened they would be reviewed and discussed in detail with staff individually or at staff meetings. They discussed how they had started care for a person and had reflected on how they would have done it differently and used it as a learning opportunity for management.

Working in partnership with others

- The manager worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. These included GP's and community nurses. We saw feedback from an external professional that read, "Thankyou to all staff that worked with (person) for going above and beyond to support them over the last few months."
- All professionals contacted said referrals to them were appropriate and that staff were keen to learn and followed their suggestions.