

Willowbrook (Hyndburn) Limited

Willowbrook Homecare

Inspection report

28 Orchard Road
First Floor
St Annes On Sea
FY8 1PF

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25 October 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place at Willowbrook on 25 October 2016 and was announced. We told the registered manager before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

This was the services first inspection at this location since its registration with the Care Quality Commission (CQC).

Willowbrook Homecare is registered with the Care Quality Commission to provide personal care to people in their own homes. The St Annes location provides a service to a small group of people living in the local area. The office base is situated near the town centre. Services are provided to older people, those with mental health requirements and to younger adults with physical disabilities. A range of services is offered including, personal care, domestic tasks and a sleep/wake support. At the time of the inspection visit the service provided support for 116 people.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to provide safe care for people.

People who used the service told us they felt safe with staff from Willowbrook Care and look forward to their visits. One person said, "They have been brilliant it is a pleasure to see them. It makes me feel at ease and safe knowing people who look after me are coming every day."

The registered manager made sure new staff had a full employment history and obtained recruitment checks before employing them. Staffing levels were sufficient to meet people's needs and their agreed care packages. We found staff had training to develop their skills.

Risk assessments had been developed to minimise potential risk of harm to people during the delivery of their care and when staff visited homes of people. These had been reviewed when changes occurred.

Staff knew people they supported and provided a service that was suited for the individual. Care plans were in place detailing how people wished their care to be delivered. People told us they had been involved in making decisions about their care.

We found medication procedures at the service were safe. Staff who would be responsible for the administration of medicines had received training to ensure they had the competency and skills required.

People supported by the service told us staff who visited them were polite, reliable, patient and respectful in their approach to their work. A relative/carer of a person who used the service said, "They are really good. When I am there they are so polite and respectful I have no problem leaving [relative] in their care. I would recommend the agency to anyone."

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The service had a complaints procedure which was made available to people when they received a service. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included spot checks, care plan reviews and staff meetings. We found people who used the service were satisfied with support they received.

Staff, people who received a service and relatives told us the registered manager was supportive and approachable. The management team met with people and provided opportunities for them to comment about the quality of their care.

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.

Recruitment procedures the service had in place were safe.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with kindness and respect by staff at Willowbrook Care.

Care and support had been provided in accordance with people's needs and wishes.

People confirmed they were involved in their care planning, which was evidenced in care records.

Staff were respectful of people's rights and privacy.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs.

The registered manager had a system to ensure people's records were updated both at the office and in their own homes.

The registered manager had a variety of systems to check and manage people's complaints and concerns.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. The views of people who used the service were sought in a variety of ways.

Quality assurance was checked upon and action was taken to make improvements, where necessary.

Willowbrook Homecare

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 25 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of a social care inspector.

Before our inspection on the 25 October 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

During our inspection we visited two homes of people who used the service and spoke with eight people by telephone for their opinions of Willowbrook Care. We also spoke with three relatives/carers of people who used the service, the registered manager, and nine staff members. In addition we visited the office base for Willowbrook Care.

We looked at the care records of two people, recruitment records and training records of staff members. We also looked at records relating to the management of the service. In addition we spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced who were supported by the service.

Is the service safe?

Our findings

We spoke with people who received support from Willowbrook Care about the service they received and if they felt safe with the support that was provided. One person said, "They have been brilliant it is a pleasure to see them. It makes me feel at ease and safe knowing people who look after me are coming every day." A relative said, "We can go away knowing [relative] will be safe with Willowbrook."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. We spoke with staff about safeguarding training and all were confident they knew the process to follow and what signs to look out for if they felt abuse was taking place.

The service had a whistleblowing procedure so staff were aware of the process. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about unsafe or abusive practices they may witness.

Care records of people who used the service contained risk assessments intended to reduce potential risks of harm or injury to people who used the service and staff. These included risks related to their own premises, mobility, kitchen access and personal care. Staff were aware of any potential risks or hazards. We found they had been reviewed on a regular basis or when circumstances changed to ensure people were kept safe.

The registered manager had a system to record accidents and incidents. These would be discussed between the registered manager and staff. They were analysed by the management team and action to reduce risk and keep people safe were learnt from incidents. Any changes to care needed were made to reduce risks to people.

We looked at staffing levels and how the service supported people in their own homes. We did this to make sure there was enough staff on duty at all times to support people in their care. We found by talking with people who used the service and staff members staffing levels were sufficient to meet the needs of people. The manager told us there had been no missed visits since they had been registered. Rotas we looked at confirmed contingency plans were in place should staff be on holidays or sick. One of the management team said, "We have good back up systems because staff will cover shifts if we are short." Staff told us they felt there were enough staff to complete each person's care package. One person who received a service said, "They are always reliable and turn up and on a rare occasion they have been late they will let me know."

We looked at records of two staff members who had been recruited. We found the procedures were in place to make sure suitable personnel were employed. The registered manager followed their procedures to protect people from employment of unsuitable staff. For example we found files contained references and criminal record checks obtained from the Disclosure and Barring Service (DBS). The registered manager reviewed the applicant's full work history, training certificates and qualifications. One staff member spoke

with said, "It was a thorough process."

Staff files contained evidence they received medicines training, which was followed up with regular competency testing to maintain safe procedures. Staff employed by the service received medication training before they could administer medication or prompt people. Discussion with staff members confirmed they had received refresher training to ensure they were competent to support people with their medicines.

The registered manager had a system to identify procedures for administration of medicines. They had developed a 'three option document'. First option was for people to sign to self-medicate. Second option for people to self-medicate with prompting from staff. The third option was for trained staff to administer medication in people's homes. One staff member said, "It is a good system and care plans give clear instructions on medication and what people require."

We spoke with two people about management of their medicines. They told us they were happy with their own medication arrangements and were confident staff were competent to support them if required with their medication. One person said, "I need them to sort my medicines out on time and they do, I am never late taking my medication."

We looked at medication records in homes we visited. We found staff had recorded the support they had provided people to take their medicines. The medicines administration record (MAR) sheets were legible and did not contain any gaps. This meant people had been given their medicines as prescribed.

Is the service effective?

Our findings

People we spoke with told us staff seemed well trained well and were competent in their role. For example one person who used the service said, "They do know what they are doing when they come here they seem well trained and confident."

We found the agency had a policy of matching people to staff who may have similar interests so that relationships could develop. For example the service used the same staff as much as possible. This meant care was effective because staff developed relationships with people due to the consistency of a small staff team supporting each individual. We found other examples of matching staff to people that was confirmed by relatives. For example one male person who used the service had a particular social interest. The management team allocated a worker with the same interests. We spoke with relative of the person who said, "It is wonderful [relative] gets on so well with [staff member] it is really good to see him smile and look forward to [staff member] coming."

People were supported by staff who had the knowledge and skills required to meet their needs. For example we found staff training records identified courses they had attended and when training relevant to their role required updating. Access to courses and training events were good. This was confirmed by talking with staff. The company employed a specific training staff member who was in the process of developing and presenting training courses for all staff so they developed their skills and were confident in supporting vulnerable people. One staff member said, "At least now we get proper training and are supported by the management." Staff had a programme of mandatory training introduced by the management team. This included health and safety, food and hygiene, and safeguarding vulnerable adults.

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.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the registered manager confirmed she was aware of the process to assess capacity and the fact that it is decision specific.

When we undertook our inspection visit staff received annual appraisals that commented on their personal development. These are one to one meetings held on a formal basis with their line manager. Staff spoken with told us they felt well supported by the registered manager and senior staff. Comments included, "Yes we have supervision all the time the seniors come out to visit me when I am supporting people and go through things." Also, "The manager is so approachable so I can call in the office any time and speak with her."

At the time of our inspection visit few people required support with meal provision. We confirmed by talking

with staff and looking at records staff who prepared food had completed 'food and hygiene' training. We spoke with staff members who confirmed this.

We found people's care records included the contact details of their General Practitioner (GP) or other health professionals that they required contact details of. This was so staff could contact them if they had concerns about a person's health. We saw where staff had more immediate concerns about a person's health they accessed healthcare services to support the person. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives.

Is the service caring?

Our findings

People told us they liked the staff and the way they were treated in their own homes. They all told us staff were respectful when in their home and caring. Comments included, "Absolutely wonderful, I could not manage without them." Also, The staff are always smart, caring and respectful of my home."

People we spoke with told us they were treated with kindness and staff were caring and patient with them according to relatives/carers of people who were supported. One relative said, "They have patience with [relative]. I know he can be awkward at times but they are so patient and kind with him." Another relative said, "They are really good. When I am there they are so polite and respectful I have no problem leaving [relative] in their care. I would recommend the agency to anyone."

Staff had an appreciation of people's individual needs around privacy and dignity. They told us training around respecting people's privacy was provided by the training schedule at the service. People who received support told us staff spoke with them in a polite manner and respected their privacy.

People who used the service told us staff spoke respectfully to them. All the staff we spoke with knew the people they cared for well and were able to describe support people received. This was confirmed by looking at care records and visiting people who received a service. This meant staff were aware of what people required and how they would want to be supported in a dignified way.

Daily events that were important to people had been recorded so staff were aware of the needs for people. We looked at the care records of two people and found a person centred culture which encouraged people to express their views. Information was also contained daily of how the person was in terms of social and healthcare. This supported staff to be aware of any issues when they visited the person or when the next staff member was due to visit. A staff member said, "It is important to keep notes up to date for all staff to see."

Care plans reflected what support people required from other agencies such as general practitioners (GP) or other health professionals. This meant staff were aware of the needs and support individuals required when visiting people in their own home.

Staff had a good understanding of protecting and respecting people's human rights. We looked at training records and noted they had received guidance in equality and diversity. Staff confirmed this when we spoke with them. Staff told us the importance of treating people as an individual and respecting their rights.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some feedback from them about the care being provided.

Is the service responsive?

Our findings

People's care and support was planned with them and their relatives where required. This was confirmed by talking with people who used the service and their relatives. One person who used the service said, "We went through everything when Willowbrook started and I gave my opinions." Also a relative said, "I sat with [relative] and we went through what was needed and agreed the plan together."

People who used the service told us when their care was being planned at the start of the service, the management team spent time with them. This was to find out about their preferences, what support they required and how they wanted it to be delivered.

We found by talking people who used the service and staff the management team responded to any issues people had by keeping in constant contact with them. One relative who cared for a person who used Willowbrook said, "They respond to any changes or requests we have all the time they are very good."

We looked at care records of two people we visited in their home. The care records were informative and organised so that staff could identify what support and tasks were required for the person. They were updated daily and one staff member said, "You could easily follow what was needed in any home we visit." Copies of care records were available in the office. Good assessments of support had been undertaken prior to support being provided. This meant staff had as much information as possible in order to provide quality support and care.

Staff at Willowbrook Care had responded to the changing needs of people by updating care records. Personal care tasks had been recorded along with fluid and nutritional intake where required. Discussion with staff confirmed they were informed promptly when changes to people's care had been needed. This ensured they had up to date information about care needs of people they supported. People told us they had expressed their choices and preferences about visit times and the level of support they required. People's needs had been identified as part of their plan of care. For example to promote independence or maintain independent living.

People supported by the service told us they found office staff were responsive in changing the times of their visits when required. A relative told us they were quick to respond if they needed an extra visit because of holidays or if the person was not well and required extra support. The relative said, "We do need to change things from time to time and they are flexible and supportive."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Only one minor complaint had been recorded since the service had been registered. This had been dealt with according to their policy. However the complainant had retracted the complaint and was happy with the service. Contact details for external organisations including the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

We saw the service had a system in place for recording complaints. This included recording the nature of the complaint and the action taken by the service. People who used the service told us knew how to make a complaint if they had a concern or an issue. One person who used the service said, "Never had to but would speak to the office if I had to."

Is the service well-led?

Our findings

Staff and relatives told us they felt support provided by the management team was good and communication with the office for information was accessible. One relative said, "100% better, contact with the management to get information is very good. They keep me and [relative] informed of any changes or information that we need to know." A staff member said, "The management team know what they are doing and [registered manager] is organised and approachable." Another staff member said, "It is so well organised and I feel supported by the management team."

Whilst we visited the office premises we found staff regularly attended the office and we observed the atmosphere was calm and relaxed. Staff told us the registered manager and senior carers had good knowledge of people who accessed the service and understood their requirements. For example, One staff member said, "The seniors visit us all the time whilst we are out in the community and support us."

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The agency had a registered manager with senior staff to support them. Staff told us the structure of the management team worked well. For example one staff member said, "We know what our rotas are, where we are working and times to be there. It works well from a management point of view."

We were told by staff the registered manager and senior staff worked closely together on a daily basis, which enabled the management team to support staff in their roles. A staff member said, "[Registered manager] has been excellent with me and I know to other staff, very approachable and supportive." Another staff member added, "Extremely well managed and always willing to talk with you to sort any problems out. I would say they are always firm but very fair which is what I like."

The registered manager had systems to obtain people's views about the quality and safety of their care. This included annual satisfaction surveys and regular contact by the management team in the community. The questionnaires covered areas such as times of visits, attitude of staff and their overall opinion of the service Willowbrook provided. A recent survey was completed by 15 people who used the service. One question asked, 'Do carers turn up on time 14 ticked the box always, with one 'sometimes'. The results were positive and other comments included, 'A consistently good service'. Also, 'Everyone is fantastic'. The registered manager told us any negative comments they received from surveys would be identified and action taken to address the issues.

The service had systems and procedures in place to monitor and assess the quality of their service. Spot checks were undertaken by senior staff whilst support staff were undertaking their visits. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. Care, medication and financial records were also monitored during the visits. We found documented evidence outcomes of the checks had been documented and placed on people's care plan records. One person who received a service said, "Yes the managers come and check up everything is alright with me."

The registered manager had a variety of policies and procedures to guide staff in their role and responsibilities. These covered personal care, environmental and personal safety, safeguarding, and staff employment responsibilities. We found policies were current and reflected relevant legislation, including the Human Rights Act 1998 and the Data Protection Act 1998.

There were a range of audits in place. These were put in place to monitor the quality of service provided. Audits were undertaken and covered areas such as training and care plans. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service. The registered manager informed us as Willowbrook developed more audits would be undertaken on a regular basis so they could monitor the service and improve the delivery of care for people going forward.