

Willowbrook (Hyndburn) Limited

# Willowbrook Homecare

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection visit at Willowbrook Home Care was carried out on 06 December 2017 and was announced. The provider was given 48 hours' notice because the service delivered domiciliary care to people who lived in their own homes. We needed to be sure staff in the office and people the service supported would be available to speak to us.

Willowbrook Home Care is a domiciliary care agency. It provides personal care support to people living with dementia, mental health and older people. It supports people who have a physical disability and younger adults, all who live in their own homes. The agency is situated in the town of Lytham. The office is accessible to anyone with mobility problems. At the time of our inspection there were 96 people receiving a service from Willowbrook Homecare.

Willowbrook home care was registered as a domiciliary care agency with the Care Quality Commission in October 2016. We had not previously inspected the service since the change of registration.

The service had sufficient staffing levels in place to provide support people required in their own homes. There was evidence by talking with people who used the service and relatives found staff showed concern for people's wellbeing and responded quickly when people required their help.

The service had systems in place to record safeguarding concerns, accidents and incidents and took necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

We found there was an appropriate skill mix of staff to ensure the needs of people who used the service were met. New staff worked alongside experienced staff members and shadowed them to ensure they understood their role in people's homes.

The management team planned visits to allow staff members enough time to reach people and complete all allocated tasks safely.

Care plans were organised and had identified the care and support people required. We found they were personalised and informative about the care people received. They had been kept under review and updated when necessary. They reflected any risks and people's changing needs.

Medication procedures protected people from unsafe management of their medicines. People received their medicines as prescribed and when required them.

Staff were provided with personal protective equipment to protect people and themselves from the spread of infection.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people in their own homes.

People who received a service from Willowbrook told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005 (MCA).

When appropriate meals and drinks were prepared for people. This ensured people received adequate nutrition and hydration. Staff had received food and hygiene training to ensure they were confident when preparing meals in people's homes.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People supported by the agency told us staff and the management team who visited them were polite, reliable and professional in their approach to their work.

Staff told us they received supervision with the registered manager on a regular basis. Records we looked at confirmed this. This meant they had opportunities to discuss any issues or training needs that would support them to provide a better service.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals. This was confirmed by records kept by the agency and talking with people who used the service.

People who used the service and their relatives/carers told us staff were caring and kind towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and staff meetings to seek their views about the service provided.

## 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.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who were supported by Willowbrook.

### 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 if required. They 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 system 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.

# 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 was planned to check 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 service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to people living with dementia, mental health and older people. In addition they support people who have a physical disability and younger adults.

We gave the service 48 hours' notice of the inspection visit to ensure we had access to the office base and because we needed to be sure that they would be in.

Inspection site visit was on 06 December 2017. It included an on-site office visit. Visiting two people in their home, telephone interviews with people who received a service and relatives. We visited the office location on 06 December to see the registered manager, office staff and to look at care records of people who used the service.

Prior to this inspection, as part of our planning, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced when accessing the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

An adult social care inspector carried out the inspection.

During the inspection, we visited two people in their own homes also we spoke with seven people who used

the service and three relatives. We also spoke with the registered manager, two in house trainers, eight members of the care staff and two office staff. We looked at the care records of two people who used the service and training and recruitment records of three staff members.

In addition we looked at records relating to the management of the service and medication records. We did this to ensure the service had oversight of the service and they could respond to any concerns highlighted or lead the service in ongoing improvements. We also looked at staffing levels focusing on how staff provided care within a geographical area.

# Is the service safe?

## Our findings

We asked people who received a service from Willowbrook if they felt safe in the care of staff who visited them. Comments were positive and included, "My door is always open to them, I do feel secure in the knowledge they are coming and they are really good people." Another person who used the service said, "Yes definitely feel safe with the support I get from the agency." A relative we spoke with said, "I feel comfortable in the knowledge Willowbrook are looking after [relative]. I can go about my business with peace of mind knowing [relative] is ok and safe."

The registered manager at Willowbrook had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the whistleblowing policy and knew which organisations to contact if the service did not respond to concerns they had raised with them. One staff member said, "Safeguarding is part of our induction training and is updated."

We looked at how accidents and incidents were being managed at the service. There was a record for accident and incidents to monitor for trends and patterns when visiting people in their own home. The registered manager had oversight of these. Documents we looked at were completed and had information related to lessons learnt.

Care plans of people supported by the agency had risk assessments completed to identify the potential risk of accidents and harm to staff and the people they provided support for. Risk assessments we looked at provided clear instructions for staff members when delivering their support. The agency completed risk assessments in relation to the premises they visited, equipment and the activities of the person they were supporting. One staff member said, "Instructions are clear when in people's homes and we have to be aware of any potential risk to the client and ourselves." In addition risk assessments had been reviewed regularly or when circumstances changed and updated.

We looked at the procedures the service had in place for assisting people with their medicines. The service had a 'three option' system. This was a document that consisted of option one, self-medicating, option two staff to prompt a person and option three delegate all responsibility to Willowbrook staff. Staff told us the system was clear and in each care plan information was available for staff when visiting people's homes. One staff member said, "We have a good system so we know what we are doing when assisting people with medicines."

Staff employed by the service received medication training to ensure they were competent to administer medicines. Staff we spoke with confirmed they had been trained and assessed as competent to support people to take their medicines.

Staff members we spoke with said they were allocated sufficient time to visit people and undertake their duties. One staff member said, "We are pushed at times but that is mainly due to traffic. The office manages

the times well. One person who received a service said, "They are not rushed when they come here and stay the time they should."

Staff told us at times the senior carers and management team completed unannounced visits to ensure they were delivering appropriate support at the correct times allocated. In addition they were wearing protective personal equipment such as gloves to protect people from infection.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care. The registered manager monitored and regularly assessed staffing levels to ensure people in their homes were supported at specific times according to their care plan. We looked at recruitment processes the service had in place. Checks were in place that were required. They included information about any criminal convictions recorded, an application form that required a full employment history and references. One staff member said, "The recruitment process and induction was very good. I felt confident in going into homes of people when I finished my induction."

## Is the service effective?

### Our findings

When we discussed staff skills and experience with people who used the service and their relatives, they told us staff supported them to be as independent as possible and they were competent. For example one relative who cared for a person who was supported by the service said, "They seem well trained and know how to support [relative]. That gives me confidence in them." People received effective care because they were supported by a trained staff team who had a good understanding of their assessed needs. This was confirmed by staff and people who used the service we spoke with.

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. We checked whether the service was working within the principles of the MCA. Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Care records of people who received a service from Willowbrook contained evidence consent to care had been obtained. Each area of their support planning evidenced agreement to how they wished to be assisted and support provided.

There was training and development programme in place for staff, which helped ensure staff had the skills and knowledge to provide safe and effective care for people who used the service. Willowbrook employed in-house training personnel who provided training courses such as food safety/hygiene, dementia Awareness and safeguarding. In addition staff were enrolled onto 'Level 2 Diploma in Health and Social Care'. Comments from staff were positive about the training opportunities provided by the registered manager. For instance one staff member said, "Training is a given here, there is lots to go at." Another said, "This is the best company I have worked for in terms of training and courses that are offered."

When we undertook our inspection visit staff received annual appraisals that commented on their personal development and training needs. These were one to one meetings held on a formal basis with one of the management team. Staff spoken with told us they felt well supported by the registered manager and senior staff. One staff member said, "The office staff have been great and any time I want a personal meeting with the manager it is arranged." Also another staff member said, "The manager is very good and generally any of the seniors will always put themselves out if you need a supervision session to discuss things. It is a very good, supportive company to work for."

Willowbrook had a 24 hour on call service to manage support delivered for people and to make sure effective communication was available all the time should issues arise. A relative said, "It is good to know someone from the management team is always available."

Good assessments of support had been undertaken prior to support being provided that demonstrated the wishes of people being supported. This meant staff had as much information as possible in order to provide quality support and care. People and relatives we spoke with were happy with the quality of the care plans and they said these met people's current needs.

The staff at Willowbrook supported people with their healthcare needs. They were discussed as part of the planning of the support people required. 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. Care records seen confirmed visits to and from for example General Practitioners (GP's) and outcomes recorded. Support was updated and times altered if a person's health needs changed.

People were supported at mealtimes and the agency ensured staff had received food and hygiene training. People who said they had food prepared for them told us staff were competent in the kitchen and enjoyed prepared meals for them. For example one person who received a service said, "I am lucky [staff member] is a very good cook." Likes and dislikes of food was documented in care plans to make sure staff were aware of what food to make for the person.

## Is the service caring?

### Our findings

People supported by the Willowbrook care staff told us they were treated with respect and kindness. For example some comments we received from people who used the service included, "They are truly wonderful. Nothing is too much trouble." Also, "They are a blessing to me, very kind hearted people." One person we visited in their home said, "They come into my house and I am so grateful in what they do for me. They are all very nice"

We spoke with relatives who told us the Willowbrook was very good. For example one relative who was also the carer of a person who used the service said, "They have been a god send to me. [Relative] enjoys their company and they stick to the same carers as much as they can."

Care plans we looked at confirmed people who used Willowbrook or a family member had discussed their care and support needs with the service. We saw agreement had been reached about how support was to be provided and how they would like this delivered. For example one person who received a service told us they preferred female carers to assist with personal care needs and this was done. People supported in the community confirmed they had been consulted and listened to about how their care would be delivered. A relative told us they discussed mutually appropriate times for their visits and confirmed they stuck to the agreed times and days.

People who used Willowbrook and their relatives told us they were involved in their care, had discussed, and consented to their care packages. They told us they had their care plans regularly reviewed. One relative said, "We went through everything and agreed with the care package and signed to that effect."

We looked at how people were supported to maintain their independence. The registered provider completed environmental risk assessments to ensure people's homes were suitable to meet people's needs. One person who received a service said, "They do encourage me to be independent and that is what I want to achieve as well."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness. People supported by the service told us staff who visited them had an extremely sensitive and caring approach.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Staff had an appreciation of people's individual needs around privacy and dignity. We confirmed this by talking with people who were supported by Willowbrook. For example we asked one person who said, "They always wear their uniform and badge when they come into my house. Also they announce themselves before coming in." We spoke with a relative who added, "I am away a lot but when here I am so happy with

the way they treat [Relative]. They all treat [relative] with respect and dignity and are acutely aware they are in someone's home."

## Is the service responsive?

### Our findings

We spoke with people who received support from Willowbrook if the care they received was personalised and met their needs and wishes. Comments were all positive and included, "All the staff treat me well and seem to know what suits me. For instance I am a little slow in the mornings but they know that and allow me to take my time." Another person said, "I like my sport and the main person who looks after me also has an interest which makes it better."

Staff told us they had regular visits so that they were able to form relationships with people and get to know them better. One staff member said "It certainly helps to build that trust and know the person." People we spoke with told us staff members completed all of the required support during each visit

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. We found they were updated daily if required. One person who received a service said, "The paperwork is always filled in before they leave." Copies of care records were available in the office. Staff we spoke with told us they found the care plans easy to follow and informative about people's support needs.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the Willowbrook assessment procedures identified information about whether the person had communication needs so they could access information independently.

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.

We asked staff and the management team about supporting people with outside events or activities. They informed us staff regularly supported people to maintain contact with friends and outside activities that maintained people's independence. One staff member said, "If required we are there to help people to go out in the community and be as independent as possible."

We found there was a complaints procedure in place which described the investigation process and responses people could expect if they made a complaint. The complaints procedure was displayed in the office at Willowbrook. People we spoke with were aware of the process to follow. One person who used the service said, "I know who to speak with if I needed to make a complaint. We were given information about how to complain."

Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided, should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to make sure any issues were looked into and outcomes reached.

We spoke about end of life care and how people were supported sensitively during their final weeks and days with the registered manager. They told us they would liaise with other health agencies that were directly involved in the situation to provide appropriate support and care. They explained if someone had a DNACPR, they ensured staff were aware of the procedure. As part of staff training programmes information training was provided on dying, death and bereavement. The management team also spoke with staff about supporting people who needed end of life support, to see if they had the skills and abilities to provide the appropriate support. This showed the agency guided staff on how to support and respect people's end of life decisions and recognised the importance of providing end of life support.

## Is the service well-led?

### Our findings

People we visited in their homes all told us the management team were supportive and always calling in to see them. In addition relatives we spoke with told us they had regular contact with the office staff and management team. One relative said, "They call us to see if everything is fine. I do appreciate the contact from the management."

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 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. A staff member said, "It is thankfully a lot better since Willowbrook took over. I feel I know the chain of command and who to contact which helps."

Staff told us the agency was well led, suitably managed and organised. They told us the management team were always around supporting them. One staff member said, "[Registered manager] is a caring person and certainly looked after me when I needed some support."

Staff meetings were held to involve and consult staff in improving the service, such as office and care staff. One staff member said, "We get a lot out of the get-togethers, although it is hard to attend sometimes." Staff told us the team worked well together and regularly discussed how to improve the service for people who used Willowbrook.

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 service delivery, care plans and staff training. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service. For example a recent service delivery audit identified a number of missed visits. The registered manager introduced new processes and systems to ensure any potential missed visits to people would be highlighted straight away. Immediate action would be taken to ensure people who used Willowbrook were not at risk and received support with minimum delay. A staff member we spoke with said, "When we get our rotas now we know exactly what to do if we hit a problem and cannot make a visit for one reason or another."

Surveys were completed in 2017 by people who received a service, relatives/carers and staff members. The results were mainly positive. Any negative comments were analysed by the management team and acted upon. One of the management team said, "Once they are all in we go through them and any negative responses we respond. This is so we continue to improve the service to clients we deliver to."

Willowbrook had systems and procedures in place to monitor and assess the quality of their service. For example the management team carried out spot checks 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. A staff member said, "We have good support and learn from senior management, it is good they do spot checks."

Willowbrook worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including social workers. Comments we received from social care professionals were positive. They commented on how the provider and staff were professional and put people they supported first.