

Willow Care North Shropshire Limited

Brookland House

Inspection report

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17 August 2022

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Ratings

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

Summary of findings

Overall summary

About the service

Brookland House is a domiciliary care agency providing care to people in their own homes in Shropshire. At the time of our inspection 100 people were receiving the regulated activity of personal care from the service. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which 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

People and their relatives told us they felt safe. Risks associated with people's care and home environments were identified, assessed and well managed. Staff knew how to keep people safe. People received their medicines safely and when needed, by staff trained in medicine management.

The prevention and control of infections were managed in line with government guidance and provider procedures.

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.

The registered manager had systems and processes in place to monitor and review the quality of the service provided, for example, audits of care plans. Staff felt supported by the management team, who worked in an open and transparent way.

Rating at last inspection

The last rating for the service was good, (published 25 September 2019).

Why we inspected

We received concerns in relation to missed calls and unsafe recruitment of staff. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brooklands House on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well led.
Details are in our well led findings below.

Brookland 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 Health and Social Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 started on 17 August 2022 and ended 23 August 2022. We visited the locations office on 17 August 2022.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make

During the inspection

We spoke with one person who used the service, three relatives and viewed surveys about their experience of the care provided. We spoke with nine members of staff including the registered manager, care co-ordinators, trainers and three carers.

We reviewed a range of records, including 10 people's care records. We looked at six staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff had received safeguarding training and understood their responsibilities to report any concerns to the managers. A staff member told us, "If I had any concerns, I would report them to my manager and escalate it if I felt no action was being taken."
- The registered manager had a good knowledge of safeguarding procedures and understood how to raise any concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management

- Comprehensive assessments had been completed on people's care and support needs. This meant staff had the right information to safely support their needs.
- Risks associated with people's care and home environments were assessed and well managed.
- Staff completed accurate electronic records for the care they provided to people.
- People and the family were able to access the electronic system to see their care plans and records of care provided by staff.
- The provider had recently developed a relationship with the local fire brigade and staff had received training in how to spot fire hazards in people's homes and how to raise these concerns so the person could receive a visit from a fire safety officer.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty

Staffing and recruitment

- Staff were recruited safely. We did find in two staff records that a full employment history had not been

obtained. We found no impact caused by this and we discussed this with the registered manager who admitted it was an oversight and would rectify it.

- The concerns we received about unsafe employment were unfound as all staff had been subject to Disclosure and Barring Service (DBS) checks prior to starting employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to provide people's planned care call.
- An electronic system to monitor the time staff arrived and left people's homes was in place. This was monitored by staff in the office to ensure people had received their planned care and ensured that calls were not missed.

Using medicines safely

- People received their medicines as prescribed. There were systems in place to ensure this was done safely. One relative said, "They give [Person] their regular medication and it's all documented properly."
- Staff completed training to administer medications and competency assessments were completed to confirm they did so safely.
- Where people were prescribed PRN (as required) medicines, guidance was in place for staff on when and how to administer these.
- An electronic care system allowed staff working in the office to remotely monitor the administration of medicines. This ensured medication was administered and any errors were immediately raised to staff working in the office.

Preventing and controlling infection

- People and relatives told us staff wore personal protective equipment (PPE). One person said, "Staff always wear full PPE and explained all the guidelines for COVID-19 to me."
- Staff received training in infection and control and demonstrated they understood their responsibilities; this was confirmed by the relatives.

Learning lessons when things go wrong

- The management team demonstrated a proactive approach to risk reduction. Incidents and accidents were recorded and analysed for patterns and trends to prevent reoccurrence. The results were shared with staff in meetings and bulletins.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were encouraged to provide feedback about the service and were confident their views would be listened to and acted on. Examples shared were about call times being quickly changed in response to any changes in a person's care needs. This enabled people to
- The registered manager showed us the results of the latest survey that people and their families had been asked to complete. We saw that the results had been shared with the staff team.
- Staff gave positive feedback about the culture of the service. One staff member said, "I really enjoy working here. I feel very supported in my role."
- People's cultural needs, religious beliefs and other protected characteristics were identified and where required reflected in their plans of care. This was supported by the provider's policies and staff training.

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

- There was a clear management structure in place and all staff understood their role and responsibilities in supporting people who used the service.
- Managerial and provider oversight was good. The registered manager demonstrated a good understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service and ensured the ratings for our last inspection were displayed.
- People and staff had access to an on-call duty manager out of office hours. This meant they were able to raise concerns and ask for assistance when it was needed.
- The management team welcomed our inspection and understood the need to be open and honest if things went wrong. A proactive approach to risk reduction was embedded, which included monthly analysis of accidents, incidents and complaints to prevent recurrence.

Continuous learning and improving care; Working in partnership with others

- The management team completed audits and checks to monitor the quality of the service provided and to identify any shortfalls so these could be addressed. This included checks of care records, staff competencies and care call times.
- The provider worked in partnership with other agencies. Records showed that staff liaised with a range of health and social care professionals involved in people's care to support their physical health and wellbeing.
- An example of this was the new partnership the provider had recently developed with the local fire brigade

and staff had received training in how to spot fire hazards in people's homes and how to raise these concerns so the person could receive a visit from a fire safety officer.