

The Willows Domiciliary Care Ltd

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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

About the service

The Willows Domiciliary Care Ltd is a domiciliary care service providing care to people in their own homes. The service is registered to support people who may live with dementia, mental health conditions, physical disabilities, sensory impairments and are aged over 65.

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. At the time of the inspection, the service was providing care to 72 people, 48 of which were receiving personal care.

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

People, their relatives and staff told us they felt the service was safe. Staff had received safeguarding training and were confident about reporting concerns. Staff were recruited safely. The service had robust infection prevention and control processes. People received their medicines as prescribed from trained staff whose competence was regularly reviewed.

People had detailed, person-centred care plans and risk assessments. People and their relatives were involved in assessing and reviewing their care. There were robust induction processes. Staff received appropriate training and the provider had acted on staff feedback to arrange additional practical training. People received appropriate support to drink enough and maintain a balanced diet. The service worked closely with other agencies and professionals.

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. Staff spoke passionately about their role and people were consistently positive about how staff treated them with kindness and respect.

People were encouraged to provide feedback about their care and the provider thoroughly investigated complaints, when appropriate apologising to people. When people reached the end of their life, the service liaised with a variety of healthcare professionals to ensure they could continue providing safe, effective care in line with people's wishes.

We received very positive feedback about the culture of the service and the management team. There were robust quality assurance processes in place. The management team were committed to continuously learning and improving the service and acted on feedback from people and staff.

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

Rating at last inspection

This service was registered with us on 15 August 2019 and this is the first inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Willows Domiciliary

Care Ltd

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

This inspection was carried out 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.

Notice of inspection

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

Inspection activity started on 30 July 2021 and ended on 16 August 2021. We visited the office location on 04 August 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority.

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.

We started the inspection remotely. We spoke with four people using the service and five people's relatives. We received feedback from two health and social care professionals. We reviewed four people's care records. We spoke with the registered manager and reviewed a range of records relating to the management of the service, including policies and procedures, training and supervision records.

During the inspection

We spoke with the three directors of the service, which included the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included people's care records and multiple medicines records. We looked at six staff files in relation to recruitment, training, staff supervision and disciplinary matters. A variety of records relating to the management of the service, such as quality assurance records, were also reviewed.

After the inspection

We spoke with a further two people and received feedback from two relatives. We received feedback from 11 members of staff. We continued to seek clarification from the provider to validate evidence found.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the company of staff and were able to raise any concerns they might have about their care.
- Staff received safeguarding training as part of their induction, as well as regular refreshers throughout their employment. Staff were knowledgeable about possible signs of abuse and confident about how to report these. One member of staff told us, "The sort of thing I'd report would be... any bruising or marking, any things missing from the home, if a client said they hadn't had a visit today... or if medication was missing... all those things would be safeguarding."
- Records showed that the service appropriately and promptly referred safeguarding matters to the local authority and took action to reduce risks to people. A social care professional told us, "On safeguarding concerns and allegations about care staff from service users they appear to have dealt with these well, succinctly and provided all information required and responded appropriately."

Assessing risk, safety monitoring and management

- Where possible, the service sought to provide continuity of care so that carers could get to know people and more easily identify any changes to their well-being. People and their relatives told us that they usually had the same carer or small group of carers. One relative said, "They do spot when [my family member]'s unwell... the usual carer... she sees [my family member] most days so she's able to spot things"... it's having eyes on the ground for me."
- People had individual care plans detailing the support they needed, any risks identified and how these could be managed. For example, people had risk assessments in relation to the risk of skin damage or risks associated with people's medicines. Where appropriate, these included advice from professionals such as community nurses.
- Prior to providing care, the management team completed an in-depth general risk assessment that addressed any risks to the safety of people or staff. For example, the risk of fire, risks relating to pets or risks related to the use of equipment were considered. Assessments also provided guidance to staff to minimise any risks identified.
- Staff told us they had up to date information they required to safely meet people's needs. One member of staff told us, "We'll always know if something has changed with clients almost as soon as [the office team] know."

Staffing and recruitment

- People and their relatives told us they usually received care at the planned time and for the correct amount of time. One relative told us, "I have an app so I know who and what time they're coming, then I can read what's been done." Another relative said, "Pretty good with time-keeping, occasionally held up but

these things happen" and a third relative told us, "Willows are very prompt, particularly our main carer."

- Staff told us they had time to support people in a person-centred way, for example, being able to spend time chatting to people and checking if they needed any additional support. One member of staff told us, "There's enough time, you can get to know them, you have that time one to one... and I mean you can chat with people while you're doing their personal care and while you're getting their meal, you can chat to them as you're doing things."
- The provider used an electronic care planning system, which allowed them to have daily oversight of care visits. This meant they quickly identified any problems and could check the safety of people and staff.
- Some staff told us that there were times, particularly during holidays, when unpredictable traffic could result in increased travel times. However, staff told us that overall, their schedules were well organised and that when they provided feedback to the management team about challenging travel arrangements, changes were implemented over time.
- Appropriate pre-employment checks were carried out to protect people from being cared for by staff who were unsuitable.

Using medicines safely

- People's medicines were managed safely. One relative said, "Every carer has a list of medication on their phone for daily reference and they ensure [my family member] has it."
- Staff received training prior to administering medicines and regular competency assessments to ensure they continued to administer medicines in line with best practice guidance.
- The service used an electronic medicines administration system, which the management team monitored throughout the week. A weekly audit was completed, which had recently identified that, although medicines had been administered, some staff had not appropriately signed the electronic medicines record (eMAR) to record this. The management team had taken immediate action to address this with those members of staff. Where required, additional training had been provided.

Preventing and controlling infection

- People and their relatives told us staff always followed appropriate infection prevention and control (IPC) procedures. One person told us, "Masks are worn all the time." Another person said, "Masks, gloves and aprons are worn, and hands are washed regularly".
- Staff had received IPC training and were confident about their role in reducing the risk of infection.
- The management team considered IPC as part of regular spot checks and assessments of staff competence. Records showed these checks were completed robustly and any learning needs addressed with staff. One member of staff told us, "I think we're very good at [IPC], let's say I have a spot check and I don't do something, I'll get called in to see or speak to [registered manager] and then there'll be a general reminder to all staff."

Learning lessons when things go wrong

- The management team told us they were committed to continuously learning and ensuring that the service provided good quality person-centred care.
- We saw that incidents or accidents were analysed and action taken to reduce any identified risks. For example, the service had recently liaised with relevant professionals following two incidents of a similar nature and had made changes to the person's care plan.
- Any learning or changes were communicated to the staff team. For example, the management team sent e-mails to staff or had the option to add notes to people's electronic care records, which were immediately visible to staff on signing into the system.

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 good. 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

- People and their relatives told us they were involved in care assessments and regular reviews. One relative said, "The manager came to assess us when our care was put into place by social services. It was quite short notice... and Willows supported our decision without a problem."
- The management team or senior staff completed detailed assessments before confirming that they could meet people's needs. These included information about the support people required, as well as their preferred routines and any likes or dislikes. This, alongside consistent care provision, enabled staff to know people well.

Staff support: induction, training, skills and experience

- People told us they felt confident staff had the skills to support them. For example, one person said, "I trust them to transfer me safely" and a relative told us, "[Our main carer]'s experienced and trained well to help us in the right way."
- Prior to starting work, staff completed mandatory training. Staff were positive about the training available to them and told us that they could ask for additional support if required.
- Some staff felt they would benefit from additional practical training in medicines administration and moving and handling, as courses had largely been delivered online during the COVID-19 pandemic. One member of staff told us this feedback had already been listened to and when we spoke with the provider, they showed us they had enrolled staff on practical training courses.
- All new staff completed several shadow shifts, which gave them the opportunity to observe people's care, as well as to meet and get to know the people they would be supporting.
- Once new staff had completed shadow shifts, they initially worked alongside a member of the management team or senior staff until they and the management team were confident they had the required skills and experience to work independently. Following this, new staff were also assessed by a manager or senior member of staff within four weeks.
- Records showed that assessments and spot checks were completed thoroughly and regularly. Assessments covered administering medicines, moving and handling, personal care provision, staff communication and approach, record-keeping and nutritional support. Staff were also offered feedback and any areas where improvement was required were addressed.
- Staff told us they felt well supported and that their induction experience had given them confidence in their role.

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

- People and their relatives told us they were well supported with eating and drinking. Feedback from

relatives included, "Staff ... refill my [family member's] flask... and take it up to [their] room for [them]." and "I'm really, really happy... we leave little notes or messages... for things like a shopping list, [my family member] needs more honey or whatever."

- Staff monitored people's intake of food and fluids through record-keeping where required. One member of staff told us, "I'll always check the dustbins and mostly I've got a fairly good knowledge of what they've got in their freezer or fridge so I can see if they've not eaten, it's just [some of the people we support with dementia] think they've eaten when maybe they haven't."
- People's care plans included detailed information about their dietary needs, such as if they required a specialist diet or thickened fluids. People's likes and dislikes were also documented.
- Where concerns were identified, staff liaised with people and their representatives to access required healthcare support such as from a Speech and Language Therapist. Any professional guidance was included in people's care plans.

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

- People told us that staff were able to identify if they were unwell and that when required, they were supported to access support or advice from relevant healthcare professionals. One relative told us, "Constant weekly liaison with community nurses and each other to ensure that the correct creams are used for my [family member's] delicate skin." and "Carers phone me if they're concerned to check if I may pop in, or ask me to call a nurse or GP. In the past the carers have directly called the paramedics for quick help."
- The service worked closely with the local authority. For example, we saw that the service liaised with community adult social care teams to increase the length of people's care visits where the allocated time was not enough for staff to meet people's needs.
- We received positive feedback from professionals, for example, one professional told us, "Management are happy to joint visit and discuss any difficulties with clients/families."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- As part of people's initial assessments, their ability to consent to the proposed care arrangements was fully explored. Before starting to provide care, consent was sought from either the person or their representatives with legal authority under a Lasting Power of Attorney (LPA).
- If there were concerns about a person's ability to make decisions related to their care and no representative was appointed, the service sought advice from the local authority and ensured that any decisions made were in a person's best interests.
- Staff had received training and had a working knowledge of the MCA, telling us about how they asked people for consent throughout their visits by talking about what they were doing, checking what assistance people wanted. Staff told us they encouraged and respected people's choices, including when people

declined care.

- Staff also told us they reported any concerns they had about people to the office and sometimes amended their practice based on how people presented. For example, one member of staff said, "One [person has] dementia but I'd say [they usually have] capacity and can say what they like, but... some days you've got to think, well actually I don't think [they have] eaten... you get to know people... you've got to bear in mind how they're presenting... It's not that I don't respect consent, but I just know some days that's 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.

This is the first inspection for this newly registered service. This key question has been rated 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; respecting equality and diversity

- We received consistently positive feedback from people and their relatives about how they were treated by staff. One person told us, "My Willows carers treat me well, I've... been in bed feeling everything has gone wrong but they help me see the bright side".
- People's relatives were equally confident about how staff treated their family member. Feedback included, "[My family member] gets on really well with [their] main carer, she brings a smile to [their] face and [they look] forward to her visiting – that's good for us both", and "We have no complaints about the carers, as they've always been very nice and polite."
- The management team considered staff approach important throughout recruitment, induction and the duration of employment. For example, when senior staff completed spot checks or staff assessments, communication and approach were considered. Any concerns about staff approach were addressed, and disciplinary processes followed if required.

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

- People told us staff knew them well and respected and accommodated their preferences wherever possible. A relative said, "There's only once been a male carer when Willows were short-staffed but since then mainly female carers support us."
- Staff spoke passionately about providing care in a person-centred way and understood that people's wishes and preferences could change. Staff told us they considered it important to continue communicating with people about how they wanted their care to be delivered and that any updates were reported to the office so all staff would be aware.
- The provider regularly reviewed people's care alongside the local authority and people's relatives, which provided an opportunity for people to provide feedback about their care.
- The management team sought regular opportunities to work alongside staff to provide people's care. The management team told us that this enabled them to routinely seek feedback about staff and people's experience of care. This also enabled the management team to build a rapport with people and their families, continuously involving them in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- We received consistently positive feedback from people and their relatives about the way in which their care and support was delivered. One relative said, "Carers reassure [my family member] on arrival and always use [their] name and their own... They explain what they will, and are, doing throughout the visit." Another relative told us, "They always approach my bedridden [family member] in a jolly voice and handle [them] gently when washing or turning. Sometimes they sing to [my family member] and [they] like that."

- Staff spoke enthusiastically about their role. One member of staff said, "The best part of my job is getting to know the clients... It's important to me to treat the clients with the kind of respect and care that I would want for members of my family."
- The service prided itself on providing person-centred care that promoted people's independence. One member of staff said, "Even though they have a commode there, with [one person] I always walk [them] to the toilet if [they] can do it and it makes a big difference." Another member of staff told us their favourite part of their job was "The satisfaction I get knowing that I am helping people to remain in their own homes and the lovely rapport I have built with all the clients over time."

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 good. 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

- People and their relatives were involved in care planning at the first assessment, as well as the regular reviews of their care. One relative told us, "Willows manager was out to us this week actually".
- People told us that the support they received was consistent and that staff knew them well. One person said, "I don't have to repeat instructions, my regular carers who know me know what I need and that makes life easier for me".
- People's initial assessment included detailed, personalised information. For example, programmes people liked to watch on television, what music they enjoyed listening to, activities they enjoyed or details of their previous employment. The management team and staff told us this helped them build a rapport with people, as well showing people that they mattered as individuals. One member of staff told us their favourite part of their job was "Meeting clients from all walks of life, everyone's got a back story, they're all unique... it's so rewarding."

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.

- Each person's care plan contained a section detailing any support they needed with regards to communication.
- The management team were aware of their responsibilities under the Accessible Information Standard. At the time of the inspection, nobody receiving support required any special intervention to meet the standard; however, the provider was ready to adapt the way information was shared with people and their relatives in accordance with their needs.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise concerns and received a positive response to any feedback they provided about their care. One person said, "The manager has been there for me when I had to contact them last."
- Staff told us that the management team and office-based staff visiting people in their homes had encouraged people to raise any issues or concerns more readily. One member of staff said, "Since coming out of the office, they know who we are and it helps if they want to raise anything, there's more awareness of who's dealing with it."
- The service had a complaints policy, which staff shared with people and their relatives when they started

receiving support from the service.

- Records showed that the service responded promptly to any complaints in line with their policy. We saw that complaints were thoroughly investigated and, if upheld, apologies were issued. The provider also sought to learn from complaints and implement changes based on feedback received.

End of life care and support

- The service was committed, where possible, to continuing to provide care at home for people they supported should they become unwell and reach the end of their life.
- The management team spoke about the importance of on-going reviews to ensure that care continued to meet people's needs during this stage.
- The service liaised closely with a variety of healthcare professionals such as community nurses and palliative care teams to ensure they were effectively supporting people. For example, we observed conversations amongst the management team who had been liaising with an occupational therapist and advocating to fulfil a person's wish to be able to access their garden.

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 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; 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

- We received consistently positive feedback from people and their relatives about the culture of the service. One person said, "Willows is an absolutely wonderful organisation... I don't think there's any more they can do to perfect it."
- Staff told us they felt valued by the management team. One member of staff said, "Willows have given me some great feedback both formally in supervision and informally in the shape of flowers and cards when clients have mentioned how much they have appreciated the help and care I have given, and it is lovely to have the effort and care you put into your job recognised."
- The management team were aware of their responsibilities under duty of candour. We saw that information about any incidents or accidents was shared with people and their relatives. Where required, the management team apologised to people.

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

- People and relatives knew who the manager and directors of the service were and spoke positively about the leadership of the service. One relative said, "The ones in charge are very helpful. I have no problems speaking to management". Another relative told us, "I'm reassured to know who the managers and senior staff are in the office. They happily phone me, and I them. The managers sometimes do one of the calls to [my family member] which is great to see because it allows them to be up to date and involved."
- The management team were aware of their legal responsibilities. For example, services registered with the Care Quality Commission (CQC) are required to notify CQC of certain events, such as safeguarding matters. Records showed that CQC had been notified when required.
- There were systems in place to monitor the quality of the service. The management team completed regular audits of care plans, medicines administration records and staff files. Regular unannounced spot checks on staff were also completed. We saw that findings of audits and other checks had been used to drive improvements, for example, identifying where care plans required updating or more in-depth guidance for staff.
- The provider had business continuity plans that covered emergency events such as adverse weather or staffing difficulties.

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

characteristics

- People and their relatives told us they were fully involved in making decisions about their care. One relative told us, "Constantly. If I see the carers on a visit, we have a chat about how things are going... I am also encouraged to e-mail or phone the office with any information about [their] care." Another relative said, "I do feel involved, because sometimes the ones that do the care plan actually come and do a shift so they can see how things are going."
- Staff spoke very positively about the management team. One member of staff told us they had experienced personal challenges and that the management team "were first class, welfare-wise". Another member of staff said, "I have had so many jobs, this is the best company I've ever worked for, I've never felt so supported."
- Records showed that staff who had disabilities or health conditions that could affect their well-being and work performance, were supported. The provider, alongside the member of staff, considered and implemented any suitable reasonable adjustments that could be made, such as changing their shift patterns or enabling them to take extra breaks.
- The service had a range of policies and procedures in place to guide staff, including policies relating to equality and diversity which sought to protect people and staff from discrimination. For example, the service had a policy relating to gender reassignment.

Continuous learning and improving care

- Staff told us that the management team were keen to receive feedback and responded well to this. One member of staff said, "If there's been any issues or when I've said if we could change this, they'll always try and change it, if it can't be done... they'll explain why it's not doable... [directors] will always say thank you, that's a really good idea".
- The management team had weekly meetings to discuss the quality of the service and ideas for improvement. We saw that the management team acted on feedback, for example, fleet cars had been purchased in response to suggestions from staff.
- The management team had recently reviewed the format and content of their assessments and care plans and amended these, so they included more detailed, personalised information.
- Staff were encouraged and supported to undergo additional training and qualifications. For example, several staff were currently completing Level 2 and Level 3 Diplomas in Health and Social Care, which are vocational work-based qualifications aimed at enhancing skills and knowledge of staff and thereby people's experience of care.

Working in partnership with others

- Professionals were positive about how the service worked with them. One professional said, "Staff... are always willing to discuss cases with our team and ask for our advice. Office staff are efficient and friendly."
- The provider took a holistic view of people's care, understanding that people's health and well-being was positively impacted by the service working with people, their family members, friends, other professionals and agencies.