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Willow Domiciliary Care

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Willow Domiciliary Care is an agency providing support to people in their own homes. 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 our inspection the service was providing personal care support to 12 people.

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

Everyone we spoke with gave positive feedback about the service and said they would recommend it to others.

People's needs were met in a truly individual and personalised way by staff who were kind, caring and responsive to their changing needs. People felt listened to and knew how to raise concerns. Enough staff, who had been recruited safely, were available to meet people's needs. People could be confident they were supported by staff who had access to appropriate guidance and understood how to keep them safe. Staff's knowledge of the people they supported was good and they were able to tell us about the risks associated with their care and how to minimise these.

People's medicines were managed safely, and people were protected from the risk of infection because staff used protective equipment. Incidents were used to identify improvements that could be made to people's care and support.

People knew how to raise concerns. They had confidence in the registered manager and told us they would recommend the service to others. A quality assurance system was in place to assess, monitor and improve the service. Incidents and accidents were monitored by the registered manager.

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

This service was registered with us on 12/09/2018 and this was the first inspection.

Why we inspected

We received concerns in relation to the management of risks for people and the management of this service. As a result, we undertook a focused inspection to review the key questions of Safe and Well led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. As this is the first inspection and we did not look at all of the key questions an overall rating has not been given. We will look to provide an overall rating at our next inspection.

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 report.

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?

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.

Willow Domiciliary Care

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

The 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.

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 a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 25/11/2020 and ended on 4/12/2020. We visited the office location on 3/12/2020.

What we did before inspection

We reviewed information we had received about the service since it was registered with CQC.

Before the inspection we requested the registered manager provide us with numerous documents for us to review. This included care and medication records for four people, four staff personnel records, policies and procedures, governance records and investigation records. We spoke with four people and five relatives.

During the inspection

We spoke with registered manager and a senior member of staff. We reviewed further records associated with the ongoing quality monitoring of the service, risk management and staffing.

After the inspection

We requested feedback from five staff members and one health care professional. We received feedback from four staff members.

Is the service safe?

Our findings

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

This was 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

- We spoke with people who confirmed they felt safe when supported by staff from the service. Relatives of people using the service confirmed their family members were always supported safely. Comments included; "Safe, oh yes. Willow followed Marie Curie nurses coming to [relative's first name] so that was a difficult act to follow. I needn't have worried though as it all works very well. It's good that the carers are so patient too."
- All staff had received safeguarding training and knew the procedure for reporting any concerns. Staff had access to company safeguarding policies.
- Staff were aware of the signs and symptoms of harm and told us they would report any concerns to the registered manager. One member of staff told us, "If the client had a personality change, reluctant for me to do personal care, appears frightened. I would talk to them first and then immediately talk to my line manager with my concerns." A second member of staff said, "I would deal with it quickly and efficiently and inform the manager. If the manager has failed to deal with it, I would take the matter further. Other options could be to inform the individuals advocate or social worker, Care Direct, the Care Quality Commission or the Police."
- Records reflected safeguarding concerns were appropriately investigated and reported.

Assessing risk, safety monitoring and management

- People confirmed they felt staff understood their needs and how to support them. One person told us, "The staff definitely know what they're doing, yes." A relative said, "[Relative's title] wasn't well with an upset tummy the other day and one of the carers picked up some Lucozade and delivered it on her way home. The staff are responsive and caring people. [Relative's title] has one hour a week of craft activity provided by Willow. She really looks forward to it and it provides stimulation. Willow can provide a range of services which is helpful."
- A variety of assessments tools were used to identify risks associated with people's care and support. This included any risks associated with specific health conditions, moving and handling and falls. Some of the tools used had been inaccurately completed and were therefore misleading. However, the plans that had been developed to guide staff were clear and gave sufficient information to minimise the risks as much as possible. The registered manager told us they would review the tools used to ensure these were in line with best practice guidance and would work with staff on the completion of these.
- Staff's knowledge of the risks associated with people's support was good. A member of staff said, "I would always read the clients care plan which would inform me of any risks involved."
- Where staff required specific training in order to be able to provide safe and effective care, this was delivered before that element of care was provided. For example, one person required support with a PEG. This is a percutaneous endoscopic gastrostomy, a procedure where a flexible feeding tube is placed through

the abdominal wall and into the stomach. It allows nutrition, fluids and/or medications to be put directly into a person's stomach. The registered manager ensured all staff had been trained and assessed as competent to do this before starting to provide this care.

Staffing and recruitment

- People were supported by staff who had been appointed following safe recruitment processes. These included obtaining character, employment and background reference checks prior to the staff member starting work. The checks included satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.
- Staffing was provided to people in line with their preferences as much as the agency were able to. Before the package of care began people were offered a choice of visit times and carer.
- Everyone receiving support who we spoke to was satisfied with the visits. Comments included; "Always on time. I would get a phone call if they're running late. They [staff] always stay the full length of the call, yes."; "On time, yes. On occasion where there's a slight delay I get a phone call. Yes, the staff always stay for the full length of the call." People confirmed they received support from consistent staff members. One person said, "There's different staff on the 'am' and 'pm' calls but I know them all. The office find cover if someone's ill or the manager comes occasionally and works with the carer." Another person told us, "Yes, they [staff] know my routine. It depends on the shifts of course. For instance, one carer has Thursdays off and the same person fills in for them."

Using medicines safely

- Where staff were responsible for supporting people with their medicines, suitable arrangements were in place to do this safely and in accordance with best practice guidance.
- Staff confirmed they had been trained to administer medicines and had been assessed as competent to do so safely.
- Medicine Administration Records (MAR's) we saw had been fully and accurately completed, these were audited by the senior worker or team leader and checked by the registered manager.
- Arrangements were in place to safely dispose of medicines when required.

Preventing and controlling infection

- Staff had received training to support their understanding of infection prevention and control.
- Staff had access to personal protective equipment (PPE) and carried supplies with them when visiting people. The PPE included items such as masks, gloves, apron and antibacterial hand-gel, to reduce the likelihood of any cross-contamination.
- People confirmed staff followed good infection prevention and control measures. They told us; "Masks all the time yes. They [staff] carry their own soap and towels and come in, wash their hands religiously then put on aprons and gloves. After their gloves and aprons have been removed, they're put into our bin, wrapped, and then the staff wash their hands again before they leave."; "The staff come in with masks on and keep them on all the time they're here. They wash their hands and dry them with the paper towels I provide and put on aprons and gloves. Their PPE is put into the dedicated bin."

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed regularly by the registered manager. We saw action was taken when individual incidents took place although the learning outcome from the incident was not always recorded. The registered manager assured us they would review the records to ensure any learning was documented.
- When something went wrong the service responded appropriately and used any incidents as a learning

opportunity. Any issues that required discussion were raised with staff in team meetings or in supervisions/spot checks.

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 was 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

- Relatives and staff described a service where people came first. The provider and management team worked to ensure staff were person centred and people were supported to have control and achieve positive outcomes. A member of staff confirmed the providers ethos was to, "To see people in a person-centred way and to let them have independence in their own homes."
- One person told us, "Very responsive. We live local to the office and when I was able to get out on my scooter, I would call in. We feel the staff are soul mates and the manager is great and always open to any suggestions." A second person said; "I've been with care agencies for 14 years and this is the best I've been with. A few weeks ago, I ran out of milk and phoned the office. They got one of the carers to pick me up some milk on the way to me, that's good service."
- Staff were confident the registered manager was supportive, listened and would actively try to resolve any issues of concern. One member of staff told us, "Yes, very approachable and fair. Always there to discuss any personal or work concerns and will always try to sort out any problems with a positive outcome".
- Everyone we spoke with said they would recommend the service.

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

- The registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Relative comments confirmed they felt the service was open and transparent. Comments included; "Good, yes. I have met the manager. Open, easy to approach. I would phone the office and I know they'd respond and sort things out" and, "I think [manager's first name] is second to none. Open and transparent, yes and communicates very easily."
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible. A member of staff told us, "We are informed through our closed group or spoken to individually depending on the circumstances."
- CQC were notified of all significant events.

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

- People were supported in a service whereby the management teams caring values were embedded into the leadership, culture and staff practice.
- People, relatives and staff all spoke highly of the service and the registered manager. One relative told us, "Oh very good. [Manager's first name] comes occasionally filling in for a carer. We think that's good practice to see the standard of care and talk with us. We find the manager straightforward and approachable which always helps." A second relative said, "Great. [Manager's first name] has been here about three or four times. [Manager's first name] is very friendly and open, yes. If there are new staff shadowing existing carers, I get a call from the office to ask if this is okay. The service is very respectful, I like that."
- People and relatives were able to provide examples of when the registered manager had acted promptly on their feedback. For example, one relative told us, "A while ago there were two incidents re: attendance times of night visits. I contacted the office straight away and it was sorted out. There's been no repeat. I must stress there's never been problems with care." A second relative said, "The only issue was [relative's title] wasn't comfortable with men doing her care and that got sorted out straight away. [Manager's first name] is very good and just gets on with things."
- A variety of system were in place to monitor the quality of the service and the registered manager confirmed they were constantly reviewing these and looking to improve the tools used. Supervisions and observations of practice were used to ensure staff were performing in the manner expected of them. Feedback was provided to the member of staff about their practices. Audits of medicines management were in place as well as audits of care records which also looked at call times, to ensure these were in line with what people needed and wanted. Where actions were identified these were shared with staff to ensure improvements could be made.
- Staff at all levels understood their roles and responsibilities and were confident in the registered manager.
- The service had a central improvement plan which all levels of management contributed to and monitored.

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

- Systems were in place to ensure people, staff and relatives views were sought. Staff meetings took place, although due to the COVID-19 pandemic these had not occurred since May 2020. Alternative communication methods were in place, including supervisions, spot checks, text and a secure messaging app.
- People and relatives confirmed that their feedback was sought. Records showed that regular reviews of care packages took place and these allowed people to openly discuss any concerns they had or changes they wanted.

Working in partnership with others

- The service worked in partnership with organisations such as GP practices, district nurses and continuing health care teams. This enabled them to ensure staff have the skills and support to deliver good quality care to people.