

Longhurst Group Limited

Willowbank

Inspection report

Logans Way
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Cambridge
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29 March 2022

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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

Willowbank is a domiciliary care agency, registered to provide personal care to people living in their own flats within an extra care scheme in Cambridge.

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 there were six people receiving personal care from the service.

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

People told us they felt safe. Risk assessments had been completed and enough staff were available to meet the needs of people. Medication was administered as prescribed; staff had received training and had been assessed as competent. Infection control procedures were effective, and systems were in place to monitor incidents and accidents if they occurred. Lessons learnt were shared with staff to prevent reoccurrence wherever possible.

People were supported by trained and knowledgeable staff; this meant their needs were met effectively. Care plans were in place for people and provided guidance to staff. Staff knew people's dietary and healthcare requirements. Staff requested and acted upon advice, guidance and reviews which were completed by healthcare 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 were caring and kind to people. People were supported and encouraged with their independence. The privacy and dignity of people was promoted in practice and staff knew people well.

People were involved in their care, and information was provided in an accessible way. Staff were committed to providing quality care throughout life and provided comfort and compassionate care to people at the end of their lives.

A new manager was in post and they had begun the registration process with the Commission. Staff told us they received good support and leadership. The provider's systems allowed staff to monitor the quality of the service and drive continuous improvements.

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 01 July 2019 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 22 July 2017.

Why we inspected

This was a planned inspection as a newly registered service.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Willowbank

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 not a registered manager in post. The provider had appointed a new manager who had begun the process of registration with the Commission.

Notice of inspection

We gave the service 48 hours' notice for the inspection. This was because we needed to be sure the manager

would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 10 March 2022 and ended on 29 March 2022. We spoke with two people who used the service, and four people's representatives about their experience of the care provided. We also spoke with four members of staff including the manager, care workers and the administrator.

Additionally, we spoke with the nominated individual when we made contact to announce the planned inspection activity. Further communication took place in relation to the PIR, and the technical issues experienced. 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 two people's care and medication documentation. We looked at three staff files in relation to recruitment, staff supervision, and induction processes. Furthermore, we reviewed a variety of records relating to the management of the service, this included the provider's policies and procedures, and quality assurance records.

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 of 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

- The provider had effective systems and processes in place to help safeguard people from abuse. This included the providers internal safeguarding team who provided oversight, advice and support to the service and staff.
- Staff had received safeguarding training and were knowledgeable of actions to take to help keep people safe from abuse. One staff member told us, "I would report any concerns, I would report it all. If I thought someone was at risk, from family, from [carers] I would report it. If someone wasn't eating, I would report it to my manager. It could be an indicator of abuse or financial issues." Another staff member said, "I would report concerns to my line manager. They would take it seriously and they would listen to me. I could also contact the local authority or CQC."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and reviewed to promote safety. Care plans and associated risk assessments were completed with people, or their representatives, if appropriate.
- Staff told us communication systems were effective and allowed them to remain knowledgeable of people's needs and any risk reducing measures.
- People and their representatives told us staff helped in a way which promoted safety and confidence. One person told us, "I feel safe with carers, yes of course I do. They are helpful and make sure I am alright. They always ask if there are any problems and make sure I am okay." One representative told us, "[Person] always says "I am very happy here. I know the carers will pop in. I feel well looked after. I know if I asked for help someone would come."

Staffing and recruitment

- There was enough suitably trained staff to meet people's care and support needs.
- People and representatives told us they had not experienced delays or missed care visits. We were told carers stayed for the expected and agreed duration of their visit.
- Pre-employment checks were completed to ensure staff were safely recruited. This included Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We found one member of staff had an incomplete employment history within their records. This had not had a negative impact upon care and was discussed with the manager who took action to rectify this.

Using medicines safely

- Staff were trained to administer prescribed medicines safely. Audits took place to check medicines were

administered appropriately, and ensure records were completed in line with requirements. Staff only administered or prompted people with their prescribed medications where this need was present, and risk assessments had been completed.

- Staff received medication competency checks to ensure their practice was safe. One staff member told us, "The manager comes without warning to check our practice. They go before us and gain consent from people prior to the observation."
- People told us they were happy with the support they received with their medications, and representatives shared no concerns. One representative told us, "[Staff] order all medications and administer them. There have been no issues that I am aware. I was so pleased to not do this anymore. As soon as [person] moved in, they took this over."

Preventing and controlling infection

- The provider had an infection control policy with associated COVID-19 procedures. Staff had received infection control training which included specific measures to take in relation to COVID-19.
- Staff completed rapid COVID-19 testing in line with guidance. Staff had access to personal protective equipment (PPE) and told us they had good supplies.
- People and representatives told us staff always wore PPE. One person said, "[Staff] always have those masks on. They will wear gloves and aprons too."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and information was shared with the staff team.
- Root cause analysis was completed by the manager. This process allowed for incidents, accidents or near misses to be reviewed. Staff told us communication relating to incidents would be shared with them directly, and further discussions took place at staff meetings.

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's needs had been assessed, and their care documentation provided information relating to their needs, choices and preferences. Staff received updates in relation to standards, guidance and the law, from the providers quality team.
- People and representatives said they were involved in making decisions about care and felt listened to. One person told us, "Yes I have a care plan. [Staff] discuss this with me pretty regularly."

Staff support: induction, training, skills and experience

- Staff had received regular supervision and training to meet the needs of people. Staff told us the training they had received was good, and they felt able to request additional training if it were required.
- Staff had undertaken an induction process when new to their roles. One staff member told us, "I had an induction, we went around the whole building, and the people. I had an induction book and structure, it included training and shadow shifts. It did cover what I needed."
- Staff told us their online training systems were easy to navigate, and this helped them to ensure their training remained up to date. One staff member told us, "I have NVQ 2 (national vocational qualification) in health and social care. Other training has been offered as well. I feel the training covers a lot of important areas."

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

- People were supported with meal and drink provision where this had been assessed as required.
- Staff told us of people's specific dietary requirements, preferences, likes and dislikes. We found care documentation was reflective of this information, and staff knew people well.
- People and representatives told us they had their own arrangements in place for shopping. Staff helped with the preparation of meals, drinks and snacks. One representative told us, "I speak to the staff at least monthly regarding shopping. We make sure [person] has food that is being enjoyed. They know what [person] likes."

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

- Staff worked with other agencies to ensure consistent and effective care took place.
- The manager told us referrals and reviews took place when people required assessments from healthcare professionals. Staff followed the advice and recommendations made.
- All four representatives reflected on past experiences where staff provided effective support for people when arranging either emergency or routine healthcare reviews. One representative told us, "[Staff member]

called an ambulance as [person] was in pain. [Staff member] was superb, they packed a bag in case [person] went into hospital. It was nice knowing [person] had this care. [Staff] use their initiative and do something. I was reassured [person] was in safe hands." Another representative told us, "Staff update me as quickly as they can, if anything changes."

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 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 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.

- At the time of inspection people were able to make decisions surrounding their care and were further supported by their representative, where appropriate.
- Staff had completed MCA training and understood the importance of gaining consent and supporting people to make decisions. One staff member told us, "We have had training, but we currently don't support anyone who lacks capacity. We request consent, report any concerns and respect [people's] wishes."

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; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who treated them with kindness, respect and dignity. People were encouraged to participate in their care.
- People told us they felt well supported and cared for. One person told us, "They treat me well, yes, yes they do." One representative said, "The staff have been more amazing than you can imagine. The staff have gone way above and beyond. [Person] has never given a bad account of care. I have been absolutely impressed with the level of care they provide."
- People had arrangements with staff surrounding their arrival and entry to their homes which respected their privacy and dignity. One person told us, "There is a doorbell, and yes, they do use it before coming in." Agreed arrangements were further confirmed by representatives, one representative told us, "Yes, [staff] do follow arrangements, very much. They will open the door and call out that they are there. [Person] is deaf and needs clear communication."
- Staff understood the importance of promoting independence, privacy and dignity. One staff member told us, "I ask [people] what they want. How they want things. I would ensure doors are closed and ask where they are most comfortable. I encourage people to choose their clothing and ask how they would like to be dressed, their preferred sequence. I always help people to stay covered, with towels, when assisting them with personal care. This is to promote their privacy and dignity."

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

- People and representatives, where appropriate, were involved and supported to make decisions about the care provided.
- People and representatives told us they were encouraged and provided with opportunities to be involved in decision making. Representatives told us they were involved in regular reviews and appreciated the communication and support from staff. One representative told us, "[Staff] always share the care plans. We talk about changes and any concerns. [Care plan] is there for me to read, and we talk through things with [person] as well."

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 were involved in planning and reviewing their care. Care plans were updated by staff if people's needs changed, and not only when completing a planned review. This ensured staff had current information to meet the needs and preferences of people.
- Staff told us they took time to get to know people and understand their personalised choices. One staff member told us, "It is about that person, their needs and what they would like. What they want. Their needs and wishes. Everyone has different interests and preferences, and we explore these."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager told us they were able to provide information in alternative formats to meet the needs of people. This could include large print, pictures or language translation.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and told us they had not received any complaints in the previous 12 months.
- People said they would speak to staff if they were unhappy. Representatives told us they would not hesitate in contacting the manager or staff if they had a complaint or concern.

End of life care and support

- Staff had completed training, and the providers procedures ensured a holistic approach to care and support when a person approached the end of their life.
- At the time of inspection, end of life care and support was being provided to one person. Staff had explored the person's wishes and worked with health professionals and the person's representative to ensure care was regularly reviewed.

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.

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

- The manager and staff understood their roles and undertook quality performance activities to ensure safe and good quality care was provided.
- A new manager had started the day before this inspection. They had received a handover period before taking up their post. This included opportunities to review service provision and undertake quality assurance processes. The manager was an experienced registered manager within the provider's organisation and had begun the registration process with the CQC.
- The manager monitored the quality of care provided to people using a variety of processes. This included audits, satisfaction feedback and staff observations. The manager had an action plan in place to support and drive continuous improvements. The provider had a quality assurance team who also monitored and reviewed the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt supported and empowered in their roles. We were told a positive culture and opportunities to learn, progress and take on additional roles and responsibilities were present.
- People and representatives spoke highly of the staff team and of the care provided. We were told support was person-centred and achieved good outcomes for people. One representative told us, "[Staff] go above and beyond. [Person] receives what is expected, and I am happy with everything. [Staff] are always doing the right things and keeping an eye out." One person told us, "There is a new manager, only started recently. I have already seen [manager] three times."
- Staff said, despite a very recent change in management, there was a positive and open culture at the service. We were told the manager was approachable and fair, and would act upon any comments, concerns or requests made. One staff member told us, "I feel the manager is approachable. We have spoken a lot on the phone and through emails. This was really supportive." Another staff member said, "We had a change in management recently, we now have [manager]. I find [manager] really good and approachable."

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 manager understood their legal responsibilities in relation to the duty of candour. This included reporting notifiable incidents and events to organisations such as the CQC and local authority.

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

- People and representatives told us they experienced positive communication with staff, and regular contact took place.
- People had been approached to provide feedback on their care. We saw responsive action was taken by the manager and further reviews were planned.
- Staff told us they felt able to make suggestions and felt involved in the service provided. One staff member told us, "We do have staff meetings, but sometimes it was difficult to get together, due to the practicalities of COVID [COVID-19]. The communication book works well, and we see each other at work." Another staff member said, "The company is very good, and I feel appreciated." The manager told us regular staff meetings were now planned.

Working in partnership with others

- The manager told us they worked with external organisations, such as clinical commissioning groups, the local authority, GP's and district nurses. This helped to ensure people received effective joined up care, and support, which met their needs.