Willow Tree Support Limited

Willow Tree Support

Inspection report

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Date of inspection visit:
12 April 2022
13 April 2022

Date of publication:
10 May 2022

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
Willow Tree Support provides a supported living and domiciliary care service. 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. Not everyone who used the service received personal care. At the time of the inspection the service provided personal care in a supported living service to two people.

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

People told us they felt safe with the staff. People were protected from the risk of harm, abuse and discrimination. Risks to individuals and staff were well managed. There was a positive approach to risk taking, with an emphasis on safely promoting people's well-being, choice and independence. Staff had been recruited safely and there were sufficient staff to meet people's needs. Medicines were stored, managed and administered safely. Risks associated with Covid-19 had been well managed. An open, culture of learning was present. Following any accident or incidents information was reviewed to see if any lessons could be learned or improvements could be made.

People's needs were assessed prior to them starting to use the service to ensure their needs could be met. A person-centred transition plan was developed to help people settle in well. Staff received the training, supervision and support they needed. People attended regular routine health screening. Staff worked closely with other health care professionals to ensure people's health needs were met.

People told us the staff were caring. One person said, "The staff are nice people. They are fair and good. I couldn't ask for anything better. They are a good team." Staff interacted in a calm, supportive and friendly manner with people. Staff and the managers spoke with compassion and empathy about people who used the service. People were involved in decisions about their care and support. There was a clear commitment and focus on supporting people to develop their independence and choices.

People received personalised care that took account of their needs, wishes and preferences. Care records were detailed and person centred. People were supported to avoid social isolation and encouraged to take part in activities at their home and in the wider community.

The service was well managed. Monitoring, audits and spot checks were thorough and records demonstrated any issues identified were addressed. The providers had a clear passion and commitment to providing a person-centred responsive service. Staff we spoke with shared that commitment and spoke very positively about the work they did and how the service was managed. People who used the service spoke very positively about the service, managers 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 12 November 2020 and this is the first inspection.

Why we inspected
This was a planned inspection to provide a rating for the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 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.

Willow Tree Support

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 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by one inspector.

Service and service type
This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. The registered manager was also one of the providers of the service.

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 12 April 2022 and ended on 13 April 2022. We visited the location's office on 12 April 2022.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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 reviewed information we had received about the service and we sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection
We spoke with two people who used the service about their experience of the care provided. We did this in their home after they gave us permission to visit. We spoke with five members of staff including the registered manager and manager, who were both also owners of the company, and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to receive information and evidence to support the inspection.

Good

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
- People were protected from the risk of harm, abuse and discrimination.
- People told us they felt safe with the staff. One person said, "Yes I feel really safe. They are really good people."
- Policies and guidance was available for staff to follow if abuse was suspected. Staff had received training, were aware of their responsibilities and were confident any concerns raised with managers would be dealt with appropriately. A staff member said, "100% they would deal with it."

Assessing risk, safety monitoring and management
- Risks to individuals and staff were identified and well managed.
- There was a positive approach to risk taking, with an emphasis on safely promoting people's well-being and independence.
- The provider had worked closely with the landlord to ensure the environment was developed to meet the needs of the people. Records confirmed that where the provider was responsible for health and safety checks these had been completed, such as water temperatures, cleaning schedules, fire safety checks and personal evacuation plans.

Staffing and recruitment
- There were safe systems for staff recruitment in place. All required checks had been undertaken prior to people commencing employment.
- There were sufficient staff to meet people's needs.
- One person told us, "The staff have time to talk. If you need to tell them anything you can." A staff member said, "You get a lot of time to spend with people."

Using medicines safely
- Medicines were stored, managed and administered safely. Medication administration records had been completed.
- Staff had received training in the administration of medicines and had regular competency checks.
- People's medicines were reviewed very regularly.

Preventing and controlling infection
- Risks associated with Covid-19 had been well managed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
● Records were kept of accidents and incidents. Managers of the service reviewed these to look for themes or patterns. Action was taken to see if any lessons could be learned and to minimise on going risk.
● There was evidence that a culture of learning was present. There were opportunities for staff and people who used the service to talk with managers about any incidents that had happened.

Good

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
- Prior to people starting to use the service an assessment of their needs and wishes was used to develop a clear person-centred transition process. This guided staff on the support people needed and helped people settle into their new home.
- Care records and risk assessments were developed based on this assessment and reviewed and updated as changes occurred.

Staff support: induction, training, skills and experience
- Staff received the induction, training and support they needed to carry out their roles effectively. Staff said the training was very good.
- Staff received regular supervision and were very positive about the support they received. One said, "I feel I could go to them [managers] with anything. We sit down a lot and talk things through."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to access a range of health care professionals. Care records confirmed relevant reviews by professionals had taken place.
- Staff encouraged and supported people to attend regular routine health screening and worked closely with other agencies to ensure people's health needs were met.
- People lived in their own home and could eat what they wanted. Records detailed people's likes and dislikes and things staff could try to encourage them to eat well. People were supported with their nutritional needs and were involved in meal planning and preparation. Staff supported people to prepare their own meals. One person said, "We choose what we want. I have been doing the cooking with staff."
- Staff had received training in nutrition, food hygiene and preparation.

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.

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

- The provider was meeting the requirements of the MCA.
- Care records identified if people did not have capacity to make various care related decisions. People had signed to say they gave consent to the planned support.
- Records guided staff in how they could help people make and express their choices and decisions.

Good

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
- Policies and care records reflected a commitment to equality and diversity.
- People told us the staff were caring. One person said, "The staff are nice people. They are fair and good. I couldn't ask for anything better. They are a good team."
- We observed staff interacting in a calm, supportive and friendly manner with people. Staff and the providers spoke with compassion and empathy about the people who used the service. People's individuality was respected and celebrated.

Supporting people to express their views and be involved in making decisions about their care
- People told us they were always involved in decisions about their care and staff always sought their consent.
- Care records guided staff on how to involve people and staff we spoke with placed great importance on ensuring people were involved in decisions about their care. People's choices, preferences and routines were respected.

Respecting and promoting people's privacy, dignity and independence
- People told us the staff showed them respect. One person said, "The staff are very helpful. They encourage us to do a lot."
- Staff and the providers showed a clear commitment and focus on supporting people to develop their independence and choices. People were supported to develop their independent living skills and were supported to move to more independent living if they wished. All staff clearly took great pride in people's achievements. Staff said, "I think its good care. [person who used the service] is really happy and feels safe. [person] is contented and settled. That's what matters" and "I like seeing people getting results. Like seeing [person who used the service] go out and about."
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

Good

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; Improving care quality in response to complaints or concerns

- People received personalised care that took account of their needs, wishes and preferences.
- Support plans and risk assessments were in place to guide staff. They were person centred and had very good detail about what was important to and for the person. We saw there were very regular reviews with people to ensure their needs, goals and wishes were being met.
- Records of daily care provided were regularly checked by managers of the service.
- There was an appropriate system in place to manage complaints. People told us they knew how to complain but did not have any complaints. They said they could approach staff or managers if they were unhappy about anything.

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 service was following the Accessible Information Standard (AIS).
- Information was available in alternative formats including pictorial and easy read formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to avoid social isolation and encouraged to take part in activities at their home and in the wider community. Care records included information about people's life history and hobbies and interests.
- People chose what activities they took part in based on their interests. One person told us, "We do a lot of things. They ask what we want to do. We are going to Blackpool."
- Staff actively promoted opportunities for people to be part of the local and wider community. People were supported to maintain links with family and friends where they wished.

End of life care and support

- People's wishes for end of life care and support were discussed and recorded if they wished.

Good

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

- The providers had a clear passion and commitment to providing a person-centred responsive service. Staff spoken with shared that commitment. We found there was a very open culture within the service. The provider and staff were very open and supported the inspection with enthusiasm.
- People who used the service spoke very positively about the service, managers and staff. They told us, "I am happy" and "It's good here. People have noticed the progress I have made."
- Staff felt supported and spoke very positively about the work they did and how the service was managed. Staff said, "It's nice, a nice place to work. You get support if you need it from staff and managers" and "They are doing a good job of looking after staff. They are genuinely concerned about staff."

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 understood and acted on the duty of candour.
- Where needed other organisations such as CQC and the local authority had been informed about incidents.
- Relevant certificates were on display in the office, including the employer's public liability insurance.

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

- The service was well managed, there was a range of detailed quality monitoring, auditing and oversight. Audits and spot checks were thorough and records demonstrated any issues identified were addressed.
- There was evidence of frequent reviews and focus was placed on outcomes for people.
- Staff understood the importance of their role in providing a quality service. They spoke very highly of the provider and how the service was run and organised. One staff member said, " I like them [providers]. They are approachable and encourage you. It's one of the best places I have ever worked."

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

- People were fully involved in the service they received and their views about the service were actively sought. There was a weekly meeting for all people who used the service. One person told us, "Every Sunday we have a meeting. We talk about things and what we would like to do."
- There were regular staff meetings. Records showed these covered all aspects of the service and staff had

an opportunity to raise issues or suggestions. Staff told us they were encouraged to make suggestions on how things could be improved or done differently for people. Staff said, "You can suggest things, things to do or plan an activity" and "They [providers] always make time to talk to you. They are keen to make sure this is high quality care."

Continuous learning and improving care; Working in partnership with others

- Staff were encouraged to undertake training to widen their knowledge and interests.
- Thorough investigations into incidents were completed to identify any actions that may prevent incidents happening again. Learning from incidents was shared with staff.
- The service worked in partnership with other organisations to provide appropriate support to people. Feedback we saw about the care and support provided from other organisations and professionals was very positive.