

Willow Homecare Leeds Ltd

# Willow Homecare Leeds Ltd

## Inspection report

Office 2, Tenants Hall  
Enterprise Centre, Acre Close  
Leeds  
LS10 4HX

Tel: 07511261474

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Willow Homecare Leeds Limited is a domiciliary care agency. The service provides personal care to people in their own homes. At the time of our inspection there were 12 people using the service. 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.

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

The provider's systems and processes were not always effective in assessing, monitoring and mitigating risks to the health, safety and welfare of people using the service. The provider had quality monitoring processes in place, but these were not being routinely done. This placed people at risk of harm.

The provider did not always manage medicines safely. Systems in place to manage medicines were not always effective. Care records did not always include clear and up to date information about current medication and the level of support people required to take their medicines safely. This placed people at risk of harm.

Governance systems were not always in place to ensure all aspects of the service were reviewed and checked regularly. This placed people at risk of harm.

New staff received an induction program and staff had completed a range of training which gave them the skills and knowledge to care for people in their own homes. People and their relatives told us staff had the skills to support them in a safe and caring way. Staff told us they felt supported by the provider. We have made a recommendation about the safe recruitment of staff.

People were supported by staff who knew them well and were able to identify people's likes and dislikes. They said staff were kind, caring and patient. People were treated with dignity and respect. Staff cared about and had positive relationships with people. People and relatives considered the care they received to be safe.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 12 October 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration and the date regulated activity started.

You can see what action we have asked the provider to take at the end of this full report.

### Enforcement

We have identified breaches in relation to assessment of people's needs, risk assessments, management of medication and the provider's systems of governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Willow Homecare Leeds 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection.

Inspection activity started on 06 December 2022 and ended on 19 December 2022. We visited the location's office on 06 December 2022.

#### What we did before the inspection

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

We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 7 relatives about their experience of the care provided. We spoke with 4 staff, this included the registered manager, who is also 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 3 people's care records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and policies and procedures, were reviewed.

Following our visits to the office, we continued to seek clarification from the provider to validate evidence found. We looked additional information offsite the provider sent us including; policies, rotas 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 requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety were not always fully assessed.
- Where a risk had been identified, risk assessments were not always in place. For example, one person's risk assessment for medication was not in their care file. This meant there was little or no information in their care plans to tell staff what support and risk management was required.
- Care records were not always complete and on occasion contradictory. This meant there was not always evidence to demonstrate risks to people's health and safety were being effectively assessed, monitored and mitigated. For example, one person had two mobility risk assessments in their care records. One stated the person mobilised with a Zimmer frame, the other, the person is cared for in bed.
- Care records and some care plans were kept in people's homes. We were not always assured care plans kept in people's homes and the corresponding records held in the office were always the same and up to date.
- We were not assured there were robust systems in place to routinely monitor when things go wrong and then apply the learning to improve the service.

Systems to accurately assess and the manage the risk posed to people were not robust enough. This placed people at risk of harm. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Monitoring the effectiveness of risk controls was done through review of daily records, audits and management review. However, audits and management review were not always regularly carried out. The registered manager acknowledged this and had put in place a changed staffing structure to address this.

Using medicines safely

- The service did not always manage medicines safely.
- Systems in place to manage medicines were not always effective. For example, Medicine Administration Records (MAR'S) were not always routinely checked for accuracy.
- Care records did not always include clear and up to date information about current medication and the level of support people required to take their medicines safely.
- Person-centred guidance was not in place for 'as required' medicines. This meant staff did not have information about the specific circumstances when these medicines should be given. For example, one

person's care record showed staff and relatives sometimes gave them 'as required' medicine. There were no records of communication between staff and the relative when this took place. This meant we were unable to ascertain whether this person received this medicine safely.

Systems were either not in place or robust enough to demonstrate medicine were safely and effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- Safe recruitment procedures were mostly followed to help ensure staff were suitable to work with people. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider consider current guidance about other recruitment checks carried out as standard practice, alongside DBS checks.

- There were sufficient staff to provide consistency of care and support to people. People told us care calls were not missed, and they were informed if care staff were going to be delayed.
- Effective systems were in place to organise and monitor calls, making sure visits had been completed. This was reflected in the feedback staff gave about ensuring all visits were completed. One relative told us, "They have not missed a day, they respond well if [Relative] has a hospital appointment they're flexible and will change the time they go round."

#### Systems and processes to safeguard people from the risk of abuse

- We found safeguarding concerns were discussed with the local authority safeguarding team to ensure people were kept safe. However, there were no recorded learning outcomes from such consultations. The registered manager was receptive to take action to improve learning which could then inform service improvement.
- Staff had received training in safeguarding people and knew what to do if they thought somebody was at risk.
- People considered they received safe care and had no concerns about their safety. One person told us, "I feel safe with them, the staff all know me and I would speak to [registered manager] if there were any problems."

#### Preventing and controlling infection

- Staff were aware of their roles and responsibilities in preventing and controlling infection and gave examples how they managed this day to day.
- Staff had plentiful stocks of personal protective equipment (PPE). Staff told us how they used PPE appropriately when providing care to people.
- The provider had an up to date infection prevention and control policy and staff gave examples how they followed it to ensure safe care.



# 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 [requires improvement].

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they were supported by the provider. However, we saw little evidence to show that they received regular supervision. Staff told us that communication was very good with the provider and that they received regular texts and calls.
- New staff received an induction and a period of shadowing more experienced staff before working alone. The provider undertook observations and spot checks to ensure, skills, knowledge and competency. One person told us. "They definitely know what they're doing, they're very good", 'we get on like a house on fire.'
- Some staff told us they had completed or were undertaking care certificate training to fulfil their roles. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction program.

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.

- People's consent to their care and treatment was documented in their care records.
- People's care plans documented if they had capacity and if they required any support with making decisions.
- Within their induction, all staff received training regarding the MCA and understood their responsibility seek consent when delivering care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were not always thoroughly routinely reviewed and recorded. For example, the falls alarm for one person was not being used due to a broken strap, with no evidence of any risk management to address this. The registered manager told us they had a plan to ensure regular review of care plans.
- Assessments of people's needs had been carried out prior to people using the service. We saw evidence of pre-admission risk assessments being transferred into the care plans.
- People and relatives confirmed they were regularly involved in the assessment and their needs and preferences were taken into consideration. One person told us, "If they think I need anything they tell me or [registered manager] comes." However, records did not always reflect a person-centred approach.

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

- People and their relatives told us staff provided the necessary support to ensure people ate and drank in line with their preferences. One person told us, "There's always a choice. My [relative] does the shopping and the staff ask what I want, especially what sort of soup I want."
- Where people needed support with meals, this was recorded in the support plan and included any dietary preferences.

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 healthcare professionals to support people's health and wellbeing. Relatives told us staff assisted them contacting other healthcare professionals when they needed. One relative told us, "The staff let me know if they have any concerns and I'd phone the GP', 'they have spoken to Occupational Therapy for support for [relative]."
- Relatives told us staff helped people to live healthier lives and helped them access health care services. For example, one relative told us, "[Registered manager] will call me if the doctor was needed, and they would send for an ambulance if family couldn't be reached."
- Staff told us they get to know people and support their choice of activities which promote independence and a healthier life.

# 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.

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

- People and relatives told us staff listened to their views and they were actively involved in making decisions about their care. People told us they received care and support which reflected their wishes. However, this involvement was not always recorded in their care records and care plans.
- The provider carried out 'customer satisfaction surveys', these enabled people and relatives to express their views about their care.
- The registered manager told us the changes to COVID 19 restrictions and staffing changes would enable increased routine face to face review of care plans. People's views would then be used to change or update care plans, as appropriate.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt listened to and staff acted in the ways they wanted them to. One person told us, "They're kind and caring, they listen to me. I can't fault them; I'm not scared to tell them what I want."
- Staff were able to give us examples of how they treated people well, valuing their differences. This was reflected in the care records we reviewed.

Respecting and promoting people's privacy, dignity and independence

- People and relative told us they were well treated and respected by staff. For example, one relative told us, "They have a very tailored approach and very much know my [relative]. They recognise my [relative] is independent and build on that." Another person told us, "They know that I'm independent and respect that."
- The registered manager told us how they had taken action to ensure one person's disability was carefully considered to ensure they maintained their dignity and independence.
- Staff were able to tell us how they maintained people's independence and dignity; this was supported by feedback from relatives. For example, one relative told us, "As [relative] is bedridden, they cover [relative] with a towel when they're washing [relative] and changing [relative's] pads."

# 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 requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained some information about their preferences and personal histories, meaning staff were able to support them in ways they would like. However, reviews carried out did not highlight the inaccuracies we found. This meant they were not always relevant to people's needs.

Lack of complete information within care records put people at risk of not receiving care and support relevant to their needs. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew people and their interests well and were made aware of people's changing care needs by the registered manager, where appropriate.
- People and relatives told us staff ensured people received care in line with their needs, choice and preferences. The registered manager gave an example of swapping the time a person received their visits to fit in with them attending church.

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.

- Currently people using the service were able to communicate verbally with staff. People told us how staff listen to them and carry out their wishes. Staff described how they allowed time for people to express themselves.
- There was documented assessment to respond to people's varied communication needs.

Improving care quality in response to complaints or concerns

- People and relatives told us they had not needed to make a complaint and were clear who they would contact if they had concerns.
- The provider had a complaints policy in place and had not received any complaints since registration. However, the registered manager demonstrated they were open and responsive to feedback. For example,

how one person wanted their bed made was accommodated, following feedback from a relative.

#### End of life care and support

- At the time of the inspection, no one was receiving end of life care. The registered manager told us staff were currently undertaking end of life care and dementia care training.
- The provider had an end of life policy and the approach was being developed. The registered manager told us this would include recording people's end of life wishes, if they wished.

# 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 requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Care plans and risk assessments did not always reflect people's needs they were not always up to date. Reviews carried out did not highlight the inaccuracies we found. This meant there was not always evidence to demonstrate risks to people's health and safety were being effectively assessed, monitored and mitigated.
- Audits required to drive service improvement were not routinely undertaken and there was little evidence how lessons learnt from audits were being used to improve the service. This meant there was no consistent oversight of the quality of the service.

The provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service. This was a continued breach of Regulation 17 (1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was clear about their role and requirement to deliver a service which met regulations. We noted they were open and transparent about how staff changes and the COVID 19 pandemic had impacted on the ability to have consistent oversight of the service and had made changes to address this.

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

- The provider engaged with people and their relatives to review the running of the service. However, analysis of feedback was not always evident in driving service improvement
- There was evidence the provider had considered equality characteristics when delivering services.

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

- People and relatives told us there was good communication and they felt listened to by the registered manager. One relative told us, "Yes, [registered manager] has a lot of regular contact with me and with [relative]. [Registered manager] is very proactive and also hands on with cover and with sorting things out that are reported by [registered manager], staff or by me and [relative]."

- Staff told us the provider promoted an inclusive and open culture where good outcomes and compassionate care was integral to the values of the company.
- Staff were positive about the provider. Staff described management as approachable, and supportive. One staff member told us they felt very supported and appreciated by the provider.

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 duty of candour. This requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.
- Since registration, the provider had not sent any statutory notifications. However, the registered manager understood the need to send statutory notifications to CQC. Registered service providers and their registered managers are required to notify CQC about certain incidents, events and changes through statutory notifications.

Working in partnership with others

- The service worked with other health and social care professionals to ensure people received consistent and timely care. The registered manager told us they would routinely record this information and use feedback to improve the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not always assessed or safely managed. Medicines were not always managed safely.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Care records were not reviewed regularly. People were at risk of receiving inappropriate care and support.  There was a failure to operate effective systems to assess, monitor and improve the service.