

# Willatt Care Limited

# Willatt Care

## Inspection report

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Date of inspection visit:  
21 April 2022

Date of publication:  
06 June 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Willatt Care is a home care service registered to provide personal care. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported 14 people. 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

Medicines were not always managed safely. Systems for monitoring medication stocks needed to be improved. Further protocols were required for managing controlled drugs. Audits of medication were not robust enough to monitor quality and safety.

There were insufficient infection prevention control systems in place for ensuring staff had completed twice weekly COVID-19 tests in line with government policy.

Some risks to people were not always mitigated, care plan's did not always contain the most up to date details regarding best practice when supporting people with specific health needs. Policies and procedures, the training matrix and staffing folders were not always up to date and the provider had not notified us of all significant events.

The provider acted quickly and took appropriate action to mitigate these risks. New systems and updates were implemented in a timely manner. These will be reviewed on the next inspection.

Medicines were managed safely by suitably trained staff. People were offered and received pain relief medication. Staff used personal protective equipment (PPE) effectively and had attended infection prevention control training.

People told us they felt safe with the care provided and with the carers supporting them. They said they received care from kind and compassionate staff members. Relatives and staff told us they felt involved in the service and able to express their opinions and make suggestions to improve the care provided. Relatives said the care received was person-centred care and told us how the staff encouraged people to be independent.

People's needs, choices and preferences were assessed and recorded in detailed care plans. This included people's dietary needs and requirements. End of life care plans were detailed and included people preferences and wishes. Times of care calls were altered to assist people to maintain relationships with others.

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 recruited safely. There were enough staff to support people safely and people had their calls on time. Staff understood what was meant by abuse and they were confident about how to report poor practice. Staff told us they felt supported by the registered manager and received regular supervisions.

Accident and incident forms were investigated by the management team. Lessons learnt were shared with the staff team.

People and staff told us they had confidence in the registered manager and the management team. The organisation promoted a positive culture and worked in partnership to deliver good outcomes for people.

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 08 October 2020 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing, training and care practices. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

#### 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?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

**Requires Improvement** 

# Willatt 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 Health and Social Care Act 2008.

#### Inspection team

The Inspection was carried out by two 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. 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the office location on 21 April 2022 to meet with the registered manager, office staff and care staff. We spoke with people who used the service and staff by telephone.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection, we spoke with nine people who used the service, to ask about their experience of the care provided and eight family members. We spoke with seven members of staff, which included the registered manager, senior staff and care staff. We reviewed a range of records. This included five people's care records and multiple 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. We also spoke with a visiting healthcare professional.

# 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.

### Using medicines safely

- Medicines were not always managed safely. There was insufficient evidence of follow up actions with medical professionals when one person's medication stocks were low. This meant there were times when the person did not receive their medication. Incidents were recorded, detailing actions taken, although more evidence was required of contact with health professionals to discuss risks and alternative medication. The registered manager responded straight away and introduced a new monitoring and follow up system.
- Protocols and risk assessments for managing controlled drugs were not in place. This meant staff members were not always aware if they were administering a controlled drug and the extra safety protocols attached to such medication. The registered manager responded straight away and updated the policy and assessments to include controlled drugs protocols.
- Medicines were managed safely by suitably trained staff. Staff told us they received spot checks of their competency to ensure medicines were administered safely. We saw examples of completed spot checks.
- People were offered and received pain relief medication. There were clear protocols advising staff how to manage and administer pain relief safely in line with health professional guidance.

### Preventing and controlling infection

- There were insufficient systems for checking staff had completed their rapid lateral flow tests twice weekly, in line with government guidelines. The registered manager responded straight away and introduced a new recording system.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. We observed staff wearing masks and one person told us, "They always wear their PPE."
- Staff members received training to prevent and control infection. One staff member said, "I have attended Infection Prevention Control, along with an additional training course of preventing COVID-19. These supported my knowledge and skill set in the prevention and control of infection."
- We saw records and a training matrix showing dates staff had completed infection prevention control, COVID-19 and hand hygiene training.

### Assessing risk, safety monitoring and management

- Risks to health were not always mitigated. One person's nutritional care plan did not detail how to support the person's diabetes. This meant staff may not understand or be able to support the person to manage their diabetes safely. The registered manager responded straight away and updated the plan to include information and best practice when managing diabetes. A second person's nutritional care plan had a detailed account on managing diabetes.

- People told us they felt safe with the care provided. One relative said, "My [family member] is happy with the carers received each day. They feel very safe in their care. The staff complete all tasks in the care plan." Another relative told us, "We are both very happy with the carer provided and at last I can sleep in peace knowing my [family member] has everything they need."
- Care plans and daily notes were in place to monitor and manage risks relating to people's health.
- Environmental risk assessments were detailed and clearly showed staff how to respond to emergencies in people's homes, such as gas, electricity or water issues.

#### Staffing and recruitment

- There were enough staff to deliver the care specified in people's packages of care. Although members of the management team were often required to attend these calls. The registered manager told us they had recently recruited a number of new care staff. We will review this in the next inspection.
- People told us staff arrived on time and stayed for the designated amount of time. One person said, "The daily carers always arrive on time and have never missed a call." A family member told us, "My [relative] is happy with their carers. They are on time and have never missed a call."
- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

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

- Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns. One staff member said, "I would report safeguarding concerns, such as abuse: sexual, neglect, self-neglect, finance, modern slavery, physical, mental etc. I would report this by raising a concern via our systems to my manager."
- Local area safeguarding policies and internal policies were accessible to staff members, staff told us they had received a copy and knew where they were located on the online system.
- Systems were in place to keep people safe from harm. There were regular staff meetings and the team used a closed social media platform to pass on information and provide updates about any concerns.

#### Learning lessons when things go wrong

- Accident and incident forms were completed and investigated by the management team. Lessons learnt from these were shared with the staff team in a timely fashion.
- The provider had been working closely with the local authority to alert them to an incident involving a person receiving care. We reviewed correspondence between both the provider and the local authority advising safe actions for staff to take should the incident reoccur.



# 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 receiving support and their relatives felt involved in the care received. One person told us, "I have a care plan which is up to date." One relative said, "They always update the app [online daily care notes]. So, I can check daily on [my family member's] care."
- People's care plans were person centred. They contained a range of assessments related to their physical, mental and emotional wellbeing. We saw how these were reviewed on a regular basis.
- Staff members understood the care people required. One staff member said, "We [staff] always know what support a person needs before we attend. If anything changes, we notify the manager."

Staff support: induction, training, skills and experience

- Staff received regular support and guidance from the provider. One staff member said, "I have regular supervisions. Both one to one and as a group. I find these very supportive."
- People were supported by staff who had received relevant and good quality training. One relative told us, "They [staff] are very professional and well trained." Another relative said, "They [staff] are well trained to use the hoist and special equipment."
- Staff received a comprehensive induction and ongoing training to meet people needs. One staff member said, "The induction was fantastic, the best training I have ever had." We saw the updated training matrix; this detailed a comprehensive training schedule for staff members.

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

- People were supported to have enough to eat and drink to maintain their health and wellbeing, when this was an agreed part of their care.
- Staff understood people's dietary needs. One staff member said, "Dietary requirements are clearly indicated within the care plans, these are accessible on the [online system]. Additionally, a separate dietary needs assessment is available (where required) within the person's folders, located in their own homes."
- People's preferences regarding food and drink were recorded in their care plans and records staff completed at each call matched people's plans. One person requested to have a sandwich made for when they returned from a social outing, this was accommodated.

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

- Relatives told us the provider worked well with other professionals. One family member said, "They are well trained and keep me informed about [my relative's] condition, which has recently been reviewed. The district nurse has recently completed a diabetic check and they replace their catheter regularly."

- Healthcare records showed how people's health needs were regularly assessed and reviewed.
- We saw regular correspondence with healthcare professionals and records showed how staff followed the recommendations made by the professionals.

#### 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 proactive at verifying people's Lasting Power of Attorney documentation (LPAs) to ensure people's representatives had the legal right to make decisions on behalf of them.
- Staff members understood the principles of MCA. One staff member said, "MCA means that we treat and assume each person retains capacity, unless deemed otherwise. I am aware of LPAs, how these effect individuals' choices, care and rights."
- People's decision specific mental capacity assessments were detailed and stored within their care plans. These detailed people's ability to make their own decisions.
- Staff confirmed they had attended Mental Capacity and Deprivation of Liberty Safeguard training (DoLS).

# 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

- People told us they felt valued by staff. One person said, "They are very kind and compassionate. I get on with all of them really well."
- Relatives told us the staff were kind. One relative said, "They are kind and show my [family member] respect and dignity."
- Staff valued people and carried out personalised care. One staff member said, "I ensure they have person centred care and that their choice is at upmost importance."
- Care plans were person centred and entries into daily logs recorded consent and people's choices.

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

- Relatives told us they felt listened to by the provider. One family member said, "I completed a survey about six weeks ago. I certainly would recommend them." We have recommended the questionnaires are designed in different formats to make them more accessible. The registered manager responded straight away and updated the questionnaires.
- Staff members understood the importance of involving people in their care. One staff member said, "People we support tell me what they want. It is important to involve them in all aspects of care."
- Care plans were personalised and contained detailed information regarding people's preferences, likes and dislikes. These included people's cultural or religious preferences and names and pronouns they would prefer staff to use.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us how staff promoted people's independence. One family member said, "They try to encourage a little independence like encouraging [relative] to shave themselves whilst they keep an eye on them." Another family member said, "They chat away to [relative] and encourage them to maintain a bit of independence."
- Staff members told us how they understood the importance of maintaining people's independence. One staff member said, "I try to prompt them and encourage them to do as much for themselves as possible. Sometimes all someone needs is to feel the confidence they can do something. It's not about taking away their options or taking over their lives."
- We reviewed daily entries recording how staff encouraged independence and dignity.

# 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

- Relatives told us the care received was personalised to people's choices. One family member said, "They are very responsive to all [my relative's] care needs and know them well, including their likes and dislikes." Another relative said, "They acknowledge [my family members] likes and dislikes, and they are included in their care plan, even how they like Westerns and news programmes."
- People told us their care plans were available and up to date. One person said, "I have a care plan which is up to date." Another person said, "I have a care plan and no complaints."
- Staff spoke knowledgeably about tailoring the level of support to people's individual needs. One staff member explained how two people preferred to be referred to by their middle name and how another person preferred a routine of having a shower each Saturday morning.
- People's preferences (for example, preferred gender of staff) were identified and highlighted in the care plan; appropriate staff were available to support people.

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.

- People's communication needs were assessed and recorded in their care plan. Communication difficulties such as hearing impairments were clearly detailed, including reference to which ear was best to speak into.
- Large print reading materials, such as policies and procedures were available for people to use if required. One person had requested these because they struggled to read small print.

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

- The provider was not always asked to provide social support to people, however they documented people's interests and hobbies and made adaptations to calls to promote people's social preferences.
- The provider ensured adjustments were made so that people could participate in activities they wanted to. We saw how a Sunday call time had been changed to accommodate a person who needed more time to attend church. On another occasion, times were changed to accommodate a person who wished to attend a regular social activity.
- Care plans contained details of people who were important to those receiving care. One plan detailed how

a relative of the person receiving care was living in a care home. The plan encouraged the staff members to promote and support the person to continue contact and visits.

- Staff told us how they needed to ensure people's mobile phones were fully charged and accessible to people when they left the call. This was important to ensure people could contact others when they wanted to.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily. Although, at the time of the inspection, people told us they had not raised a complaint.
- People received a copy of the complaints policy and staff told us how they encouraged people to share their concerns and raise complaints. One staff member said, "I encourage people to talk to me and share any concerns. I would make sure these were documented and passed back to the manager."

End of life care and support

- Although no one was receiving palliative care at the time of our inspection, the provider documented people's wishes in end of life care plans.
- People's care plans contained end of life wishes and choices. We saw how care plans referred to people's Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) choices and clearly documented where the forms were stored in the person's home. This recorded a summary of a patient's wishes for emergency care and treatment.

# 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

- There were checks and audits in place to monitor quality and safety. However, these had not always been effective in identifying areas for improvement. Medication audits were not robust enough to monitor quality and safety. Further evidence was required to follow up on medication when stocks were running low. The registered manager responded straight away and has made improvements to the audit.
- Systems were not always updated to reflect current practice. For example, staffing folders, the training matrix and supervision policies had not been updated. The registered manager explained this was due to difficulty with recruitment over the COVID-19 pandemic which led to management being required to cover calls. The information was made available after the inspection visit, and all systems were updated. A successful new recruitment programme had recently taken place, which should ensure more oversight from the management team in the future. We will review this on the next inspection.
- Application forms and CVs were not located in recruitment files. The registered manager later sent the relevant information via email. We have recommended a checklist held in each recruitment file to ensure information is quickly available and easily accessible.
- The registered manager had not notified us of one significant event which had occurred in the service in accordance with their legal responsibilities. The missed notification was submitted in retrospect. We discussed the need to report all significant events to us in a timely manner.
- The provider had not kept up to date with latest government policy relating to twice weekly testing of staff for COVID-19. The provider explained staff were testing twice each week, although there was no evidence of checking. The provider acted quickly and implemented a new system of checks.
- Staff were clear about their roles and responsibility, one staff member said, "The company's vision is to have a care company with the highest standards of care." Another staff member described the provider's values as, "To deliver a quality and high standard level of care. Respect service users and one another. Promote and respect other points of view. Listening to understand, not listening to respond. Treat each individual as an individual, not as a group."
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.

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

- People told us they had confidence in the organisation and management. One person said, "The company is well managed and organised." Another person said, "I consider the company is well organised. I have no

complaints or concerns."

- Relatives told us they felt the culture achieved good outcomes. One relative said, "The management is very good, always ready to discuss our needs." Another family member told us, "The company is well managed and organised. Spot on in my opinion. I would absolutely recommend them because I am very pleased with them."
- Staff members told us how they delivered person centred care. One staff member said, "I speak to people to gain a better understanding of their needs, wants, wishes and needs. Communication is key to ensuring that I am meeting the wishes and desired outcomes." Another staff member said, "Myself as a carer the goal is to promote dignity, respect, care and independence by asking the person's choice on everything."
- Care plans included details regarding people's health, social, emotional and sexuality needs. We saw how these were reviewed on a regular basis.

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 was clear about their duty of candour.
- Staff told us how incidents and mistakes were shared and discussed within the closed social network group site and in team meetings in order to learn from them.
- A visiting social care professional told us how the provider had notified them to explain they were experiencing some potential staffing issues. They said, "We appreciated how the provider maintained an honest and open approach."

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

- People and their relatives were supported to provide feedback through questionnaires, meetings and informal discussions. The registered manager updated the questionnaire to be more inclusive following our feedback.
- Staff told us they felt involved in the service. One staff member said, "I feel confident to make a suggestion or raise a concern. This is encouraged throughout the business by the registered manager. This can be achieved by raising suggestions or concerns in person to any manager or via email."
- We reviewed agendas and minutes of meetings. These contained opportunities for staff members to share their thoughts and opinions.

Working in partnership with others

- Relatives told us the provider worked in partnership with health care professionals. One relative said, "They [the provider] contact me when they feel [my family member] needs either GP intervention, paramedics or the district nurse. After speaking to me they [the provider] take responsibility for contacting them."
- Relatives told us how staff members worked in partnership with their GP. One relative said, "The GP will always be alerted by the carers or district nurse if needed."
- The provider engaged in local forums to work with other organisations to improve care and support for people using the service.
- Records reviewed confirmed collaboration with health and social care professionals, such as district nurses and the local authority.

Continuous learning and improving care

- The provider had a yearly action plan for the improvement of the service which demonstrated a desire for people to achieve the best possible outcomes.
- Staff felt able to contribute to improving the service. One staff member said, "If I had suggestions with the

ways of working, or maybe a training suggestion I can approach the management team. The managers are open to suggestions and ideas."

- Areas identified for improvement from this current inspection were actioned quickly and improvements made. We will review the success of these in the next inspection.