Willow Home Care & Support Services Limited

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Inspection report

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Tel: 01472344222

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Willow Home Care & Support Services is a domiciliary care agency providing care and support to people in their own home. At the time of the inspection, the provider was providing care and support to 387 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
The service failed to notify the Care Quality Commission of incidents in line with legal requirements. This meant the Care Quality Commission (CQC) had no overview of incidents to check if appropriate actions had been taken.

Governance systems were not utilised for the last 12 months to monitor the quality of the service and drive improvements.

Staffing arrangements meant people did not always receive their calls at the correct times, times between calls varied and some overlapped. Family members said, "My relative is safely supported, but sometimes staff can arrive late which means they don't always get the care they need at the time they need it." The provider was aware of some of these issues as similar information had been captured through surveys. We have made a recommendation about this.

Issues relating to medicines were not identified by the provider prior to our inspection.

Ongoing risks relating to self neglect were not shared with health care professionals. We have made a recommendation about this.

Recruitment processes were safe, and people were mostly complimentary about staff's approach. People told us they felt safe with staff and found staff were kind and attentive.

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.

The provider worked closely with local authorities who commissioned services to ensure people's needs were met timely.

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

Rating at last inspection
The last rating for this service was good (published 21 February 2019)

Why we inspected
We received concerns in relation to the management of the service, staffing levels and the safety of people using the service, including concerns that people's care and support needs were not always met. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willow Home Care and Support Services on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified two breaches at this inspection. One breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Regulation 17 Good Governance and a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 notification of other incidents.

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 for 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 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

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Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by three inspectors.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave 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.

Inspection activity started on 12 April 2021 and ended on 28 April 2021. We visited the office location on 13 April 2021.

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. This information helps support our

inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager who is also the nominated Individual, general manager, care coordinator, and care staff.

We reviewed a range of records. This included six 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.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We continued to seek feedback from people using the service and staff.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Staffing and recruitment

- Staffing arrangements meant that people did not always receive their care visits at the time they would like them. We discussed this with the provider who told us that due to contractual arrangements they were unable to offer specific visit times but aimed to carry out visits within a two hour time slot to meet people's preferences.
- Staff rotas showed visits were not always planned with sufficient time to travel between care visits. Staff told us they regularly adapted their rotas to ensure people's needs were met in a timely manner and informed the office of changes.
- People told us they often had new staff who were not known to them attending their care visits. We discussed this with the provider who explained that due to challenges the service faced during the COVID-19 pandemic, there had been some changes to staffing teams which meant new staff sometimes attended people's calls.
- Staffing information showed us that there had been a high turnover of staff within the service. We spoke to the provider and they informed us that some staff had left their employment due to COVID.19, which impacted on staffing levels, whilst others had re-joined the service on a temporary basis to offer support.

We recommend the provider review their staffing systems in place to ensure rotas are planned with travel time between care visits. Also to ensure that people are introduced to the staff who will be providing their care.

- Staff were recruited safely. Recruitment checks were completed to assess the suitability of candidates.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of harm or abuse.
- During the inspection we identified two concerns of financial abuse which were reported to the local authority safeguarding team but were not reported to the CQC.
- Where repeated concerns were identified in relation to self neglect, the provider had not followed these up with the local authority safeguarding teams or other professionals. This placed people at ongoing risk of harm.

We recommend the provider review their safeguarding processes to ensure appropriate actions are taken is response to all safeguarding concerns.

- Staff received training on safeguarding awareness and the staff we spoke to understood how to report issues or concerns.

Using medicines safely

● Medicines were not always managed safely.

● The provider had systems in place to review and oversee the management of medicines. However, these systems had not been operated for the last 12 months and as a result any potential issues relating to medicines were not identified.

● People did not always receive their medicines at the correct times. We discussed this with the registered manager who confirmed people who required support with time critical medicines were prioritised.

● Protocols were in place and provided staff with clear guidance about when people needed their 'as and when required' medication.

● Records relating to people's medication were completed fully by staff.

● Staff knew how and when to seek medical advice relating to concerns with medicines.

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

● The provider had not analysed accidents and incidents to identify patterns or trends which could be addressed or used to reduce risks.

● Lessons were not always learned after incidents had occurred.

● Staff knew how to report incidents and complete appropriate records.

● People had all risk associated with their support needs assessed and there were clear risk assessments in place which were personalised to their individual needs.

Preventing and controlling infection

● Infection control was managed well by the provider.

● Staff had access to personal protective equipment (PPE) and had received training in appropriate use of PPE.

● The provider had a programme of testing for COVID-19 in place for staff.

● Staff social distanced as appropriate within the office.

Requires Improvement

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- The provider had a quality monitoring system in place to monitor the quality and safety of the service. However, this has not been operated since March 2020.
- Issues we identified at the inspection relating to staffing, safeguarding and medicines were not identified and explored by the provider to manage and reduce risks.

The provider had failed to operate effective systems to monitor the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We identified two allegations of financial abuse which the provider failed to notify the CQC in line with the regulatory requirements.

This is a breach of Regulation 18(2) of the Care Quality Commission (Registration) Regulations 2009. We will deal with this matter outside of the inspection process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff morale was low. We received mixed responses from staff about the management of the service. Some staff told us, "The managers are nice", "They ask every so often if there is anything they can do." Other staff said, "I don't get enough information" and "I have to chase them for updates." We discussed staff feedback with the provider who told us throughout the COVID-19 pandemic, staff had received thank you letters, vouchers and incentives.
- The provider sought feedback from staff through surveys and was looking to implement additional staff meetings and support mechanisms to ensure staff felt supported.
- People were involved in planning and reviews of their care and the provider sought feedback from people using the service through telephone surveys.

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; Working in partnership with others; Continuous learning and improving care

- The provider investigated concerns and acknowledged where mistakes had been made.
- The provider worked with partners including local authorities, GP's, District Nurses in an open and transparent way.

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement and operate effective systems to monitor the quality and safety of the service. Regulation 17 (1)(2)(a)(b)