

Willowbrook (Hyndburn) Limited

Willowbrook Homecare (Hyndburn) Limited

Inspection report

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Date of inspection visit:
27 March 2019
02 April 2019

Date of publication:
23 April 2019

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: This service provides personal care to people in their own homes. The service provided personal care to 49 people at the time of the inspection.

People's experience of using this service:

- People who used the service did not raise any concerns with us about their safety when staff were supporting them. Safeguarding procedures were not always followed effectively.
- Medicines were not always being managed safely.
- Risk assessments were in place but did not include risks associated with medicine management.
- Staff were not complying with the infection control policy.
- Staff were recruited safely and there were enough staff to meet people's needs. Staff told us the training they received was good but we identified some issues in relation to induction of new staff. Staff were supported by the registered manager and received formal supervision.
- People using the service were complimentary of the care and support they received. Staff demonstrated a caring and respectful approach to people.
- We recommend the service reviews policy, practice and staff knowledge in relation to requirements of the Mental Capacity Act.
- Staff knew what to do if people needed support from healthcare professionals.
- Care plans did not always reflect the needs of people identified during their initial assessment. People told us they received the care and support they needed.
- We recommend the service reviews policy and practice in relation to managing complaints. Compliments were recorded and celebrated at staff meetings.
- There was a registered manager in place. Systems for auditing the safety and quality of care were weak. There was no overview of accidents, incidents and complaints and audits in relation to medicines management were not robust. There was no evidence of auditing by the provider.

Rating at last inspection: This was the first inspection of this service since their registration in March 2018.

Why we inspected: This was a planned inspection based on the date of registration.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment and good governance. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 ●

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two adult social care inspectors who visited the office and an assistant inspector who made telephone calls to people who used the service and their relatives.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the Wakefield area.

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 visit. This was because we needed to be sure the registered manager would be available.

Inspection site visit activity started on 27 March 2019, when we visited the office location to see the manager and staff; and to review care records and policies and procedures. Telephone calls were made to people who used the service and their relatives on 2 April 2019.

What we did:

We reviewed information we had received since the service registered. We used information the provider had sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We checked information held by the local authority commissioning and safeguarding teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with five people who used the service and three family members by telephone. We spoke with two staff face to face, as well as registered manager and the area manager who is also the nominated individual for the service.

We looked at four care records for people who used the service, three staff files including recruitment, training and supervision records and records relating to management of the service.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- People who used the service did not raise any concerns with us about their safety when staff were supporting them.
- Safeguarding policies and procedures were in place but these had not always been followed. For example, there was no record of an allegation of theft having been referred to the local authority safeguarding team.
- Staff told us they had received training in safeguarding and knew about different forms of abuse. They told us they would not hesitate to raise concerns with the registered manager or the safeguarding team.

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

- Risks to people's health and welfare were assessed. These assessments included risks, such as moving and handling, nutrition, personal hygiene and environmental hazards. Risk assessments associated with administration of medicines were not always in place.
- Electronic call monitoring was in place which produced alerts if calls were not made as planned.
- Accidents and incidents were recorded individually, although there was no overview of these for the service, for the provider to be able to identify trends and patterns.

Staffing and recruitment

- Staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- New staff were being recruited as several staff had left the service. Staff said the registered manager and area manager had stepped in to provide care during staff shortages.
- Records showed and people told us that two staff always attended when this was necessary to meet people's needs.

Using medicines safely

- Medication administration records (MAR's) were not always clear and records did not clearly identify the medicines supplied in a monitored dose system. Protocols for people prescribed medicines to be taken 'as needed' (PRN) were generic and therefore did not include details specific to the needs of the person. One

person's records in relation to their inhalers were confusing. A medication reminder form directed staff to support the person with a pink inhaler which was not included on the MAR or on the related care plan which said the person had a blue and a red inhaler. One person's MAR detailed a cream to be applied by staff but the related care plan named a different cream. When we raised this issue with the area manager they said, "We can't change the care plan every five minutes when medication changes".

Preventing and controlling infection

- Prior to the inspection CQC had received a complaint from the relative of a person who used the service in relation to staff wearing false nails and nail varnish. The provider told us they had produced an amendment to their infection control policy which stated staff must make sure that fingernails are short, clean and free of nail polish. This amendment had not been included in the staff handbook shown to us and we saw two staff had long painted nails.

The above evidence demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- The registered manager received information from the local authority about people who wanted to use the service. The registered manager met with people to assess their needs and to make sure they could provide the support the person needed. We saw information detailed on the initial assessment and the information from the local authority was not always transferred to care plans. For example, the referral assessment form from the local authority for one person gave specific details about their care needs and equipment in place for the person to move between the floors of their home. This had not been detailed in the care plan. Another person's initial assessment, completed by the registered manager, detailed their needs in relation to mobilising safely as they had a history of falls. Again, this information had not been included in the person's care plan.

We recommend the service completes a review of care plans to make sure important information is included and is up to date.

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 Act 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- One person's file included a document which stated they wished to include a family member in discussions about their care. The document referred to the person's capacity and best interest's decisions, however there was no formal assessment of capacity and no evidence a best interest's decision had been made. There was no evidence the provider had recorded the person's wishes or those of their family member. The area manager said the document should not have been in the person's file. The area manager stated an opinion that the person lacked capacity and believed, as did the registered manager, that the family member had lasting power of attorney for their relative's health and welfare. This had not been confirmed.
- The training matrix showed fifteen of the twenty-four staff had not received training in MCA. This included the registered manager.

We recommend the service reviews policy, practice and staff knowledge in relation to requirements of the

legislation.

Staff support: induction, training, skills and experience

- Staff new to the service followed an induction programme delivered by the provider's training department. However, the training matrix showed some staff covered eight different areas including moving and handling, infection control, medication awareness, safeguarding and basic first aid in one day of induction. The registered manager said, as part of the induction, staff would shadow more experienced staff. Some staff member's records showed they had only completed one day of shadowing despite them not having previous experience in care. The registered manager said they would have worked with another member of staff on calls for people who required two staff.
- Staff said they received good practical training from the providers training department and followed some on-line training programmes. They told us they received good support from the registered manager and received regular one to one supervision.

We recommend the service reviews induction and training provision.

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

- One staff member told us how they supported a person with their meals. They said the person used frozen ready meals and they showed them all the meals so they could choose which one they would like. Staff said they made sure people had a drink to hand.

Supporting people to live healthier lives, access healthcare services and support

- Staff knew what to do if they had concerns about a person's health. Care files included details of health professionals involved in the person's care so that staff could contact them if needed.

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

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

- Five of the seven people we spoke with were complimentary of the care and support they received. Comments included: "Carers are very good, we wouldn't want to lose them. We can't praise them enough", "They are wonderful the girls who come here", I have the same two girls, good relationship with them, they're lovely" and "We love 'em to bits". However, one person said "Honestly, it's so up and down... we go for so long and it's great, then we go downhill".

- Care staff told us how they treated each person as an individual and understood people's diverse needs.

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

- Care staff told us that wherever possible they asked the person how they would like to receive their support. One person told us staff always asked if there was anything else they could do for them before they left.

Respecting and promoting people's privacy, dignity and independence

- Care plans included reference to supporting people to retain as much independence as possible. Staff gave us examples of how they made sure people's privacy and dignity needs were respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were individualised and included detail of people's preferences. Some people we spoke with told us they had been involved in the development of their care plans and one told us they looked at it regularly. We noted some important details about people's needs recorded during their initial assessment had not been included within care plans. However, people told us staff met their needs on each visit.

Improving care quality in response to complaints or concerns

- The area manager told us there had not been any complaints received by the service. However, we saw in the 'incident file' several forms on which the incident had been marked as a complaint. We saw one 'Incident form' which said a relative had emailed a complaint to the service and had received a response from a coordinator asking the person to 'pass their complaint on to the registered manager'. Records were not in place to show that complaints had been managed appropriately and the registered manager told us they did not do any audit of complaints.

- People we spoke with confirmed the registered manager responded practically when they raised concerns but they did not always receive written feedback.

We recommend the service reviews policy and practice in relation to managing complaints.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems for auditing the safety and quality of care were weak. The registered manager told us they did not have any overview of accidents, incidents and complaints and we saw that although audits were in place for medicines management they were not robust.
- The regional manager who is also the nominated individual for the provider was not able to show us any auditing they had completed of the service.
- The provider had completed a Provider Information Request (PIR). This is a form that asks the provider to give some key information about the service. We found the PIR was not individualised to the service and gave examples of care practice for people who did not use this service.
- Staff told us they were well supported by the registered manager.

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

- People we spoke with gave mixed responses when we asked them about the management of the service. Some thought the registered manager was helpful and responsive whilst another found the service not to be very professional.
- There were only four responses to service user satisfaction surveys. None were dated so it was not possible to establish when they had been received. The registered manager had made comment on each response but this was on a post it note stuck to the response. No overview of satisfaction responses either through survey or through other contact had been produced.
- Staff told us they were involved in meetings and could express their opinions and suggestions in this forum. Minutes of staff meetings dated December 2017 and February 2018 were available and showed compliments of the service had been shared with staff. The registered manager said there had not been any further meetings. The last recorded management meeting was dated November 2017.

Continuous learning and improving care

- The lack of robust auditing meant there was no evidence of the service using people's experiences, incidents, compliments or complaints as a tool from which lessons could be learned to improve the service.

The above evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

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 Medicines were not managed safely. Staff were not complying with the infection control policy.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to ensure robust auditing of the quality and safety of the service.