

Willow Home Care Ltd

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## Inspection report

Willow Bank House,4 Newtown  
Market Drayton  
Shropshire  
TF9 1JU

Tel: 01630478913

Date of inspection visit:  
25 May 2017

Date of publication:  
22 June 2017

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an announced inspection carried out on the 25 May 2017.

Willow Home Care Ltd is an agency that provides a domiciliary service to people living in their own homes. At the time of the inspection, personal care was being provided to 20 people living in the North Shropshire area.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in post at the time of the inspection.

This service was first registered with the Care Quality Commission (CQC) on the 25 May 2016 and had not been previously inspected.

People told us they felt safe and confident with the care staff provided in their own homes.

Staff had received training in and understood how to protect people from any harm and abuse. The provider followed safe recruitment practices that ensured staff who provided care were suitable to work in people's own homes.

The provider had assessed and managed the risks connected with people's individual care and support needs. Staff were able to tell us of the risks people faced and the action they took to support them.

People were supported by sufficient numbers of staff to safely meet their needs. The provider followed safe recruitment practices that ensured staff who provided care were suitable to work in people's own homes.

People had the support they needed to take their prescribed medicines safely.

Staff had received training to give them the skills and knowledge they needed to meet people's needs.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were supported by staff.

People were supported by staff who knew them well and had developed good relationships with them. People felt involved in their own care and that staff and the provider listened to what they wanted. People were treated with dignity and respect and staff understood how important this was in the way they cared for people.

The provider promoted an open and inclusive culture within the service. The provider had systems in place

to seek out people's views and experiences of their care, and address any concerns or complaints.

The provider monitored the quality of the service to ensure improvements could be made.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported by sufficient numbers of staff who were trained to recognise and protect people from harm and abuse.

Where risks to people's safety were identified plans were in place and followed to help reduce these risks.

People had the support they needed to take their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs. Staff received regular supervision, and felt valued and supported by the registered manager and provider.

Staff respected people's right to make their own decisions and supported them to do so.

Where required, people were supported to access healthcare from other professionals.

### Is the service caring?

Good ●

The service was caring.

People were involved in decisions about the care and support they received.

Staff protected people's privacy and dignity.

People were supported and encouraged to be independent and live their own lives.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that met their individual needs and preferences

Staff were knowledgeable about the people they supported, which enabled them to provide a personalised and responsive service.

People knew how to complain about the service and felt confident doing so.

**Is the service well-led?**

**Good** ●

The service was very well-led

There was an open and inclusive culture.

People and staff felt the provider were approachable and supportive.

The provider monitored the quality of the service provided.

# Willow Home Care Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 May 2017 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their office to facilitate our inspection. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account during our inspection.

We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also asked the local authority for any information they had, which would aid our inspection.

We spent time visiting five people in their own homes and asked them what they thought about the care they received. We also undertook telephone interviews with people and relatives to gauge their impression on the quality of care provided. In total, we spoke with five people who used the service and six relatives. We also received feed-back from two social health care professionals.

At the office, we reviewed a range of records about people's care and how the domiciliary care agency was managed. We looked at five care records, three personnel records, three medicine administration record (MAR) sheets, and audit spot checks undertaken by the provider.

The service employed 23 members of staff, including the registered manager. We spoke with the registered manager, the provider and eight members of care staff during the inspection.

## Is the service safe?

### Our findings

People told us they felt safe with staff when care and support was provided in their own homes. One person told us, "I feel safe when being hoisted, they do listen and take on board any suggestions I make. We feel totally safe with all the staff that come here." Another person said, "They make me feel safe. I always feel better when they visit. They are lovely." A third person told us they felt safe with staff that came to their home, who they believed were trained and knew their needs. One relative told us they felt staff kept their family member safe, when showering, using the commode or preparing meals. They said, "My relative is basically safe in their own home."

People told us their safety and well-being had been assessed by the provider and risk assessments were in place to minimise these risks and keep them safe. They told us they had been involved with the registered manager in determining what risks they faced and the action staff needed to take to support them. One person told us, "Staff are fully aware of the risks I face and the support I need." One relative told us about their family member's risk of choking. They explained how staff ensured their relative's food was chopped up in to small pieces, and remained in the same room when they were eating. People and staff confirmed there were risk assessments in place in care files, which provided guidance to staff on keeping people safe. Staff were able to tell us of the risks people faced and the action they took to support them. This included ensuring the environment was clear of any obstructions or trip hazards for people at risk of falling.

Staff confirmed they had received training in how to protect people from harm and abuse. They were able to describe the different signs of possible abuse and what action they would take if they suspected people were being mistreated. One member of staff said, "I'd report it to the manager, write it down on a safeguarding form and, if needed, take it to the safeguarding team." Another member of staff told us, "If I thought someone was being abused, I would contact the management team. In serious cases I would contact the Police or CQC." Staff told us they were fully aware of the provider's whistleblowing procedures. They were confident that if they raised any issues regarding poor practice of colleagues, management would take the appropriate action.

Staff told us they had received appropriate checks prior to starting work with people. Checks included their identity, previous employment history and at least two character references. The provider told us they undertook a Disclosure and Barring Service (DBS) check for each member of staff before they started working with people. A DBS check is a legal requirement and is a criminal records check on a person's background. These checks help the provider to ensure new staff were suitable and safe to work with people in their own homes.

People told us there were sufficient numbers of staff available to meet all their needs safely, and that staff were generally never late. If staff were delayed, they would be rung by the office notifying them of the delay. As a rule they received the same care staff. One person said, "We have never had any missed calls. Some late calls, but we are rung up and told they are going to be late. We have the same team of staff most of the time." One relative told us, "They are very punctual and even stop on over the agreed time. They don't rush." Another relative said, "The staff are generally very good with time keeping. I feel confident and have peace of

mind with the service." On the whole, staff told us they were given adequate paid travel time between calls. One member of staff told us they were never under pressure to cut calls short, and "They (provider) expect you to spend the full amount of time with people."

Accidents and incidents were monitored by the registered manager and where necessary, action was taken to minimise and prevent them from reoccurring. Staff were clear about their responsibility for reporting accident and incidents. They would request and complete accident forms, which they immediately passed onto the registered manager.

Where the provider administered people's medicines, people told us they received their medicines when they need them. One person told us, "I am supported with medication, there has never been an issue." Another person said, "They always make sure I get my medicine on time." The provider had put systems and procedures in place designed to ensure people received their medicines safely. People's care plans detailed the specific support people required to take their prescribed medicines. Staff told us they had received medication training and their competency was checked on a regular basis by the registered manager as part of an unannounced observation check. One member of staff said, "Every so often they (management team) do random observations on us to make sure we know how to give people's their medicines properly."



## Is the service effective?

### Our findings

People told us they believed staff were well trained to undertake their roles. One person told us, "They (staff) are all well trained and dedicated. They seem very happy doing the job they are doing." One relative said, "They (staff) all seem switched on." Another relative told us, "I feel the staff are well trained and competent. No problems at all there."

Staff told us the training they received enabled them to have the right skills and knowledge to support people. New staff worked alongside more experienced staff when they first started work with the provider. The provider gave all new staff a structured induction to help them understand their role and the expectations of the provider. Staff described their induction programme as consisting of training courses, which included moving and handling, medication, safeguarding and first aid. Staff were also required to complete the Care Certificate within a 12 week period. The Care Certificate is a nationally recognised training programme for care staff, which requires the completion of work books and practical assessments.

One member of staff spoke very positively of the induction they received. They said, "I was put on with the manager for shadow shifts; it was brilliant. They talked me through everything." Another member of staff said, "It's excellent. I went in completely blind, but I feel I know what I'm doing now thanks to the training. I had hoist training straightaway and went into the office every day during my first week for other training."

Staff told us they received constant support from the registered manager and the provider. Staff said they received regular one to one supervision and felt valued by the management team. Supervision enabled the registered manager to assess the development needs of their support staff and to address training and personal needs in a timely manner. One member of staff said, "I've had about three (supervision meetings). They ask us about the clients, give us feedback and we can discuss any problems." Another member of staff told us, "We are always thanked by the registered manager who are always supportive and available for advice and guidance." A third member of staff told us, "I get constant support and advice. I have had two supervisions so far and the (registered manager) is very interested in what I was doing and how I felt. I feel that, because of the learning and support I have had, that I can do this job well. I was a bit worried before as I have never done care work before. It is fantastic."

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff confirmed they had been trained in the MCA and most had an understanding of how this could affect how they obtained people's consent should they not have capacity to make specific decisions. All staff knew to refer issues to the registered managers should they have any concerns about people's ability to provide

consent. People told us staff respected their right to make their own decisions, and always sought consent before carrying out care tasks. One person said, "They (staff) always ask my consent before doing things. Just last night for example, they asked whether I was happy for them to remain in the room when I was washing myself ." Another person told us, "They always ask my permission to do things and are very considerate like that."

Most people we spoke with told us they did not require support with their nutrition or hydration. They either managed this themselves or were supported by their families. Where support was provided, staff were aware of the need to monitor people's intake of food and fluids, and to report any concerns to the registered manager.

People told us staff played a role in monitoring their health and well-being. They explained that staff would seek professional or medical advice or attention if they required it, or referred any concerns to the registered manager. One social care professional told us they had worked with a person who was quite challenging due to their self-neglect and refusal to accept support. They found staff very sensitive and professional in their approach. Another social care professional told us that the provider supported a person beyond what was asked of them. They had travelled to another area to provide care for the person over a holiday period. This was due to the person moving to alternative accommodation as a result of an emergency. They said staff had supported all the changes and helped the person to cope with a stressful situation.

## Is the service caring?

### Our findings

People spoke positively about the care and support they received. They felt they had developed positive relationships with staff and found them kind and caring in their approach. One person said, "They (staff) seem very sweet and thoughtful and are very kind to [person's name]. The (provider) and (registered manager) are very kind and seem to know what they are doing." Another person told us, "They (staff) are genuinely caring and can't do enough for us. They have become our friends, but we respect they are here to do a job." A third person said, "They (staff) are very caring and kind towards me all the time." One relative gave us examples of where they believed staff or the provider had gone that extra mile with the care provided. They told us about one member of staff visiting their relative early to take them out in their wheelchair. Another example involved the provider's flexibility in supporting their family member with hospital and doctor's appointments. On their relative's birthday, the registered manager and the provider both took them some chocolates and a birthday card. During a family wedding, the registered manager arranged for their relative to be taken home and spent the night with them. This gave the relative a break so they could enjoy the wedding.

People and their relatives told us staff respected people's privacy and dignity. They said they were never made to feel uncomfortable when care and support was being provided. One person said, "Everybody (staff) are very nice people and respectful. They never rush me, but we also have a laugh and a joke. They will also help out with the unexpected." Another person said, "They are really respectful, and I'm never made to feel embarrassed about anything." One relative told us that staff definitely respected their property and belongings, when providing care. Staff understood the importance of respecting people's wishes and the need to develop positive relationships with them. Staff explained to us the importance of dignity and respect when providing care. They told us about the need to protect people's modesty during personal care, and being sensitive to any feelings of embarrassment. One member of staff said, "I always respect people. I do that in all areas of life anyway. I think that, because the service users are so dependent on me, it is even more important to remember that."

People told us staff promoted their independence and always respected their wishes. One person said, "They allow me to do what I want to do, which I'm very happy about." Another person told us, "I'm very independent and able to do a lot myself. They (staff) will always offer, but I tell them what I can do myself." One member of staff told us, "I promote people's independence and don't believe in doing things that people can do themselves. Our role is to support people being independent in their own homes."

People and their relatives told us they were actively involved in determining the care they received. They were in regular contact with the registered manager and felt involved in decisions about the care and support staff provided and felt listened to by the provider. One person told us, "I'm very involved in my care. They (staff) are willing to listen and put things right. They are always happy to make changes. They are willing to listen and prepared to meet my needs fully." Another person said, "I feel very involved, staff will always listen, when they leave, they always ask if I need anything else doing. I couldn't cope without them." A third person told us they felt listened to and involved in the care they received.

## Is the service responsive?

### Our findings

People told us the provider delivered care that met their individual needs and preferences and was responsive and flexible. One person said, "They are very responsive to any requests I have. They are always prepared to do later calls if I need to go out. They have given us extra time without any problems. We see the (registered) manager often and we feed-back any issues. They are very approachable." Another person told us, "They are very responsive to my needs. The staff will pop out and get me some bits from the shop. I know it's not their role. (Name) the registered manager visits me and I often speak to them on the phone." People told us that they felt listened to and actively involved in the care they received.

One person told us that in trying to support their needs and to encourage them to be actively involved in the care they received, they had been asked to participate in interviews of new staff. They said, "I have been involved in ten interviews of staff. I ask the questions as well. The registered manager asked whether I would be interested in getting involved. They also take me out to places where I want to go."

Staff were knowledgeable about the people they supported and told us this enabled them to provide a personalised and responsive service. One member of staff told us, "We try to keep with the same clients most of the time. This allows us to build a very good relationship with both clients and their families." People's care plans contained information about people's preferences and expectations of the service provided. Individual care plans provided guidance for staff in meeting people's specific needs. Care plans were located at each person's home with duplicates held at the office.

People told us that initial assessments were undertaken by the registered manager to identify their needs. Care plans were developed in full consultation with people. One person told us, "We had an initial assessment, which involved the family to decide what my needs were. They then created the care plan."

The provider had systems in place to seek out people's views and experiences of their care, and address any concerns or complaints they may have. One person said, "If I had concerns about anything, I would speak to (registered manager) or [provider]." They went on to describe the management as "very helpful" and "approachable." People were provided with information on how to make a formal complaint. People told us they would not hesitate to contact the registered manager if they had any concerns. They were confident any issues would be dealt with discreetly and professionally by management. Where complaints had been raised, we found these had been dealt with in a timely manner by the provider.

The registered manager told us they were about to circulate their first questionnaire to people to seek feedback on the quality of the services they provided. People told us they were often asked for their views and opinions about the service by both the registered manager and provider, who they regularly spoke with. The registered manager told us they also undertook a number of spot checks and observations of staff. During this process, people were able to provide any relevant information or raise concerns.

## Is the service well-led?

### Our findings

People and their relatives consistently told us the service was well managed by the registered manager and the provider. The management team were described as approachable and professional. One person said, "The company is very well run and organised. It's very efficient and I'm so pleased with them." Another person told us, "I think it is well run and I have confidence in the (registered) manager. I do feel I'm encouraged to give feed-back, but they do listen." A third person told us this was their first experience with such a service. The thought it was well run and managed and felt they were listened to when they raised issues. They said they would certainly recommend the provider to others.

The provider promoted an open and inclusive culture within the service. Staff told us felt valued and appreciated, and they were listened to by the registered manager and the provider. Spoke very positively about management team and felt able to challenge practice or decisions. They also felt a sense of shared purpose with the provider in providing high quality care for people. One member of staff said, "They're (management) great. We're such a close group. (Registered manager) is always there for me if I need them, and to give them a ring. You can always go to them about anything." Another member of staff told us, "When I had my interview, they discussed what I expected from the job and made sure that's what they also wanted." A third member of staff told us they felt valued and supported and were encouraged to speak their mind.

Staff also told us that they were subject of regular observation checks to monitor their time keeping, appearance and the quality of care provided. Staff told us that such observation checks promoted high standards. One member of staff said, "The feedback from the managers is good, because they're honest and I know they will tell me if I am not getting it right."

The provider had systems in place to ensure the continuous monitoring of the quality of the service provided. The registered manager completed regular checks on staff, and checks on areas such as care records and the management of medicines. Care records were reviewed every six months and involved both people and their families. There were effective systems in place to manage, monitor and schedule visits for people. The provider also sought to learn from any complaints, general feedback on the service or accidents and incidents involving people to identify other potential areas for improvement. We saw evidence of concerns being addressed and action taken, such as supervisions with staff to address poor practice. In another example, report writing training had been introduced to improve the quality of written records.

Providers are required by law to notify CQC of certain events in the service, such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.