

Willow Care & Support Ltd.

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Willow Care & Support Ltd is a domiciliary care and supported living service providing personal care for people living in their own homes. 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. There were 11 people receiving personal care at the time of the inspection.

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

The provider had not consistently maintained effective oversight of the safety and quality of the service. Risk assessments and care plans contained some errors and outdated information. Risk was somewhat mitigated due to the knowledge of small regular teams of staff that knew people well. A system was in place for staff to report accidents and incidents with an alert system set up for provider oversight.

The provider did not have a full understanding of the requirement to notify the Care Quality Commission of changes in the service.

Medicines were not consistently managed safely and required increased provider oversight to ensure information in records was current and errors or omissions were identified and actioned promptly.

People were not consistently protected from the risk of infection as staff were not being tested in line with government guidance. However, staff were trained in infection control and had access to personal protective equipment which they were using appropriately.

The provider recognised the need for the service to continuously evolve and improve and were seeking guidance and further experience and knowledge to support this process.

Staff were recruited safely and in line with current guidance. People were protected from the risk of abuse and felt safe. Staff had received training and knew how and where to report concerns.

Staff received regular supervision and were well supported by the provider. Morale in the team was good and staff were enjoying their role. Mandatory training had been provided with regular updates and specialist training was completed to meet people's specific needs.

Care plans were written with people and their family's involvement, they contained person-centred information for staff guidance. People told us they were leading their care, making their own decisions and their choices were respected. Care records evidenced food and hydration and personal care needs were provided as per the person's choices.

People's communication needs were considered and the provider had provision to make information

available in accessible formats as and when required.

People were supported to access health care and support services as and when required, a system and process was in place to support transition between services.

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. Care plans and care records evidenced choice and inclusion, people's privacy and dignity was respected.

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

Rating at last inspection

This service was registered with us on 3 August 2018 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about people's safety. A decision was made for us to inspect and examine those risks.

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 will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach of regulation in relation to the managerial oversight of the safety and quality of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Willow Care & Support Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

This service also provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission who is also the provider. This means that they 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 the service is small and people are often out and we wanted to be sure there would be staff at the office to speak with us.

Inspection activity started on 5 October 2021 and ended on 2 November 2021. We visited the office location on 5 October 2021.

What we did before the inspection

We reviewed information we had received about the service. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the provider who is also the registered manager, a director, the care coordinator and three care workers.

We reviewed a range of records. This included two peoples care records and two 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 looked at further risk assessments and support plans.

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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments and associated care plans were inconsistent and required some improvement to include clear, detailed guidance for staff. For example, where one person was at risk of requiring hospital treatment for a recurring medical condition, staff had guidance on when to seek emergency health care but not how to support the person while they awaited emergency services.
- Some risk assessments and associated care plans contained unclear information and staff guidance around manual handling equipment and catheterisation. The potential risk to the people was somewhat mitigated as people were supported by a regular small team of staff who knew them well.
- Other risks to people were assessed and mitigated. For example, one person who was at risk from diabetes had a detailed risk assessment and care plan, which included daily foot care and signs to look out for should the person be experiencing life threatening symptoms.

Using medicines safely

- Medicines were not consistently managed safely. We saw that one person's care plan contained outdated information about as and when required medicines which were no longer prescribed. The same person had not received one of their medicines for three consecutive days during the month of September, no action had been taken to seek medical advice. We found no evidence of impact or adverse effect for the person from the omitted medicine. The provider was in the process of implementing a new electronic system that would alert them to any missed medicines promptly. The system was in its infancy and would need to be embedded in practice.
- Medicine records were in place for staff guidance and staff had received regular training and competency checks.

Preventing and controlling infection

- People were not consistently protected from the risk of infection of COVID-19. The provider had not ensured staff were routinely polymerase chain reaction (PCR) tested as per government guidance for homecare providers. Staff were required to complete lateral flow device (LFD) testing twice weekly but the provider did not collate the results of these tests to ensure effective oversight.
- Staff had received training in infection control including the prevention of COVID-19 and were able to explain how to protect people and the appropriate use of personal protective equipment (PPE).
- Staff had access to personal PPE as and when needed. The provider ensured adequate stock was in place and had a system in place to distribute PPE to ensure staff had access at all times.

Staffing and recruitment

- Staff were recruited safely and in line with regulatory requirement. Where temporary staff were used to cover any shortfalls in staffing the provider ensured they had a profile with the temporary staff members training details and Disclosure and Barring Service (DBS) status.
- DBS checks were completed for all staff prior to them working alone with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Where there had been delays in receiving a DBS check for a staff member, a risk assessment was put in place and they had been supervised until checks were completed.
- The provider had a contingency plan for staffing which included the use of temporary staff, trained office members and management if required.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding training and understood the signs of abuse and how to report it.
- People told us they felt safe with staff. Staff had access to the providers safeguarding and whistleblowing procedure via an app on their phones which included details for the local authority safeguarding team and CQC.

Learning lessons when things go wrong

- There had not been any accidents or incidents at the time of the inspection. Staff understood the importance of reporting accidents and incidents to the provider and told us they had access to the policy and procedure for guidance and copies of the accident form via the providers electronic app.
- The providers electronic app for staff use meant they would be alerted promptly to accidents and incidents and have oversight of trends and patterns.

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 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

- The provider worked in partnership with commissioners to gather information prior to admission to the service. However, there was no evidence of assessment tools used by the provider to calculate risk for people to ensure the service could meet people's needs prior to admission. There was no evidence of harm and following the inspection the provider advised us they have revised their process to include tools to calculate risk. This will need to be embedded in practice.

Staff support: induction, training, skills and experience

- Staff received mandatory training prior to working with people and regular training updates. Further training was given to staff working with people who had specific needs such as acquired brain injury, epilepsy and people who have a personality disorder or complex emotional needs. People told us that they felt staff were well trained. One person told us staff were competent using equipment and they felt safe with staff.
- Staff received regular supervision with a member of the management team. Staff were given a form to complete to support them to prepare for supervision and therefore get the most benefit from it. Staff told us they found supervisions supportive and helpful. One staff member told us that the provider was flexible with supervisions and the provider had gone out to visit them to complete a supervision rather than them having to travel into the office.
- The provider understood the impact the role could have on staff well-being and had commissioned an employee assist service which staff could access 24/7 for confidential support and counselling.

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

- People's care plans included guidance for staff on supporting with food and drinks. Information included likes, dislikes and supporting independence as much as possible. One person told us that they had enjoyed experimenting with some different foods recently that their staff member had introduced them to.
- Staff had received training in food and nutrition and had a good understanding of its impact on health. One staff member described the importance of working flexibly with one person around their preferred eating patterns to ensure they ate and drank an adequate amount regardless of what time of day or night it was.

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

- People were supported to access health care and support services as and when required. One person told us they received specialist health care support for a condition and staff supported them to make and attend

appointments. The person told us this was helpful as staff helped them to process the information and ensure advice was incorporated into their daily routines.

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 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

- Staff were trained in the mental capacity act and caring for people with mental health associated needs. The provider was experienced in mental capacity and mental health and staff felt well supported in this area.
- Staff demonstrated a good understanding of mental capacity and people's rights to make decisions about their care and life choices. One staff member told us that "People sometimes make decisions that are not very wise but that doesn't mean they don't have capacity to make those decisions." A relative told us, "Sometimes [person's name] does not want [type of support] they (staff) do not force it".

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

- People told us they felt well treated and supported. One person told us they had a good relationship with their staff team, they said, "[Staff member name] is very good to me, my main carer [Staff member name] has been with me through thick and thin we have a good relationship."
- People told us they led their care and made their own decision; staff were respectful of this. People or their relatives were involved in care planning and deciding how care and support would be delivered.

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of respecting people's privacy and dignity and gave examples of how they ensured this, such as closing doors and curtains when supporting people and ensuring privacy when people had visitors to their home. A relative told us staff were respectful of the person and their family's privacy in their home.
- People were supported to be as independent as possible. For example, one person that liked to help in the kitchen was well supported by staff to take part. When they experienced an episode of ill health, tasks were adapted to ensure they could still be involved such as ensuring they could reach to help from their wheelchair.
- People were supported to take positive risk to maintain their independence, for example one person was supported to use memory aid equipment which meant they could take their medication independently without staff intervention.

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

- Care plans included person-centred information which had been written with the person and their family's involvement and included people's preferences and choices. One relative told us about the positive impact on a family members environment since the service had been providing care.
- People and their relatives told us they were leading their care and making their own decisions and choices. Care was adapted to meet people's changing needs when required. For example, one person told us, the service adapted to provide extra support with domestic tasks on a short-term basis when it was needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had a good understanding of AIS and could provide records in people's preferred languages and formats if required, including braille and large print. One person had been offered their care plan in alternative language which was declined.

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

- People were supported to maintain relationships that were important to them and develop new relationships. One person told us how they had been supported to meet new people safely.
- People were supported with spectator sports and social outings. The provider had arranged a wheelchair accessible seat for a spectator sport for one person.

Improving care quality in response to complaints or concerns

- People had a service user guide in their homes which included the providers complaints process. The providers policy included signposting people to the Care Quality Commission (CQC) and the local authority. Following the inspection, the provider agreed to include the details for Local Government and Social Care Ombudsman (LGSCO) in their complaint's procedure.
- People told us they knew how to make a complaint and would feel listened to if they did. Two people told us that although they had not raised formal complaints, they had raised some concerns with the provider which had been acted on promptly and resolved to their satisfaction.

End of life care and support

- There was no one receiving end of life care at the time of the inspection and this was not a support service that was currently offered. However, staff training for supporting people at the end of their life was scheduled.
- Care plans did not contain details of people's wishes in the case of sudden end of life care being required. However, there was a key contacts list and staff had received basic life support training and had a good understanding of action to take should someone have a do not attempt cardiopulmonary resuscitation (DNACPR) record in place. DNACPR status and people's religion and culture was recorded in care plans for staff guidance.

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

- Systems and processes were not consistently in place to maintain effective oversight of the safety and quality of the service. Errors and outdated information in risk assessments and care plans and omitted medicine had not been identified prior to our inspection.
- The provider had not followed government guidance on staff COVID-19 testing, which meant people and staff were at increased risk of infection.
- The provider had not fully understood the regulatory requirement to inform the commission of changes. The provider had not updated CQC with a change to the location name, an additional service type and a change to the providers contact details.
- The providers statement of purpose had not been updated and submitted to CQC to reflect the changes to the service. A statement of purpose describes what the provider does, where they do it and who they do it for.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safety and quality of the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was working toward improving their knowledge prior to our inspection. They were attending a local care managers forum and seeking guidance from another local service. One of the services directors was planning to complete a recognised care management qualification. This support would need to be continued and embedded in practice.

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

- People and their relatives spoke positively of the provider and management team and had developed good relationships with them they felt listened to and well supported. People were leading their care and the provider encouraged positive risk to support people to be as independent as possible.
- Staff morale was good with staff enjoying their role. One staff member told us the provider was quick to respond and offer hands on support in stressful situations. Another staff member said the provider listens to staff and makes themselves available to support them.

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 provider had a good understanding of the duty of candour and was open and transparent with people and their relatives. One relative told us that the provider apologised to them when there had been an isolated incident of a communication break down, the provider ensured staff were updated so this did not happen again.

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

- People and their relatives were invited to give feedback on the service via a customer survey. This had been provided with pictorial format to support communication where required. Responses were positive with people happy with the support they received.
- The provider had scheduled face to face monthly staff meetings with the first one completed prior to inspection. The meetings were used to gather feedback discuss any changes in the service and encourage staff to share ideas and feel involved. One staff member suggestion had now been implemented.

Continuous learning and improving care

- The provider had started to schedule regular spot checks of staff alongside supervisions as an extra measure to support staff and ensure care was safe and of a good standard. There was evidence of one spot check completed, this would need to be continued and embedded in practice.
- The provider was focusing on the recruitment and retention of staff to ensure future sustainability. They had updated their process to include online applications, following a review of staff preference around applications.

Working in partnership with others

- The provider had put systems in place to be able to support people back into work if they wished to. They had contacted The Princes Trust to explore what options were available for people. The Prince's Trust is a youth charity that helps young people aged 11 to 30 get into jobs, education and training.

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 not consistently maintained effective oversight of the safety and quality of the service.