

Somerset Care Limited

My Willows (South West)

Inspection report

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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

About the service

My Willows (South West) is a domiciliary care provider. It provides care and support to people living in their own homes across the South West of England. The ethos of the service is to make a difference to people's lives and support them to be independent in their own homes. At the time of the inspection the service was supporting over 200 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

People were happy with the care they received and felt safe with the staff who supported them.

The agency promoted an ethos of encouraging people to maintain their independence. Risk assessments were used to enable people to carry on with their chosen lifestyle, with minimum risk to themselves and others.

Staff were following up to date infection prevention and control practices to keep people safe. Staff had good supplies of personal protective equipment and were undertaking regular testing for COVID-19.

People were supported by small teams of regular staff which enabled them to build trusting relationships and provided a consistent standard of care. People spoke highly of the staff who supported them.

People received person centred care and were able to make choices about all aspects of the care provided. People told us the service was flexible to cater for their individual needs.

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.

People were cared for by staff who were kind, caring and cheerful. People told us staff were always respectful and treated them with dignity.

Staff felt well supported and valued which led to a happy and confident staff team. Staff had access to training to maintain people's safety and meet their specific needs. Staff told us they were proud to work for My Willows.

People were receiving their care from a service which was well managed by an experienced and competent management team. The management team, and all staff spoken with, were committed to providing people with a high-quality service.

The registered manager and provider had systems in place which constantly monitored standards and planned on-going improvements. These systems included seeking people's views.

The registered manager was very open and approachable and welcomed feedback, good and bad, to enable them to learn and improve the care and support people received. People said they would be able to raise their concerns and were confident any issues raised would be addressed.

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 25 April 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

My Willows (South West)

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 one inspector on site and an Expert by Experience who made telephone calls to people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

This inspection was announced.

We gave a short period of notice of the inspection because we wanted to gather as much information before the site visit as possible. This enabled us to minimise the time spent on-site to ensure the safety of people, staff and the inspector in light of the COVID-19 pandemic.

Inspection activity started on 13 January 2021 when we visited the office location. We spoke to staff on the phone on 14 January 2021.

What we did before the 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.

Before the inspection site visit we reviewed all the information we held about the service. We also asked for a number of records to be sent to us electronically. All of these were received.

We used all of this information to plan our inspection.

During the inspection-

During the inspection we spoke with nine people who used the service, three relatives and six members of staff. We received written feedback from two people who used the service, four relatives and one member of staff. The registered manager was available throughout the inspection.

We reviewed a range of records which included four care plans, four staff files, minutes of staff meetings, quality assurance survey's, records of complaints and compliments and various completed audits.

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 good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One relative said, "I feel that the service and staff make us feel safe. He has specific care needs, but they are great with him." One person commented, "I feel safe with the care staff. They use the key safe, knock on the door and call out before coming into the room. I also feel safe as I know I'm not forgotten as they will call me if they are going to be late."
- Risks of abuse to people were minimised because staff knew how to recognise and report abuse. The agency had a clear policy which set out the steps staff needed to take if they had concerns about a person's safety. Staff were confident that if they raised concerns, action would be taken to protect people. One member of staff said, "Any concerns are dealt with promptly and efficiently."
- Where concerns were raised with the registered manager they worked in partnership with other agencies. This helped to make sure that investigations were carried out and measures put in place to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people and staff were minimised because risk assessments were undertaken and regularly reviewed. This helped to make sure people could maintain independence in the safest way. It also supported staff to remain safe.
- Risk assessments helped to promote choice whilst minimising risk to the person and staff supporting them. For example, one risk assessment showed control measures in place to minimise risks associated with a person's specific behaviour. The assessment did not attempt to change the behaviour but just to minimise the risks associated with it. One member of staff said, "We can tell people the risks of something, but everyone's entitled to make their own decisions. They're all grown-ups."
- Staff made sure people were supported using equipment which was appropriately maintained and safe to use. The staff made sure that equipment, such as mechanical hoists, were regularly inspected and serviced. They did this by checking date labels and contacting appropriate maintenance companies when needed.

Staffing and recruitment

- There were adequate numbers of staff employed to meet people's needs. Minutes of management meetings showed new packages of care were not taken on if the agency did not have sufficient staff to meet people's needs.
- People received their care from small teams of staff who knew them well. One person told us, "I am happy

with the carers, I have regular staff as I don't like strangers." One member of staff said, "You see the same people every day. Brilliant consistency of care."

- The provider's recruitment practices helped to make sure people were supported by suitable staff. Staff files seen showed staff only began work for the agency once appropriate checks and references had been obtained.

Using medicines safely

- People had their ability to administer their own medicines assessed. This helped make sure they received the correct level of support to meet their individual needs and made sure medicines were taken as prescribed.
- People who were unable to administer their own medicines, received them safely from staff who had been trained to carry out this task. All staff had their competency in this area checked annually to make sure their practice remained safe.
- The registered manager took action to make sure that medication errors were not repeated which minimised further risks to people. This included reminders for staff on the importance of safe medication administration and where necessary additional training and supervision.

Preventing and controlling infection

- The risks of the spread of infection were minimised because staff received training in how to reduce risks. Staff had received additional training regarding Covid-19 and were kept up to date with all government guidelines about how to work safely during the pandemic. Staff were also taking part in regular testing for Covid-19.
- Staff had access to appropriate Personal Protective Equipment (PPE) to help to keep themselves and people safe. People we spoke with were happy with the level of PPE staff wore when visiting. One person told us, "I feel safe with the carers, they all wear visors, wash their hands and I'm comfortable in their company."
- Visitors to the agency's office were appropriately screened, including having their temperature checked to minimise risks of infection within the office setting. Office staff were following social distancing policies to further minimise risks.

Learning lessons when things go wrong

- The registered manager and staff team learnt from mistakes and treated them as an opportunity to make improvements. Records showed that where complaints had been made these were always taken seriously and action was taken to improve the service offered to people. This had included additional supervision and training for some staff.
- People received a service from an agency who kept records of accidents and helped people to take action to minimise risks. For example, where someone had a fall, practice had been changed to ensure the person had the equipment they needed close by, when staff were not with them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People who wished to use the service had their needs assessed before care was provided. People were able to choose the time they wanted to be visited to make sure that their care fitted around their routines. One member of staff said, "It's a totally customer led service."
- Each person had a care plan which clearly set out the support they wanted to receive at each visit. It also included personal details about their likes and dislikes. For example, we saw one person needed help to prepare their breakfast and liked to have pancakes. The running records showed the staff often helped them to have pancakes.
- There were clear instructions for staff to help them to support people with specialist, or more complex, needs. One care plan we read gave detailed instructions for staff to support a person with their mobility. This included equipment needed and the number of staff required to help the person.

Staff support: induction, training, skills and experience

- People were supported by a staff team who undertook an induction programme, including shadow shifts, before they began to work alone. This helped to make sure all staff had the basic skills needed to safely support people. One member of staff said, "I had really good training when I started and did shadow shifts."
- People were supported by staff who kept their skills up to date to make sure people received their care in accordance with up to date best practice guidelines.
- People were supported by staff who had the skills to meet their needs. The registered manager told us that when they took on a new package of care, they made sure staff had specific training to meet the person's individual needs.
- Staff felt well supported by the management of the service which helped to create a happy workforce. One member of staff told us, "The support given to the staff and carers is outstanding and you really feel like a team." People commented that staff who visited them were "Always cheerful."

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with other agencies to make sure people received the care and support they needed. We heard how staff worked with professionals such as GP's and district nurses to make sure people received the treatment and care they required. One person told us, "The service will phone up the doctors if I need them, this is great as it's one less thing for me to worry about."

- Where appropriate staff worked in partnership with other care agencies and medical professionals to provide people's care. One person told us, "They know their job and they interact with the district nurse who comes in as well."

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Where needed staff ensured people had access to healthcare services. They supported people to make and attend medical appointments if appropriate.
- The small staff teams enabled people's health and well-being to be effectively monitored. Staff got to know people they supported well and identified when they were not their usual selves. One relative said they thought staff were very good at, "Keeping an eye on health issues."
- Staff made sure people received care and support in emergency situations. For example, contacting the emergency services if someone had an accident or was acutely unwell.
- Staff supported some people with meals. We heard how one member of staff took their lunch to eat with a person, who was reluctant to eat, to encourage them to eat their meal.

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.

- People's legal rights were protected because the manager had a good understanding of the MCA and its practical applications. However, they told us at the time of the inspection everyone was able to make their own decisions or had appointed someone to act on their behalf.
- People's legal representatives were involved in decision making. Where people had not appointed someone to represent their views, the registered manager said they would ensure decisions were made in their best interests.
- People only received care with their consent. People had signed contracts which showed they consented to their care package. One relative told us, "They always talk to him when they are here and ask permission for things like - Is it alright to put cream on your legs." A person commented, "They tell me everything that they are going to do and ask me if it's okay. I easily converse with them and if I say I don't like something they take notice of me."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. One relative told us, "Whenever we have had personal contact with the carers, they have been unfailingly polite and cheerful." One person said, "They are all kind, caring and cheerful."
- The management team made sure people were treated with care and compassion by monitoring standards formally and informally. Senior staff carried out observations of staff interacting with people and also worked alongside staff to lead by example.
- Staff treated everyone as an individual and respected their views and preferences. One member of staff said, "It's about helping people to live their lives. We are not here to judge."
- Staff often went over and above their job role to support people. We heard how staff had taken on shopping for people during the pandemic and had liaised with family members to make sure there were safe systems in place for handling money. One person said, "With the pandemic they do more than they used to." A relative wrote about the staff, "They have exceeded expectations on many occasions."
- Staff were conscious that during the pandemic people saw fewer friends and relatives and therefore they made additional efforts to socialise with people. One member of staff said, "Some people don't see anyone else, so it is up to us to make their day a good one." Another member of staff commented, "At the moment people can get very lonely so it's one of my jobs to lift their spirits, to take an interest and provide good company."

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

- People were involved in planning their care to make sure it was in accordance with their wishes and needs. People told us the service was flexible and fitted around them. One person said, "They do a review every 6 months but if I need any changes before this time I just phone up and they take this on board and discuss what can be done."
- People and relatives said they felt in control of the care they received. They also said the service took account of their ongoing wishes and were flexible and accommodated changes well. One person told us, "They fit around what I want. If I want more help I just ask."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One relative wrote "[Person's name] looked on them as friends and they treated her with friendship and dignity." A person told us, "They are always very respectful."
- People were helped to maintain their independence. We saw how staff supported people to maintain their skills and hobbies. This included accompanying people to the shops rather than shopping for them.
- People and their relatives spoke highly of the way staff provided care. One relative wrote, "I have witnessed first-hand how empathetically the carers have dealt with my relative's dementia decline - they have always spoken to them kindly, with understanding and respect, and never made them feel embarrassed or undervalued."

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; 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 had care plans which set out their individual needs and wishes. Staff said the care plans gave them the information they needed to provide person centred care and support.
- People were supported by small teams of staff which enabled them to build trusting relationships. We heard about one person who had not had the confidence to shower for some years but by building a relationship with their carer they felt able to be supported to have a weekly shower.
- Staff prided themselves on providing personalised care to people and treating everyone as an individual. Comments from people showed how much this approach was appreciated. One person told us, "I tend to have the same carers and they know what I like and talk to me. My Willows take time to find out how I like things done. I'm very happy with them." Another person commented, "The staff know me; I prefer to be called by my shortened name which they do. They know me and know how I like my drinks made. They chat to me and keep me cheerful."
- In some situations, staff supported people to access the community and follow their interests. One member of staff told us how they had supported a person to regain their confidence to drive after a hospital stay. This helped them to access the community independently.

End of life care and support

- People could be confident that at the end of their lives they would receive care which was compassionate and professional. The registered manager had received a number of compliments about the care they had provided to people. One relative had written, "Thank you for the support and kindness helping to care for [person's name] in their last few months. I couldn't have wished for a better team."
- Staff received training in end of life care and worked with other professionals to make sure people were well cared for and comfortable.

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 told us that information could be provided to people in a variety of languages and formats. This helped to make sure everyone was provided with accessible information.
- People's communication needs were assessed and met. For example, one person's care plan gave staff information about how to offer a person options in a way they would be able to communicate their choice.
- The staff used different ways to communicate with people. One relative told us, "My relative communicates via an alphabet board and the staff still communicate with him via this."

Improving care quality in response to complaints or concerns

- People's complaints and concerns were taken seriously and fully investigated. The registered manager used complaints to learn and improve practice.
- Records of complaints showed that outcomes were sent to complainants. Information was given to people about what to do if they were not happy with the outcome which showed the service was open and transparent.
- People told us they would be confident to raise any concerns with a member of the management team. One relative said, "The manager is always pleasant to talk to regarding my relative's care and is always happy to sort out any queries." People told us about individual concerns they had raised and were happy with the way they had been dealt with.

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 good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were happy with the service they received and told us they would recommend them to others. One relative wrote to us, "I have found no fault with the service provided by My Willows and would thoroughly recommend them." In 2020 My Willows was rated as one of the top 20 home care providers in the South West for being one of the most recommended providers on [homecare.co.uk](https://www.homecare.co.uk).
- The ethos of the service was to support people to be independent in their own homes. Staff were working in accordance with this ethos. Staff spoken with made comments like, "It's about keeping people independent," "We never rush people, everything is at their pace" and "Promoting independence is what we do."
- People benefitted from a management team who promoted a person-centred culture which helped to ensure people received very individualised care. All staff said they always had time to make sure people received the right care and support to meet their needs. Staff spoke affectionately about the people they cared for demonstrating they saw people as individuals.
- Staff felt well supported in their roles and were proud to work for My Willows. This created a happy and confident workforce. A number of people and their relatives commented on how cheerful and helpful staff were. One member of staff said, "I just love my job." Another told us, "Best job ever and best colleagues."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People told us the service was well led. One person said, "I get on well with staff and think it is well managed." One relative wrote, that the professional management with quick responses to requests and alerting the family to problems had been "Exemplary."
- People could be confident that their care was provided by an agency who monitored risks and followed up to date guidance. This inspection was conducted during the Covid-19 pandemic and the agency were working in line with all up to date guidelines to keep people safe. The registered manager was keeping up to date with changes by reading policy documents and linking with other professionals.
- People benefitted from a clear management structure which meant people's care was monitored by senior staff. In addition to the registered manager, each geographical area had a locality manager and senior staff, called specialist care practitioners, who monitored standards. This included formal supervision

of staff and observations of practice. One relative said, "I'm in regular contact with the office, their standards have never dropped. They review my relative's needs every 6 months and they visit when they can to check all is okay with us."

- The service had robust quality assurance systems which focussed on outcomes for people and ensuring high-quality care was provided. In addition to observations of practice there was a series of audits. This helped to ensure that policies and records were regularly reviewed and updated. Changes were communicated to staff through supervisions, staff training and meetings. This helped to ensure people received support which reflected current best practice guidance.
- The service used all quality assurance methods to drive improvement. When shortfalls were highlighted there were clear plans and timescales to achieve improvement.
- The registered manager had an action plan in place which was a working document. This ensured the service was constantly working on ways to maintain standards and also make improvements to the service people received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and management team were open and approachable. One person told us, "I know the management and speak to them occasionally when I need to. I can ask for a review of my needs anytime I want. I haven't had to make a complaint but if I did, I wouldn't have an issue with speaking out."
- The registered manager shared information appropriately with the Care Quality Commission and other relevant agencies. When things have gone wrong they have made sure the local safeguarding team and the Commission have been informed in order to be transparent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's views were sought, and they were asked for suggestions for how the service could be improved. Records of satisfaction conversations with people showed people were happy with the care they received.
- Staff had been well supported during the pandemic and felt valued by the provider. One member of staff told us, "They have been great, small gifts, vouchers and I think we have all really felt we matter."
- People were cared for by a staff who worked as a team to share ideas and good practice. Staff prided themselves on providing a very high-quality service. All staff told us teamwork was excellent and they had regular conversations and meetings. This included virtual meetings to enable staff to continue to share ideas even though they were unable to meet in person at the time of the inspection.
- Staff worked in partnership with other agencies and professionals to make sure people's needs were met.