

Willow Tree Homecare Ltd

Willow Tree (Bournemouth)

Inspection report

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31 October 2018
01 November 2018
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Willow Tree (Bournemouth) is a domiciliary care agency that provides personal care and support to people in their own homes in Bournemouth and Poole. At the time of our inspection 48 people used the service, 60% lived in Bournemouth and 40 % Poole.

There was a registered manager for the service. 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.

We carried out this inspection in response to information of concern we received regarding several people in the Poole area who were not receiving their package of care during the period of 31 August 2018 to 15 September 2018. We planned to undertake a focussed inspection to answer the key questions "Is the service safe?" and "Is the service well-led?"

This inspection visit took place on the 31 October 2018 and was announced. During this inspection we found all of the missed calls were in the Poole area and were as a result of high levels of staff sickness. This meant people didn't receive the care and support they needed. Several people didn't receive their medicines as prescribed. At the time the provider did not have a robust contingency plan in place.

The registered manager had informed us verbally of this event which affected the service, and explained they were waiting for more information before submitting the notification to us. However, the regulation states we must be informed 'without delay', therefore we recommend Statutory notifications are made to CQC as required.

The registered manager was responding to requests of information from the local authority safeguarding team. They also had to adhere to their duty of candour by providing an apology, in person, to those people effected by the missed calls.

The registered manager did not have a deputy manager, to support them in completing these tasks, or anyone to act on their behalf if they were on leave. The provider did not recognise or respond to this in a timely way. Similar concerns about the provider organisation oversight not picking up on areas that needed improvement at the location were highlighted at the last inspection

Our expert by experience spoke with five people who lived in Bournemouth and seven who lived in Poole, also three relatives of people who lived in Poole. Overall people said they felt safe, however they felt, "stressed and anxious" if a new carer arrived who they didn't know, or if a member of staff of different gender provided their care (as they had requested same gender carer). This had been reported to the service but had not been rectified. We shared our concerns with the local authority safeguarding adults team.

The majority of people told us staff, "rush" and they didn't have continuity of staff, which made them,

"distressed." One person told us, "I would like a call if the carer is going to change or be late, I am on my own and I worry."

There were high levels of dissatisfaction regarding call times and continuity of staff and whether any concerns raised would be taken seriously. Some people described the staff as being, "cheerful and very good." However, some people said staff lacked experience in "basic tasks such as cooking and cleaning."

In response to the missed calls the registered manager had implemented a Red, Amber, Green (RAG) rating for each individual, which identified those people who must have a visit and for people who had family able to help in case of an emergency.

18 new staff had been recruited at the end of September 2018, to ensure that people received the support they needed.

The registered manager had implemented positive schemes to promote staff wellbeing, and to improve staff recruitment and retention.

Care plans were consistent and 'at a glance' guidance summaries had been implemented and were available for staff in the person's home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The service did not implement robust plans during a period of staff sickness to ensure people received the care and support they needed.

There were insufficient staff to ensure that people's needs were always met.

There was a risk some people were not receiving their medications as prescribed.

Staff understood how to protect people from abuse.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The registered manager was dedicated and passionate in their role, however they required additional management support to carry out their role fully.

There were systems in place to assess and monitor the quality of the service, but these had not always been effective in improving the quality of the service.

We recommend Statutory notifications are made without delay to CQC as required.

Willow Tree (Bournemouth)

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 was planned to check 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.

We carried out this announced inspection 31 October 2018. The inspection team was made up of two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made calls to people who used the service, their relatives and staff. The inspection was planned as a focussed inspection to look at how people received safe care and treatment and to review the governance of the service.

We last inspected the service in May 2018, at this time the service was rated requires improvement overall.

Before the inspection we looked at notifications we had received about the service. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place.

We spoke with social care commissioners and safeguarding professionals to get information on their experience of the service.

The provider had not been asked to complete a Provider Information return (PIR) since their last inspection. 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 were able to get up to date information during our inspection.

During our inspection we spoke with the registered manager and the regional manager. We reviewed records related to 10 people's care. We also looked at records related to the running of the service including: four staff files, management audits, accident and incident records, recruitment and training records, and policies.

We requested further information from the registered manager related to the quality monitoring audit, which was being carried out by the provider's quality team on the 8 and 9 November 2018. We received a copy of the report on 23 November 2018.

Is the service safe?

Our findings

At our last inspection in May 2018 we found staff were not deployed in a way that ensured people had care when they needed it, this also resulted in medication errors. The service had comprehensive plans in place to address this. We rated the service as requires improvement in this area.

During this inspection we found that a significant amount of calls to people had been missed during a two-week period from 31 August 2018. The registered manager told us this was in the Poole area and was as a result of eight staff being off sick at the same time. The registered manager was not available at the beginning of this period, and the person in charge had not followed the contingency plan.

The regional manager told us on the day of the inspection, they had contacted the Borough of Poole local authority to request that they would not take on any more care packages until more staff were in place. The registered manager said that 18 recently recruited staff had completed their induction and were working with people. They said this was a 400% increase in staffing numbers since the last inspection.

The registered manager showed us the contingency plan which was in place should there be the need to implement it in the future. This showed each person had been assessed regarding their need in requiring an essential call (no cancellation) or welfare check, which could be carried out by phone to check the person was alright.

People had their health and care needs assessed for areas such as risk of falls and moving and handling. Where risks had been identified for people, records were detailed and gave staff clear guidance. However due to the high levels of missed and late calls, people did not always receive safe, effective care that was appropriate for their health needs.

The care plans we saw were easy to follow and recently 'at a glance' guidance summaries had been implemented and were available for staff in the person's home.

The majority of people told us staff prompted them to take their medication, however due to missed or late calls not everyone received their medication when they needed it.

Staff were provided with personal protective equipment for use to prevent the spread of infections. People described staff wore gloves when doing personal care. Staff told us they could get more such equipment from the office whenever they needed. Records showed staff had received training in infection control and regular spot checks covered areas such as infection control measures.

We looked at the recruitment files for four recently recruited staff. They showed the recruitment processes helped ensure that only suitable staff began working at the service. These included obtaining references and a Disclosure and Barring Service (DBS) checks before candidates started working with people.

Staff understood their roles and responsibilities to protect people from abuse. They were able to identify

potential signs of abuse and knew how to raise any concerns with the local authority safeguarding team. Training records showed staff were up to date in the safeguarding of vulnerable adults.

Is the service well-led?

Our findings

At our last inspection in May 2018 we rated the service as good in this area.

There was a registered manager in post. 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.

The registered manager informed us verbally of the staff sickness which resulted in missed calls, and the local authority safeguarding team made us aware. However, there had been a failure to notify CQC about the incidents that had disrupted the service. We recommend the provider notify the CQC without delay of any incidents as stated in Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager was responding to requests of information from the local authority safeguarding team. They also had to adhere to their duty of candour by providing an apology, in person, to those people affected by the missed call. The registered manager did not have a deputy manager to assist with these tasks or anyone to act on their behalf if they were on leave.

We raised the management support available at the service during the inspection and the regional manager said support for the registered manager would be made available immediately. The quality systems in place to assess and monitor the quality of the service had not always been effective in improving the quality of the service.

There was a high level of dissatisfaction when people raised any concerns with the service. Relatives and people said they were, "Unsure" about who was the best person to speak with regarding their concerns or to complain, as they, "Did not want the visits stopped" and "The office didn't take the calls seriously." A relative told us, "I have complained many, many times about carers not arriving and associated issues but it makes no difference-run out of patience now."

The service had recruited a care co-ordinator to improve the management structure, however they had not taken up their post due to a period of leave. The registered manager said they wanted to visit people in person to ensure people knew who to contact if they needed to.

The registered manager described how they stayed up to date with good practice and how they took up opportunities to share and learn from colleagues and other professionals.

The registered manager had introduced several initiatives for staff to benefit from, including tea and coffee mornings to prevent staff isolation, various vouchers and discounts for restaurants. Staff received £250.00 if they 'referred a friend' who was successful in becoming an employee. These measures were intended to improve staff recruitment and retention.

Staff meetings were held regularly which were minuted and available for staff who were not able to attend. Staff told us meetings were informative and they were able to make suggestions for improvements and raise any concerns they had.