

Willowston Limited

Willowstone

Inspection report

13A Dunston House
Sheepbridge Works, Dunston Road
Chesterfield
S41 9QD

Tel: 07847877759
Website: www.willowstonecare.co.uk

Date of inspection visit:
11 September 2019
12 September 2019
19 September 2019

Date of publication:
16 October 2019

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

Willowstone provides personal care to people living in their own homes. At the time of the inspection there were eight people using the service. 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. At this inspection three older people were receiving personal care from staff at the service.

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

The service met the characteristics of Good in all areas.

People received care that was safe. The provider's arrangements for people's care helped to protect from them the risk of harm or abuse. Staff were safely recruited and deployed. Risks to people's health, associated with their care and related safety needs, were effectively assessed, monitored and managed. Staff supported people to take their medicines safely, when needed. Relevant management checks of staff practice and competency, helped to ensure people's safety when they received care.

People received care that was effective. People's care needs and choices were effectively accounted for. Staff supported people to maintain or improve their health and nutrition. Staff worked in consultation with relevant care professionals or across services when needed; to ensure people received timely, consistent support.

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 support this practice. Staff were trained and supported to ensure they delivered effective care and support to people. This helped to ensure people received consistent and informed care, which they had agreed to.

People received care from kind, caring and compassionate staff; who treated people with respect and ensured their dignity, equality and rights in their care. Staff had good relationships with people and their representatives and knew what was important to people for their care. People were informed, involved and supported to understand, agree and make ongoing decisions about their care as far as possible. Staff knew how to communicate with people in the way they understood.

People received timely, individualised care, tailored to their individual needs and wishes. Care was provided in a way that helped to optimise people's choice, independence, autonomy and inclusion. People were confident and knew how, to raise a concern or make a complaint if they needed to. People's views and those of their representatives, were regularly sought and used to inform and ensure people experienced the right care outcomes from the service. Personal care for people living with a life limiting condition, including at the end stage of life, was considered against recognised national standards for end of life care.

The provider ensured effective governance and oversight of the service; to ensure the quality and safety of people's care and for continuous learning and service improvement. The service was well led, effectively managed and operated within the legal requirements for registration. People received individualised, high quality care, from staff who understood their role and responsibilities. The provider's engagement and partnership working strategies took account of people's equality and rights; to ensure the right care outcomes for people and optimise their care experience.

More information is in the full report.

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

This service was registered with us on 24 August 2018 and this is the first inspection.

Why we inspected

This was a planned inspection to provide a rating for the service.

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

Willowstone

Detailed findings

Background to this inspection

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

Inspection team: The inspection was completed by a single inspector.

Service and service type:

Willowstone is a care service, providing personal care and support to people in their own homes. This may include adults living with dementia, sensory impairment or physical disability. Not everyone using the service receives regulated activity. CQC only inspects the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager for the service. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced. We gave the service initial 48 hours notice of the inspection site visit. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection; care staff were available to speak with us; and people's consent was obtained, for us to speak with them or their relative about their care experience.

What we did:

We looked at information we held about the service to help us plan the inspection. This included checking written notifications the provider had sent to us about any important events that happened at the service. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is information we may ask the provider to send us, usually at least once annually to give some key information about the service, what the service does well and any improvements they plan to make. However, we gave the registered manager opportunity during the inspection, to give us any relevant

updates from this.

The inspection site visit activity started on 11 September and ended on 19 September 2019. We used a range of different methods to help us understand people's experiences. We visited the office location on 11 and 19 September 2019. During this time we spoke with the registered manager, team leader and three care staff. We reviewed two people's care records to check whether they were accurately maintained and checked a range of records relating to the management of the service. This included staffing, medicines and complaints records and areas of care policy. We also looked at the provider's arrangements to check the quality and safety of people's care. We spoke with two people's relatives by phone on 12 September 2019 and visited one person in their own home on 19 September 2019 to speak with them about their care experience.

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 were protected from the risk of harm or abuse when they received care from staff.
- People and relatives knew how and were confident to report any safety concerns about their care, if they needed to. They were also confident that any concerns raised would be they be acted on to ensure people's safety.
- Staff understood how to recognise and report the witnessed or suspected abuse of any person receiving care. The provider's related staff training, reporting and policy measures helped to fully ensure this.
- People felt both they and their homes and possessions were safe when staff provided care. Relatives also confirmed this. One person said, "Yes I do feel safe; I trust them; they know what they are doing."

Staffing and recruitment

- Staffing arrangements were safe and sufficient for people's care.
- People received timely care calls, for the duration agreed with them or their representative. One person said, "Yes, staff always come on time; I have the same care staff. When a new one started they came with one of the staff who know me at first, so we could get to know each other."
- Care co-ordination and related staff deployment measures were effectively managed for people's care. This included an electronic communication system, which enabled relevant information sharing, timely management and oversight of people's care at the point of delivery.
- Staff were safely recruited. The provider obtained the necessary pre-employment checks before making any offer of staff employment to provide people's care at the service.

Assessing risk, safety monitoring and management

- There were effective systems in place to ensure people's safety when they received care from staff.
- Risks to people's safety associated with their health condition, care equipment or environment were assessed with people before they received care and regularly reviewed with them or their representative. This was done in a way that met with nationally recognised guidance associated with safe risk assessment.
- People's related care plans showed care staff the steps they needed to follow, to help reduce any risks identified to people's safety, which staff understood.
- Staff were informed and understood the procedures they needed to follow to ensure people's safety and also their own when required. For example, in the event of a foreseen emergency, such as a health incident or adverse weather. Safety principles were also in place to support staff lone working.
- People and relatives were confident staff knew how to keep them safe when they provided care. We saw that a relative we spoke with, had also posted a recent comment on a nationally recognised care review

website, which stated, "The professionalism and diligence of all carers ensures that my father is safe and able to remain within his home."

Using medicines safely

- The provider followed relevant protocols to ensure people's safety in relation to their medicines when needed.
- Staff were trained, competency checked and understood how to support people to take their medicines safely, when needed.
- People and relatives confirmed people received the level of support agreed with them, to enable people to take their medicines safely at the times they should.

Preventing and controlling infection

- People were protected from the risk of an acquired health infection when they received personal care from staff.
- Risks from an acquired health infection were assessed before people received care and regularly reviewed.
- Universal precautions associated with the prevention and control of infection were understood and followed by care staff when needed. This included wearing personal protective clothing (PPE) such as disposable gloves and aprons when needed for cleanliness and hygiene.
- All staff we spoke with confirmed they were supplied with sufficient amounts of PPE to use when they provided people's personal care.

Learning lessons when things go wrong

- The provider had established arrangements for the monitoring of any health incidents or accidents relating to people's care. This included related communication and reporting procedures, which staff understood to follow in any event.
- There had been no incidents resulting in the harm or injury of any person using the service since our initial registration of the service in August 2018.

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 care 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's care needs were effectively accounted for in accordance with nationally recognised practice and the law.
- People's personal care needs and choices were assessed and agreed with them, or their representative before they received care.
- Staff we spoke with understood people's individually assessed needs and related personal care requirements. This information was recorded in people's written care plans and regularly reviewed with them for staff to follow.
- People and their representatives were all positive about how people's care needs and choices were determined and ensured. One person said, "Staff took time to talk through with me and my relative; they listen and do what I expect." Another person's relative told us, "The care package was agreed and sorted quickly; I couldn't advocate a better care company."

Staff skills, knowledge and experience

- Staff were trained, motivated and supported to provide people's care safely and effectively. This included support to achieve recognised vocational qualifications and to progress. One staff member said, "I had a thorough induction; shadowing another care staff until I felt confident." Another staff member told us, "Training is timely and ongoing; we are always learning; the provider sets a high care standard for us to follow."
- Records showed staff received a comprehensive care induction to enable them to support people effectively. All new care staff were expected to undertake the Care Certificate. The Care Certificate promotes a national set of care standards, which non-professional care staff are expected to adhere to when they provide people's care. Bespoke information and training was also provided to help staff understand people's health conditions and how they affected them.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the MCA, 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.
- 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 found people's consent to care was mostly in line with law and guidance. However, related records for one person, did not show how their mental capacity was assessed for any specific best interest decisions made for their care when needed. This included ensuring relevant documentary evidence to show where others were formally authorised to make decisions regarding the person's care. Following our inspection, the registered manager told us about their action to rectify and ensure this.

- People and relatives said staff explained what they were going to do before they provided care and checked with people whether they were happy with this. Care plans showed people's agreement and consent, which included for any related information sharing with other agencies or care providers, when required for their care. One person said, "They [staff] always do things as agreed and check with me; they are very good."

- Restrictions shown in one person's care plan for their care and treatment, were formally authorised by the relevant authority, which staff understood and followed.

Supporting people to live healthier lives, access to healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Working with other organisations to deliver effective care.

- People were supported to maintain or improve their health and nutrition when needed.

- Staff we spoke with understood people's individual health conditions, how they affected them and their related personal care needs. This information was recorded in people's care plans and included any instructions from relevant external health professionals involved with people's care. For example, to ensure the correct food consistency when needed for people's health condition, to enable them to eat and drink sufficient amounts.

- Standardised arrangements were in place to ensure relevant information sharing for people's care with relevant external care providers. Such as in the event of a person needing to transfer to hospital, or in the event of any health changes. This helped to ensure people received consistent, timely and informed care, as agreed with them, or their representative.

- One person's posted comment about the service on a nationally recognised care review website stated, "The care received for two weeks when I was recovering at home from an operation was so well carried out and could not be faulted." Another person's relative told us, "The improvement in [person's] wellbeing has been astonishing since we moved from a previous care provider; the level of care is exceptional."

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; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff treated people well; understood what was important to people for their care and ensured people's dignity, independence and rights when they provided care.
- Staff we spoke with understood the importance of establishing effective relationships with people and knew how to communicate and support people in the way they understood.
- Key service information was provided for people, to help them understand what they could expect from the service. This included alternative formats, such as large print when needed for one person's care.
- Feedback we received from people or their representatives consistently showed staff followed the provider's care aims and values; to ensure people's dignity, rights and inclusion in their care.
- One person said of staff, "They are kind, caring respectful; I cant' fault them." A relative told us, "The emotional support and attention given to [person's] dignity, independence and choice is second to none."

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

- People or their representative were fully involved in agreeing, reviewing and making decisions about people's care arrangements.
- Staff we spoke with gave examples of how they ensured people's involvement and choice when they provided care. Such as supporting people's choice of meals, drinks and how and where they chose to spend their time at home, which we also observed.
- People's care plans showed their care choice, preferred daily living routines and communication needs, which people and relatives confirmed staff followed.
- People were provided with information about how to access independent advocacy services, if they needed someone to speak up on their behalf. Staff knew when people had legally appointed representatives for their health and welfare or finances; to consult with them when required. One person's representative told us, "They [registered manager and care staff] have engaged with [person] and myself from the get go; and deliver everything that's expected of them and agreed."

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 meet people's needs, preferences, interests and give them choice and control

- People received timely, individualised care that met their needs and preferences; and enabled their choice, autonomy, independence and control.
- Staff understood people's individual needs and preferences for their care. This information, which included people's preferred lifestyle, cultural and spiritual needs, interests and daily living routines; was agreed with people before they received care, recorded in their care plans and regularly reviewed with them, or their representative.
- One person and their relative told us how staff had facilitated the provision of environmental equipment and adaptation when needed, to enable the person's ongoing independence in their own home. The person said, "They noticed I was struggling and acted straight away to help sort it for me; I'm so pleased." The person's relative told us, "Staff are so engaged and observant; they discussed it with me first; then promptly made a referral for the necessary professional assessment and equipment fitting, as we agreed. They are absolutely brilliant; always willing to go the extra mile."
- People could be supported to help regain their confidence or physical ability after a period of ill health when needed. For example, to support their personal care and return to independent living at home; during an agreed time limited period of post operative recovery following hospital surgery. One person's related feedback on a nationally recognised care review website showed this was, 'So well carried out. The help and care could not be faulted.'

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.

- People were provided with key service information in an accessible format, to help them understand what they could expect from their care.
- Staff we spoke with knew how to communicate effectively with people in the way they understood. For example, by using story telling and drawing to facilitate effective emotional support and communication for one person living with late stage Alzheimer's and vascular dementia. Discussions with staff, the person's relative and related care records, showed the person had become happier and more engaged with others as a result of this care approach; thereby less socially isolated and emotionally withdrawn. The person's relative said, "I can honestly say, the care my father has received from this service, is truly exceptional."
- During our inspection we saw a care staff member's effective communication with one person who was

living with a significant hearing impairment. This was done in a way which enabled the person's inclusion and involvement in their care.

Improving care quality in response to complaints or concerns.

- People and their representatives knew how and were confident to make a complaint or raise any concerns about their care, if they needed to. There had been no formal complaints made since the provider's registration in August 2018.
- People were regularly consulted, to seek their views about the care they received from the service. This included through regular care reviews and management meetings held with them.
- The provider regularly took account of service feedback to help inform people's care.

End of life care and support

- Staff were informed and supported to provide personal care for people living with a life limiting illness or at the end stage of life in accordance with nationally recognised standards concerned with end of life care. This helped to ensure people's related dignity, comfort and choice.
- Comments and feedback from people or relatives, included, "Genuine, caring, comforting and professional staff who go above and beyond; enabling [person] to remain in their home surrounded by family and friends; to put it simply – they care about care." And, "The level of care is far above what we expected; they put [person] at the heart of everything they do without compromise."

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.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on their duty of candour responsibility

- The provider operated effective systems to monitor and ensure the quality and safety of people's care and for continuous learning and service improvement, commensurate to the size and needs of the service.
- Records showed key management checks were regularly undertaken to ensure the safety and effectiveness of people's care. Related risk management strategies, including ongoing care review and service planning, helped to ensure people's safety within the service.
- The provider took regular account of staffing, care and communication arrangements at the service, to make sure these were consistent and effective for people's care.
- When any changes or improvements were needed for people's care, staff confirmed this was communicated to them in a timely and appropriate manner.
- Records relating to people's care and the management of the service were accurately maintained and safely stored in line with legal requirements. The provider's operational policy and oversight arrangements, helped ensure the safe handling and storage of people and staffs' confidential personal information.
- The provider understood their regulatory obligations to send us written notifications about any important events when they happened at the service, to ensure people's safety there; and also to ensure the required display of this first inspection rating.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support. The service was well led and effectively managed to ensure people received individualised, high quality care, from staff who understood their role and responsibilities.

- There was a registered manager for the service, who is also the provider. They understood and followed the requirements of their registration for people's care. In line with service development and growth, a deputy manager was also appointed and due to commence their employment following our inspection.
- There were clear lines of management accountability established within the service; and also to ensure effective information handling, record keeping, communication and reporting procedures for people's care, which staff understood. This included, in the event of any health incidents or safety concerns.
- Management measures concerned with ongoing staff performance, communication, support and development, helped to ensure staff understood and carried out their role and responsibilities, as expected for people's care.
- The provider had established a comprehensive range of operational policy guidance for people's care and safety, which staff understood. These were checked against nationally recognised standards, to make sure

they provided up to date guidance for staff to follow.

- When any changes or improvements were needed for people's care, staff confirmed this was communicated to them in a timely and appropriate manner

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

- The provider consistently sought to involve and engage with people who used the service, their representatives, staff and relevant external stakeholders with an interest in people's care provided by the service. This was done in a way that took account of people's equality and rights.
- People, relatives and staff were highly positive about the management of the service and the provider's arrangements for their ongoing engagement and involvement. All felt this was done in a way which helped to consistently inform and optimise people's care experience. For example, one person's relative said, "The manager listened to us and has been exemplary in ensuring the right support and input for [person]; the resulting improvement in [person's] wellbeing has been unbelievable."
- The registered manager regularly consulted with people and staff to help inform, monitor and drive service improvement. This was done in a way that was inclusive, empowering and helped to ensure people's right in their care. For example, the provider had published their care aims, so people knew what to expect from their care. Regular management checks helped to make sure this was followed by staff when they provided people's care
- People, relatives and staff all said they would be extremely likely to recommend the service to friends and family; either for care, or as a place to work. Their feedback included, "Exceptional care without fail at each visit." "They put my parent's needs at the heart of everything they do without compromise." "This is by far the best care company I've worked for; the management support is brilliant - communication is two way, helpful and open ." "Fantastic staff support; it's all about care here – for your well being and that of people receiving care; it's a truly personalised ethos."

Working in partnership with others

- The provider worked in partnership with relevant educational, external health and social care partners and national voluntary organisations, to help ensure the right care outcomes and optimise people's care experience against nationally recognised best practice.
- Relevant staff training, literature and information was used from this, to inform people's individual care and related staff practice. For example, a university research based care approach was introduced, to enable staff to support one person living with dementia to eat and drink well.