

Willow Home Care & Support Services Limited

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Inspection report

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14 January 2019

22 January 2019

23 January 2019

25 January 2019

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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

Willow Home Care Support Services Limited is a domiciliary care agency for adults of all ages who may have dementia, mental health problems, physical disability, sensory impairment, an eating disorder, a learning disability, autistic spectrum disorder or misuse drugs and alcohol. The service was providing personal care to 406 people at the time of the inspection.

This inspection was carried out between 14 and 25 January 2019 and was announced.

At our last inspection we rated the service 'good'. At this inspection we found the evidence continued to support the rating of 'good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The provider had 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.

People were protected from harm and abuse by the provider's safeguarding systems and staff knowing their responsibilities and being trained in this area. Any risks in people's lives were reduced as necessary. The provider ensured staff that worked in the service were safely recruited. There were sufficient numbers of them to meet people's needs. Staff practice around medication and infection control management was robust and safe.

Staff were trained and qualified to carry out their roles. They received supervision and an appraisal and demonstrated an understanding of people's rights and treating them equally. People were supported with their nutrition and health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring, compassionate and attentive in their support of people. Staff communicated well with people and respected their independence, choice, privacy and dignity.

People's support plans were detailed and instructive. They enabled staff to provide the right support. Complaints were appropriately addressed and satisfied. Staff were responsive to the needs of people and their families at the end of their lives.

The service met its registration requirements. There was a registered manager and a general manager with day-to-day running of the service, with the registered manager being accountable for all management systems and practice. Staff understood their organisation's visions and values and there was an

organisational quality assurance system. Some people told us they had been asked about their views of the service and felt included in the organising of their support. Willow Home Care Support Services Limited continued to provide a good service.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Willow Homecare & Support Services Limited

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.

This inspection took place between 14 and 25 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that someone would be at the agency offices to see us.

The inspection site visit on 14 January 2019 was carried out by two inspectors, who spoke with the registered manager, general manager and a lead care coordinator. Two experts-by-experience assisted with the inspection by making telephone calls to people and their relatives on 22, 23 and 25 January 2019. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Information was gathered and reviewed before the inspection by looking at notifications the provider had made to us about important events and the Provider Information Return (PIR), as well as asking for the views of local commissioners of the service and the local safeguarding teams. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The methods we used for obtaining information included emails to commissioners and safeguarding teams, interviewing staff, viewing staff and people's files and reviews of records. We spoke with 15 people that used the service and five of their relatives. We looked at five people's files and five staff recruitment and training files.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People told us that they felt safe when being visited and supported by staff. They said, "Staff are trustworthy and professional so I feel safe", "I feel very safe with the carers" and "I feel safe when staff support me." One person told us about their medicines support, "I have real problems remembering to take my pills but the carers always remind me. They do it very politely and not like they were telling me to take my pills, but they were just reminding me of something I'd forgotten." Family members said, "My relative is safely supported, but sometimes staff can arrive late which means they don't always get the care they need at the time they need it" and "While my relative gets calls on time there was a spell when they often saw a change of carer, but this has improved over the last few months." The provider was aware of these inconsistencies and acted to improve things for people.

Systems and practice followed by staff safeguarded people from harm because they were based on policy and ensured procedure was followed. Systems monitored people's needs and reported and recorded any identified concerns. Staff were trained to identify and report any safeguarding incidents and we saw evidence in records that confirmed our findings. People's risks in their daily lives and when being supported with personal care and health were assessed and managed to ensure they were safe. People's testimony and documentation supported this.

Staff were safely selected and recruited and we saw this from the documentation held. We discussed ensuring that reasons were clearly recorded for taking on staff with past convictions and character references were tightened up. Staff were deployed to work with people so that their time was efficiently managed and people received visits when they needed them.

A robust medicines trail was used and audited by the management team and could be followed to show that checks were made to make sure people received their medicines safely from the staff. The prevention and control of infection was managed appropriately to ensure people were not at risk from infection or poor food hygiene practices. People confirmed that staff hygiene practice was safe.

Lessons were learned and improvements made so that people were kept safe. For example, where errors had been detected in the support of people taking their medicines these had been analysed for trends and new monitoring systems had been put in place to help reduce errors.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People and family members had mixed views on some of the areas of support people received. People said, "Staff are experienced", "I talk to a supervisor when we need to change my care", "I'm always included in discussing my care plan", "I should get a half hour call but I am lucky if I get ten minutes", "Staff haven't a clue about poaching eggs", "The staff cook a beautiful dinner", "Staff are efficient and know what needs doing". Family members said, "The care my relative gets is fantastic. The carers are amazing" and "My relative gets too many changes in carers and so we are constantly having to tell new staff what needs doing." No one had any major concerns with the service delivery, but when we passed their comments to the registered manager they were already aware, explained the situation with visits and was seeking resolutions.

Everyone that received support from Willows Home Care Support Services had an assessment of their needs completed prior to support commencing. This included assessment of personal care needs, the safety of the environment, any risks involved and whether the person could safely manage their own medicines.

Staff received appropriate training and could undertake qualifications that enabled them to be skilled and experienced in delivering effective care and support. They were formally supervised and had an appraisal of their performance. We saw evidence of this in records held on training and staff personnel files and they confirmed this when we spoke with them. During our inspection several new staff were at the agency offices receiving induction and initial training to their roles. There was a very organised system for planning, providing and reporting on staff training needs and one of the company directors was also the training manager.

People were supported with nutrition if they required this and any health care needs were monitored and discussed to ensure people received advice and treatment from appropriate health care professionals.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had systems in place to monitor any deprivations of liberty using the Court of Protection orders set up for people that used the service and did not have capacity to make important decisions. The registered manager was involved in 'best interest' decisions made for people in these situations and documentation supported this. We discussed with them obtaining information from relatives about holding responsibility for people's finances and care and they decided on a different way of doing this, so that records were accurate.

Staff understood the importance of seeking consent from people before delivering support and told us about examples where this was exercised on a daily basis: asking people what they wanted doing and if people were happy to be assisted with personal care before doing so.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People and family members were happy with the way they were treated by the staff. People said, "The carers are very gentle and kind", "The carers always speak to me politely. When they help me wash they make sure I'm only exposed for the minimum of time" and "The carers are gentle and some of them have become friends." They also said, "I have a laugh and a joke with the girls", "It's all very friendly" and "Some of the staff are like family. In fact, I see them more frequently." One person said about dignity, "I have trouble using cutlery. The carers help me without making me feel like a child. One of the girls always calls me by my first name but when she cuts up my food she calls me by my surname and uses 'Mrs'." Family members said, "My spouse gets everything they need and more besides and the younger staff are particularly fond of them" and "Office staff are respectful when I call them."

Staff completed values, good care practice and privacy and dignity training to ensure people were treated with respect. People confirmed staff were respectful, polite, friendly and caring and people's privacy and dignity was maintained. There was one exception of a person with specific communication needs who felt because staff could not understand her, they avoided communicating with her, which she felt was disrespectful.

Staff and office staff listened to people's views about the care and support they needed and undertook to deliver it in the way they wanted. People confirmed this. However, one person was dissatisfied about a specific preference and said it bothered them. These exceptions were passed on to the registered manager for action.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People and family members expressed mixed views about staff responding to their needs on support and making complaints. People said about support, "The carers will do extra bits and pieces if I ask and it's not going to make them late to their next call", "Staff are responsive, polite and very reliable" and "I can ask them to do things and they always do them even if they are late. They always ask me what to do." They said about complaints, "I made a complaint once and it was quickly resolved to my satisfaction", "I wasn't given any details on complaints but in the three years I've received the service I've not needed to complain" and "My complaint was sorted without any fuss." A family member said, "There was a problem with one carer but I spoke with staff at the office and they took them off my relative's rota."

'Positive and proactive support plans', based on good practice guidance, were reflective of people's assessed needs. Any health problems or medical diagnoses and their required interventions were included. They were person-centred, aligned with risk management and methodical in their content and layout. Staff had clear instructions on how to support people with their needs. Sometimes other relevant information about people was missing, but it was explained these people had capacity and declined to have certain details recorded.

There was an electronic staff roster system that linked with an application programme on staff and people's mobile telephones. This meant staff were informed of the visits they were to undertake on a weekly basis and gave people that used the service notice of who would be visiting them and when. It also aided greatly in the management, monitoring and recording of visits.

Staff had a complaint policy and procedure to follow that ensured there was a means of addressing and resolving people's complaints. Examples of complaint handling were discussed with us and we saw that people received letters of explanation or apology after investigations were complete.

From discussion with the registered manager and general manager and viewing documentation we found that end of life care was sensitively and responsively supported. One family member said, "My relative has dementia and its getting difficult to support them, but it is our wish for them to die at home and with the high standard of care they receive that means this may be possible."

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

People's views about the running of the service, checking if they were satisfied and maintaining confidentiality of information were mixed. They said, "Someone needs to get the office in order" and "The office staff can sometimes be lacking efficiency." On the topic of confidentiality people said, "I'm sure my information is kept confidential", "They [staff] needed my agreement before they would talk to my family" and "I'm confident that the office staff keep my details private because they asked my permission to talk to social services." People said about being asked for their views, "The office staff give me a survey from time to time. If something changes someone from the office will come and talk to me and then talk to social services. If nothing happens we have a 12-monthly review meeting" and "I don't recall having a survey to complete."

Staff followed the values of the service, but where shortfalls may have occurred and people were dissatisfied with any aspect of the attitude towards them, staff were further supervised, retrained or disciplined. The culture among the management team was one of aiming for continuous improvement of the service delivery and this was passed down to the support staff whenever possible.

The service was organised and well-led. Effective quality assurance systems were in place in the form of a self-assessment tool, audits, satisfaction surveys and staff meetings. The provider told us they had worked hard over the last year on quality monitoring to improve customer experience. The service had been assessed by North Lincolnshire Council in March 2018 and received a 100% compliance rating. It had also achieved two UK National Standards with International Organisation for Standards (ISO) for its management systems and environment. All staff received a copy of the company's information governance handbook, staff handbook and policy booklet. The registered manager subscribed to Quality Compliance Systems to help in their compliance with CQC's regulation requirements.

The provider followed the new General Data Protection Regulation and had attained high levels of compliance on the NHS information governance toolkit used to check service performance and delivery.

People received a 'service user information pack', which contained a governance booklet, self-care advice leaflet (also in pictorial format), leaflets on equality and diversity, details of office opening hours and practice, abuse and complaints information and daily diaries and medicine logs for staff to complete during the time of the support package.