

Willboag Ltd

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Inspection report

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22 July 2022
28 July 2022

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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

Willboag Limited is a domiciliary care agency providing personal care to children and adults. The service provides support to people in their own homes. At the time of our inspection the service was providing personal care to five children and young people with a learning disability and/or autism.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right 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 supported this practice. People lived at home with family members who told us their relative was safe with care staff. People were encouraged to make choices and decisions in accordance with their level of understanding. People had their risks assessed to reduce the risk of potential harm to them. People who may become anxious or distressed had proactive plans in place to reduce the need for restrictive practices. Recruitment checks were carried out to ensure staff employed were safe to work with people. Systems were in place to report and learn from any incidents where restrictive practices were used.

People were cared for and supported by staff who were suitably trained and supported to effectively perform their roles and responsibilities.

Right care

Care was person-centred and promoted people's dignity, privacy and human rights. People were safeguarded from the risk of abuse as staff knew how to report concerns should they suspect or witness abuse. Relatives told us staff were kind and caring towards their relative and treated them with dignity and respect. Relatives confirmed that they were included in decision making about their relative's care. People were supported to maintain their privacy, dignity and independence by a staff who knew them well. Staff were matched to people based on their skills, qualities and interactions with people who used the service.

People had their communication needs met and information was shared in a way that could be understood.

People were supported to access food and drink that met their dietary needs and wishes. People were

supported to stay healthy and well, and to access community health and social care services as and when required.

Right culture

The ethos, values, attitudes and behaviours of management and care staff promoted a service which was inclusive, empowered and encouraged good outcomes for people who used the service. Relatives and staff spoke positively of the registered manager. Managers ensured that staff had relevant training, supervision and appraisal. Governance systems ensured people were kept safe and received a high quality of care and support in line with their personal needs. Staff worked well with other services and professionals to improve outcomes for people.

Relatives told us the registered manager was approachable and took action to resolve issues where needed. Staff told us they were well supported by the registered manager and were listened to and encouraged to discuss their views regarding the service.

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 08 January 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Willboag Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 July 2022 and ended on 28 July 2022. We visited the location's office on 15 July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, two care coordinator's and four support workers. We viewed the provider's call monitoring system, two staff recruitment files and policies and procedures. We spoke to three relatives about people's experience of using the service. After the site visit, we also spoke with a health professional and a positive behaviour consultant for their feedback on the quality of the service. We also viewed four people's care plans and training documentation for all staff. We also reviewed quality assurance documents in relation to the management of the service.

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 of 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

- The service had systems in place to safeguard people from the risk of abuse. A relative said, "Yes, [person] is safe. If I see something wrong, I speak to [the registered manager/office staff] they take note of it and try to resolve it quickly."
- Staff had safeguarding training and knew how to recognise and report abuse. A staff member told us, "The paramount safety is the people we are working with, if any harm to client [person using the service] I would have to whistleblow to my manager that is the right thing to do, also for the safety of our client."
- Where safeguarding concerns had been raised the registered manager worked closely with the local authority to address these concerns and changes made to the way the service worked, where this was identified.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and documented. People were supported to reduce the risk of avoidable harm by staff who understood their needs.
- Care plans and risk assessments were reviewed to ensure they reflected people's current needs. The registered manager took immediate action where a change to a person's needs occurred and updated their risk assessments accordingly. We were sent an updated copy of the risk assessment following our visit.
- Relatives told us they felt the service supported people safely. A relative told us, "Yes, [person] is safe, if I see something is wrong, I speak to the [registered manager], they take note of it and try to resolve it quickly."

Staffing and recruitment

- Recruitment was safe and staffing levels met people's needs. The provider carried out recruitment checks to ensure staff were suitable to work at the service. For example, references from previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People using the service were supported by staff who were allocated to them based on their needs and staff skills. A relative told us staff spent time getting to know people before a decision was made for support staff to provide care to their relative.
- Care visits took place as planned, if care staff were running late, they would call people to let them know. This was confirmed by relatives who told us, "They [care staff] come on time, 7am and 8pm. If running late they call" and, "They are punctual if delayed they will call."

Using medicines safely

- There were processes in place to support safe medicine administration. Medicine administration records (MAR) were up to date and medicine reviews took place. Medicine records were audited by the registered manager for errors and gaps to ensure people received their medicines as prescribed.
- Staff had medicine administration training and had their competency assessed, including shadowing more experienced staff to ensure they could administer medicines safely. A relative told us, "[Care staff] are given training, I also tell them because we can't take the risk with [person's] life."

Preventing and controlling infection

- The service reduced the risk of the spread of infections through their infection prevention and control practices.
- The service had infection prevention and control policies and procedures in place and staff described how these were followed.
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading. A relative told us, "[Staff] wear gloves, apron and mask."
- Staff tested for COVID-19 in line with government guidance as a minimum.

Learning lessons when things go wrong□

- The service had procedures in place to act on incidents and accidents and share learning from these.
- Where an incident had taken place, records showed learning took place and care records updated to reflect any changes.

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.

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 MCA 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.

- The service was not always working within the principles of the MCA. For one care record reviewed we found the person had turned the age of consent but did not have an appropriate mental capacity assessment in relation to receiving care. The registered manager told us the person did not have capacity to consent to their care, this is currently obtained from the relative. The registered manager took immediate action to arrange a meeting with the local authority to complete a mental capacity assessment and to discuss if any authorisation was required for restrictions that might have been in place and which could have amounted to a deprivation of liberty.

We recommend the provider seek and implement good practice guidance from a reputable source about the implementation of the principles of the MCA.

- People were asked their consent before staff provided care.
- A relative told us staff talked to people before providing care, they said, "[Care staff] talk before they provide care [for example], we are going to do the bath."
- Staff had received training around MCA and understood the importance of obtaining consent before providing care.
- Most of the people using the service were under the age of consent. Records confirmed relatives had signed consent to care documents to show they had agreed for their family members to receive care.

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

- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs. The care plans were detailed and identified people's individual needs and preferences.
- People's needs' assessments looked at their physical and mental health needs, behaviours, the environment, personal care including skin care, manual handling, nutrition and mobility.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their role effectively. Staff had completed training in relevant areas to ensure they could carry out their role safely and competently.
- Staff were also trained in areas specific to the needs of people they supported such as, dealing with people who are distressed or expressing emotional distress, introduction to positive behaviour support, conflict resolution and physical intervention. Records confirmed this.
- We discussed with the registered manager the language used by staff, who referred to the use of restraint when asked about how they managed people's anxiety and distress. The registered manager told us physical intervention was used as a last resort and in the least restrictive way to keep the person and others safe from harm.
- Staff completed an induction before working with people alone, this included the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were supported through regular supervision sessions, appraisals, and direct observation while carrying out their work.

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

- People's nutritional and hydration needs were met where this support was provided. People were supported to maintain a balanced diet in line with their likes and dislikes of food and drink.
- Where people had special dietary requirements, staff supported them in line with eating guidelines from the speech and language therapist. This helped to ensure people were safely supported to have their meals.
- Staff knew how to support people with special dietary requirements. A staff member told us, "[Person's] relative prepares food, thickener prepared, everything in the care plan is followed."
- Staff had food hygiene training to support people safely with their meals.

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

- People were supported to maintain good health outcomes.
- Staff worked with various healthcare professionals to ensure people's health needs were met. For example, records showed the service worked with the relevant local authority learning disabilities team to ensure people had good health outcomes.
- The registered manager told us they worked with other health professionals to maintain people's health. These included the GP, social worker, district nurse and occupational therapist. Records confirmed this.

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 cared for by staff who treated them with kindness. One relative told us, "Yeah, staff are [caring and kind]." Another relative told us, "[Staff] respect everything if anything wrong, I speak to them and they listen".
- Care plans contained information about people's personal choices and preferences.
- Staff spoke respectfully about people they supported and about how they would support them in-line with the provider's policies and procedures. Staff completed equalities and diversity training and understood people's diverse needs. Care plans demonstrated people's religious and cultural choices.

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

- People were involved in making decisions about their care as much as possible.
- Relatives told us they were involved in decisions and discussed the care of their loved ones regularly. One relative told us, "[Staff] have a mobile application [with] the care plan and they follow this. [There is] a care plan given by specialist nurses."
- The registered manager informed us that people, relatives and health professionals, such as social workers were involved in creating people's care plans. Relatives and records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their individual needs supported.
- A relative told us, "[Staff] treats [person] with dignity. When providing [personal care] staff covers [person], they will also take him out and encourage this. They will take him to the cinema."
- Staff were able to demonstrate how they ensured privacy and dignity as well as giving as much independence to the person that was receiving support, as possible. A staff member told us, "It is important to respect the person that we are supporting."
- Care plans provided information about how staff should support the person's privacy and dignity with consideration of the person's skills and abilities. Staff told us how they would follow these plans involving the person in tasks to their fullest ability.

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

- People received person-centred care tailored to their individual needs.
- Care plans were personalised and provided information which supported staff to care for people in a way which met their needs and preferences.
- Care plans were reviewed yearly and were updated as and when the person's needs changed.
- The service was responsive to people's needs. The registered manager told us the service was flexible to making the necessary changes. They said, "[Relative's] were fully involved. We can't do anything without the family. If change is needed, we are very flexible, [such as], if they did not like a carer, we do this as part of our matching [of staff to people].

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met by the service. The registered manager was aware of the requirements of the Accessible Information Standard.
- Care plans detailed people's communication needs. For example, in one care plan the person's communication plan stated, "Care staff to verbally communicate with me and re-enforce it with gestures, pictures or object of reference like showing me the cup."
- A member of staff told us they had worked with one person for some time and developed an understanding of their communication needs, such as reading their body language, knowing whether the person is happy or sad.
- Relatives told us staff understood people's communication needs. A relative told us staff were able to read the person's expressions.

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

- The service assessed the people's social and cultural needs and developed plans to meet these needs.
- Staff supported people to participate in meaningful activities outside of the home environment. Such as travelling to the park or day centre.

Improving care quality in response to complaints or concerns

- Systems were in place for dealing and acting on complaints.
- People told us they knew who to complain to should they not be happy with the care they received.
- A relative told us, "I would complain immediately. The complaints procedure is with the contract. If major concern, I would make a formal complaint."
- The service had policies and procedures to process complaints. This provided guidance for people and staff on how to make a complaint.
- Where complaints were raised these were dealt with in line with the provider's complaints policy. Records confirmed this.
- The registered manager told us, "Whenever we make a mistake, we do send an apology. I try to resolve issues before it escalates, I prefer that way and mostly when you work with people it helps."

End of life care and support

- The service was not supporting anyone with end of life care.
- There was an end of life policy and procedure in place. This provided staff with guidance on providing end of life care.
- Staff completed training in end of life care should staff be required to provide this support.

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

- The service had a positive culture that was person-centred, inclusive and achieved good outcomes. The service was planned around people's preferences and their needs. The registered manager and relatives gave us some good examples of outcomes achieved by the service that were experienced by people.
- A relative told us, "[Person] is good, Willboag and the support worker help me a lot. I want to say thank you because the service is good. They support me and they support [person]."
- Relatives spoke highly of staff and the registered manager. A relative told us, "[Registered manager] is approachable he does a good job of managing [the service]. If you call the [registered manager] he always returns my call."
- Staff gave positive feedback about the support, they received from the registered manager and told us they were approachable and did a good job.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had extensive care knowledge and experience and knew what was expected of them. They conveyed this expectation to staff during staff meetings.
- Staff were clear about their roles and responsibilities and knew what was expected of them.
- The registered manager, maintained systems and processes to audit, monitor and review the quality of the service. This included monitoring staff attendance to ensure they arrived on time to deliver care and auditing of care notes to ensure care was delivered in accordance with people's plan of care.

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 understood their duty to be open and honest when something goes wrong.
- The registered manager told us duty of candour is about, "Being open and honest about everything that we do, trust, looking after children. I am always honest and open. I don't hide anything and get peace of mind when I go to bed. It is my service that would gain improvement, I want to develop a good service that provides good quality care."

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

- Feedback was being sought from people who used the service and relatives through regular spot checks

and telephone monitoring of the service. The registered manager told us how these would be used as an opportunity to learn and continuously improve the quality of the service they provided.

- The registered manager told us they were developing how they obtained formal feedback by engaging the work of an independent organisation as part of a comprehensive feedback plan.
- Staff told us they felt supported by the registered manager who listened and valued their views about the service. Records confirmed this.
- Staff were rewarded and valued for their hard work by being nominated as employee of the month. Daily team briefings took place with managers to discuss plans for the day.
- The registered manager understood the importance of equality and providing a service that met the diverse needs of people. Care was individualised and tailored to meet people's needs.

Working in partnership with others

- The registered manager worked in partnership with health care professionals to ensure services delivered were unique to the people they cared for. The registered manager told us of the crucial role health professionals in the Child and Adolescent Mental Health Service (CAMHS) played in meeting the needs of people they cared for.
- Health professionals we spoke with told us the service was doing well and of the important role the service played in restoring safety and a space to maintain people's well-being.