

Willows Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Willows Home Care Ltd is a domiciliary care agency, based in Preston. It provides personal care to people in their own homes in Preston and the surrounding area.

Not everyone who used the service received personal care. The Care Quality Commission (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 the time of this inspection 11 people were receiving personal care.

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

People received compassionate care from committed and caring staff. The registered manager used a system to match people they supported with staff which helped ensure compatibility and consistency. People achieved good outcomes as a result of the care they received.

People were supported to pursue their aspirations and to achieve a quality of life that met their expectations. Staff supported people in person-centred ways to identify their goals and wishes.

People's relatives told us their loved ones felt safe as a result of the care they received from staff. Risks had been managed in a positive way to support people to maintain independence and control. Staff had a good understanding of people's needs and wishes.

Some aspects of staff recruitment were not completely effective at ensuring staff members were always suitable to work with vulnerable people. Some safety checks had not been made. We have made a recommendation about this that can be seen in the 'safe' section of this report.

The registered manager and staff were kind, caring and respectful. People praised how kind and caring they were. People praised the approachability of the registered manager and staff and could not fault the service.

The provider had invested in the use of a digital care planning system with appropriate accessibility to people and their relatives. Relatives in particular said this provided reassurance and helped ensure their loved ones were safe and the care plan was followed.

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. They had been consulted about their care and support needs. These needs were assessed before they started using the service. Care plans and risk assessments included detailed information and guidance for staff about how people's needs should be met

The registered manager and staff supported people to have access to healthcare professionals and

specialist support and the service worked with external specialists. Professional's views on the service were positive.

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 24 April 2019 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 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.

Willows Home Care 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 Care Act 2014.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection the registered manager was on extended leave. The service was being managed by one of the directors.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 17 May 2023 and ended on 18 March 2022. We visited the office location on 17 May 2023. The following day we continued to review evidence and spoke with people who used the service and their relatives on the telephone.

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. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and the relatives of 5 people. We spoke with the director who was also the registered manager and 4 members of the care staff team. We reviewed a range of records, this included 3 people's care records and medicine records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were looked at. These included; quality and audit checks, training records, rotas, policies and procedures and feedback from people and their relatives.

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.

Staffing and recruitment

- The provider did not always follow safe recruitment procedures. Checks with previous employers in health and social care had not always been completed in some of the recruitment files we considered.
- Checks such as those into identity, right to work and criminal records had been made.

We recommend the provider reviews its recruitment processes to ensure they are compliant with legislation and best practice.

- During the inspection, the registered manager told us an immediate review of all staff employed would be actioned and CQC kept informed of developments. These checks supported that no one had been unsafely employed.
- There were enough staff to support people. People received their visits on time and for the right length of time. Staff told us they had enough time to complete visits and provide the appropriate support to people. Relatives were complimentary about this and one said, "They [staff] always have time and never leave early."

Systems and processes to safeguard people from the risk of abuse

- The providers policies and procedures helped protect people from the risk of abuse and avoidable harm. Staff had received training in relation to identifying and reporting safeguarding concerns. Staff we spoke with were skilled at identifying the signs of abuse and what action should be taken if they had concerns.
- People's relatives told us their loved ones felt safe as a result of the care they received. One said, "My relative feels very safe. [Staff member] has a special relationship and is trusted completely."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The providers risk assessment and risk management procedures helped to protect people from risks in their daily lives. Care records clearly identified the risks a person needed support with and provided guidance for staff on how to support the person safely. Staff told us they found the risk assessments informative. Risk assessments had been reviewed and updated regularly and people's needs were thoroughly assessed before they started using the service.
- One relative told us; "I live some distance from my relative but the input I receive from this service makes me feel a lot closer. They [staff] keep me informed and I am involved at all care reviews and when something changes and needs re-assessing."
- The provider had a system in place to analyse incidents and accidents. This helped ensure they were able to learn lessons when things went wrong and avoid reoccurrence.

Using medicines safely

- The providers medicines management policies and procedures helped ensure people were supported to manage their medicines safely. The provider had invested in a digital recording system. This helped the registered manager assess what actions staff had taken at a person's home shortly after administration and take appropriate action if there were any issues.
- Medicine records we reviewed were complete and included protocols to guide staff in the administration of 'when required' medicines, such as pain relief or when a person may experience anxiety.
- Staff who had responsibility for administering medicines had received the appropriate training. The registered manager regularly checked their competencies.

Preventing and controlling infection

- We were assured the providers policies and procedures helped keep people and staff safe from the risks associated with infections.
- We were assured that the provider was using personal protective equipment effectively and safely.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager ensured assessments of people's needs were carried out before they started using the service. This was to ensure they could be looked after properly and their needs could be met.
- All staff applied their learning in line with professional guidance such as the management of nutrition, mental wellbeing, oral health and skin integrity. This supported a good quality of life for people. A health care professional said, "They regularly provide individualised and consistent care that is able to meet people's needs"
- Care assessment supported the principles of equality and diversity and the registered manager considered people's protected characteristics, such as age, disability, sexuality, religion or belief. Care plans were person centred and reflected people's preferences.
- Staff members used technology and equipment such as call alarms, electronic care plans, sensor mats and pressure relieving mattresses to deliver effective care and support. Each member of staff also had access to a digital recording system where they could easily check the up to date position with the person they were supporting.

Staff support: induction, training, skills and experience

- Staff training included training identified as mandatory by the provider and bespoke training in relation to people's specific needs and conditions. The registered manager ensured training was up to date. The service ensured all staff were trained in emergency first aid and we noted an example of where this skill had recently been used to good effect.
- People and their relatives felt confident staff had enough training to support them. A health care professional said, "The carers are all very professional and have a good understanding of complex conditions such as dementia. The support and training they receive is clearly very good."
- Staff received regular supervision and support from the registered manager. Staff said they felt able to seek advice and guidance from the registered manager at any time.

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

- People who needed support to prepare food and to maintain their nutrition had been supported by staff who understood their needs and preferences.
- Care records included, where needed, the details and amounts of food and drink consumed.

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

- Care records included details of other professionals and agencies involved in people's lives. Staff said they

could easily access the records and praised the accessibility of the provider's digital system. This was also open to people and their relatives if they wanted to consider information relevant to their support.

- Advice and guidance from other professionals had been included in care plans. Staff followed this and participated in reviews which helped ensure care was consistent and effective. A health care professional said, "This service always follows our advice and guidance and calls on us if anything changes."
- Where appropriate, the registered manager arranged to support people to attend medical appointments and liaised with medical professionals on people's behalf.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was compliant with the MCA. At the time of the inspection no-one was subject to a Court of Protection authorisation.
- People's ability to make specific decisions and consent to receive care and support had been assessed and recorded. The provider had been robust in supporting people to be as involved in decision making as they possibly could. Staff had received training about the MCA and principles of obtaining people's consent.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by caring staff who were committed to ensuring people were well treated. One person said, "The service is excellent and staff are very caring."
- The registered manager took steps to ensure staff felt respected and cared for. Staff said they felt they were part of a large extended family both in terms of the people who used the service and the staffing team. One said, "We all treat people as we would like us and our family members to be treated. [The registered manager] encourages this and instilled this into us from day one."
- Relatives' comments included, "The staff at the Willows really care and support my relative well" and, "Nothing is too much trouble, the staff really go above and beyond."

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

- Care records included information about the best ways to support people to express their views. Staff understood the importance of involving people in decisions about their care. One relative said, "Communication with staff and management is excellent. They [staff] regularly contact me about my relative and I feel involved in the process and have meaningful input in the care and support provided."
- Care records included people's voice and their views about their care. People and their relatives praised the staff and the service very highly. A health care professional said, "Communication with the agency is excellent. People and relatives generally have high standards and I have never known their expectations not to have been met."

Respecting and promoting people's privacy, dignity and independence

- Staff were sensitive to people's needs and respected their dignity. In one case we noted the registered manager and staff stayed with a person for several hours after they had an accident whilst alone. The registered manager only left the scene after emergency services arrived. The relatives involved were particularly praiseworthy of the dedication and care provided to their loved one.
- Care records included detailed descriptions about what was important for people in relation to their dignity when receiving personal care. This helped ensure people felt comfortable and their dignity maintained.
- Some staff said the service worked well because the registered manager 'led from the front'. Others said the registered manager always set good examples of the need to be caring, understanding and dignified with people and their relatives.

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.

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 provider ensured people had choice and control in their lives and were supported to achieve their wishes and aspirations. We noted people were supported to follow their interests and take part in activities. These included shopping trips, meeting with friends and events at centers and clubs. We also saw photographs of events organised by the provider to celebrate special occasions such as Christmas and an Easter crafts fair in April 2023.
- Staff said that they were never rushed by the registered manager to complete people's care and support needs and this allowed them to sit and talk with people to reduce the risks of social isolation. One staff member said, "We always have time for people. Before I leave a person's home, I always take some time to see how they are and what they are up to. If I have concerns, these are reported back to the office and [registered manager] will engage with family."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider had a person-centred system in place to match staff skills and qualities with people's needs and preferences. This helped ensure the preferences of people receiving care were met. We noted a good degree of continuity around staff dealing with the same people.
- Relatives told us this helped forge relationships and assisted in confidence building. One relative said, "My loved one is a proud man who was reluctant to have help. [Staff member] was wonderful and nearly always attends and if not, someone else we know. This has made a huge difference and they are treated like one of the family."
- Care records included information about people's life experiences and interests which helped ensure staff understood what might be important to them.
- Staff were committed to providing person-centred care which reflected people's needs and wishes. A health care professional told us, "They respond really well to people's wishes. They are very responsive."
- The providers care planning policies and procedures helped ensure care remained up to date. Regular reviews had been completed which had involved people and their relatives or representatives. Referrals to other professionals had been made when required.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure. People had been given copies of the procedure and were aware how to raise a concern.
- There had been no complaints since the service was registered but people told us that if they had concerns, they were confident matters would be resolved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting this standard. Communication plans in care records included detail about how to support people to best communicate. The registered manager said that any documents could be provided to people and relatives in an accessible form and provided an example of where a person was recently supported in this way who was hard of hearing.

End of life care and support

- People had been supported to consider their wishes and advanced decisions. These had been recorded in the persons' care records.
- At the time of inspection no-one was in receipt of end of life care.

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.

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

- The provider ensured care quality and care records had been checked and audited at regular intervals. This helped ensure people received consistent high-quality care.
- Where any issues had been identified by audits, the provider had ensured these had been addressed through an action plan and lessons learned had been considered and discussed with staff. This helped ensure improvements were embedded.
- Staff told us the registered manager was very clear about the quality of care they expected and led by example working alongside staff at times. Staff had been provided with easy to read and accessible 'Home Care Workers' Guide'. This had been developed by the registered manager and provided to staff. We noted it was a quick and easy way of staff being reminded of essential service policies and fundamental standards in care and support of people in the community. Staff said it was a valuable source of information and portable so they could easily carry it around in their pocket.
- Spot checks of staffs' practice had been completed by the registered manager.

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

- The provider was committed to achieving good outcomes for the people they supported. Staff praised the values and aims of the registered manager and were proud to work for the service. Comments from staff included; "This is a lovely place to work" and, "The registered manager works with us and is absolutely on the side of staff and the people we support."
- A health care professional praised the leadership in the service and said, "The registered manager is very committed and sets an excellent example to staff."

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 obligations under the duty of candour. They were open and transparent in their dealings with people and kept them up to date with any incidents.
- Notifications had been made to external agencies when required. Prior to inspection, and shortly after initial registration, the registered manager had sought guidance from CQC around a regulatory compliance issue and at inspection, we noted that this had been acted upon appropriately.

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

characteristics; Working in partnership with others

- Staff said they felt the registered manager consulted with them and involved them in regular meetings and consultations. Staff said they felt valued and appreciated.
- People and their relatives told us they had been consulted with and their views sought. Records showed regular consultations with people who used the service and their relatives.
- The provider worked in partnership with other agencies including health and social care services and supported people to access community-based services and activities.