

Willow Home Care Ltd

# Willow Home Care Ltd

## Inspection report

Willow Bank House  
4 Newtown  
Market Drayton  
Shropshire  
TF9 1JU

Tel: 01630478913

Date of inspection visit:  
23 October 2019

Date of publication:  
20 November 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

### About the service

Willow Home Care Ltd is a domiciliary care agency providing personal care to 55 people at the time of the inspection. 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

People were safe as staff had received training in safeguarding and had a good understanding of the types and signs of abuse. Staff knew how to report concerns and were confident to do so.

People received their medicines on time. Staff engaged with local health professionals and pharmacies to ensure people had the right medicine and health support when they needed it.

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.

Staff had a good understanding of consent and how to support people to make decisions. They were aware of reporting concerns of capacity where people's abilities had changed.

People were supported by staff to follow their own preferred diets whilst helping them to maintain healthy eating.

People told us staff were kind and caring and never rushed them. Staff supported people to review their care needs regularly involving their relatives and health professionals as requested.

People were supported to live independently and receive care that was in line with their preferences. People were confident they would be listened to if they raised a concern.

People were encouraged to give feedback on the service and suggest ideas for improvements. The provider had created an open, person centred culture and had a clear vision for providing quality personalised care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 20 May 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

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 ●

# Willow 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 carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 did not have a manager registered with the Care Quality Commission. However, an application had been made to register one. This means that at this inspection the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The Expert by Experience made telephone calls to people who used the service on 2 and 3 October 2019. Inspection site visit activity started on 23 October and ended on this date.

#### What we did before the inspection

We reviewed information we had received about the service since registration. This included details about incidents the provider must notify us about, such as abuse. We checked for feedback from local authorities and commissioning bodies.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with three members of staff, a director and the manager.

We reviewed a range of records. This included three people's care records, three staff files in relation to recruitment and staff supervision and a variety of records relating 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One relative told us, "Willow have taken time to listen to (person's) needs and made sure that they are happy and confident with the carers that come."
- People told us they felt safe because staff treated them well and met all their needs. They told us that they had not always received regular carers. The provider said this was being addressed by the new manager and people were starting to receive regular care staff.
- The provider had safeguarding systems in place and staff understood what to do to protect people from harm. They felt confident to report any concerns. Staff told us they had received and understood training about safeguarding and knew how important it was to keep people safe from harm.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's care, for example, moving and handling needs and falls. One person said, "Staff have various equipment they operate to get me in and out of my chair and there is never a problem."
- Risk assessments in relation to people's home environment had been completed. This included fire safety, emergency evacuation plans and infection control. This showed risks had been identified and managed.

Staffing and recruitment

- There were enough staff to support people safely. Staff and people also confirmed this.
- The provider carried out thorough checks on new staff to ensure they were suitable to work in people's homes.

Using medicines safely

- Staff were trained to support people take their medicines. The provider completed competency checks to make sure staff understood this training and were able to give medicines safely.
- Information in people's care plans gave the type and level of support needed from staff to take their medicines. One person told us, "They watch me take my medicines and everything is logged down."

Preventing and controlling infection

- Staff had completed training in how to reduce and prevent the risk and spread of infection and they followed good practice guidance.
- People told us the staff always used personal protective equipment, such as gloves and aprons when delivering personal care.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed and recorded. The provider acted following accidents or incidents to reduce the risk of these reoccurring.
- Staff told us that incidents were discussed at monthly team meetings. This gave them the opportunity to discuss what went wrong and what action they could take to reduce the risk of reoccurrence.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff completed assessments of people's needs before they started to use the service. Staff worked with health and social care professionals when assessing and planning people's care. This enabled them to make sure they considered up to date guidance in how to meet people's individual needs.
- People's needs and choices were documented including their preference for how they liked their care to be delivered.

Staff support: induction, training, skills and experience

- Staff had received training when they first started working for the provider and their competency was assessed. This training was refreshed regularly. Staff said their training was reinforced in staff meetings.
- Staff received supervision through individual meetings and they said that they could also contact the manager or senior staff at any time. They said they felt well supported to carry out their role.

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

- People were supported to eat and drink if this was needed. Staff were trained to support people with diets to meet their medical, cultural or religious needs. Staff offered a choice of meals and changed this to suit people's preferences on the day.

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

- Staff completed care records and copies were kept in people's homes. This recorded information about their needs, daily routines and preferences. The information was made available when people visited other providers of care, such as hospitals.
- Senior staff made referrals to specialist health and social care professionals such as district nurses, occupational therapists and dieticians when needed.

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 found they were.

- People were supported by staff who understood the principles of the MCA and DoLS. They had clear information about how to support people to make decisions.
- Where people were not able to make their own decisions, their family acted as a Power of Attorney (PoA) to ensure decisions were in their best interest. A PoA allows people to be appointed to make decisions on behalf of an adult who cannot make decisions for themselves.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us they were treated kindly by staff who were patient and friendly. One person commented, "They are efficient, kind and friendly," and another said, "I find them very friendly and sympathetic."
- People told us staff were patient and caring and made sure they had everything they needed. Staff said they were aware of people's individual needs and preferences.
- People were supported to maintain relationships with their families and friends. The provider asked people regarding any religious or cultural beliefs that needed to be considered. Nobody had expressed any clear wishes.

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

- Staff supported people to make decisions about their care and these were recorded in their care plans. People said staff had enough time to support them properly and in a way they wanted, which also allowed them to spend time talking with people.
- People were supported to make choices about their care through daily discussion and formal reviews.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were very nice and polite and respected their privacy. Staff ensured people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care. Staff knocked on people's doors before entering their homes. One person said, "They are great, if I ask them to help wash me they do it sensitively. They have great respect for me."
- People's confidentiality was maintained; records were kept securely they adhered to data protection requirements.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and their relatives were placed at the centre of planning their care. People had been asked what support they would like and any preferences they had. The provider planned people's care to take account of their wishes.
- Staff understood how to provide care to meet people's needs and to respect their choices.
- The manager reviewed people's care plans as their needs changed. This ensured they provided accurate and up-to-date information to guide the staff on how to provide people's support.

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's communication needs were identified and recorded in their care plans. The provider told us information could be provided in different formats if needed.

Improving care quality in response to complaints or concerns

- Systems were in place to identify and investigate all complaints, but few had been received. Staff confirmed management had acted quickly when they had raised concerns.
- People were confident they would be listened to if they needed to complain. People and relatives all said they would be comfortable to phone the manager if they had a complaint.

End of life care and support

- Guidance was available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit.
- Staff we spoke with explained how they had supported people who received end of life care in the recent past. They also understood the importance of supporting people's relatives too.
- Staff had received training in the principles of end of life care. Skills of staff were matched to individuals who received this type of 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 manager was committed to enhancing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and supported staff as required.
- Staff were also committed to providing high-quality care and support and felt this was led by good role modelling from the management team. One member of staff told us, "The management are very supportive, and we work like a friendly family."
- People spoke positively of the staff team explaining how they were helpful. One person told us, "Staff have an ability to interact with people on a one to one basis. They respond to queries and concerns very quickly."

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

- Staff told us they were able to provide good quality care and support to people because they had a manager and senior staff who got involved and understood their role. They said they could raise issues with any of the management team and their concerns would be listened to.
- The provider complied with legal requirements for duty of candour. The quality rating was on display. We had received statutory notifications in a timely manner.

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

- People and their relatives had completed a survey in 2019, which showed positive comments. One relative said, "It is not a large, impersonal organisation and that makes it much easier to deal with. (Person) feels like they are treated like a human being."
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care.
- Staff told us that they attended meetings regularly, which gave them support and information was shared quickly with them.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The training manager carried out audits and quality monitoring reports. These identified areas of the service that required improvement and this was carried out.

#### Working in partnership with others

- Links with outside services and key organisations in the local community were well maintained to promote people's independence and wellbeing.
- Staff worked with health and social care professionals such as the district nursing team, GPs and social workers to provide quality joined up care to people.