CareQuality Commission

Willow Senior 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

This announced inspection took place on 14 and 15 February 2018. This was the provider's first ratings inspection since registering with us in December 2016.

Willow Senior Care service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection there were 10 people using the service.

Not everyone using Willow Senior Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager, who 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 felt safe with the service they received and they were safeguarded from the risk of abuse as staff knew what to do if they suspected abuse.

Risks to people were minimised through the effective use of risk assessments and staff knew people's risks and followed the assessments to keep people safe.

There were sufficient numbers of staff to safely meet people's needs. New staff were employed using safe recruitment procedures.

People were reminded to take their medicines when necessary.

Staff followed safe infection control procedures when delivering care to people.

People's needs were assessed and care was delivered in line with current legislation. The provider followed the principles of the Mental Capacity Act 2005 to ensure care was delivered in people's best interests.

People were cared for by staff who were supported and trained to fulfil their roles effectively.

The registered manager worked with other agencies to ensure a holistic approach to their care.

People were supported to maintain a healthy diet and to remain healthy as health care support was gained when people became unwell.

People were treated with dignity and respect and their right to privacy was upheld.

People were involved in the planning of their care and offered choices about how their care was delivered.

People were receiving care that was personalised and met their individual needs.

There was a complaints procedure and people and their relatives felt able to complain.

There was a plan in place to gain views from people of how they wished to be cared for at the end of their life.

The registered manager and deputy manager were liked and respected by people who used the service.

There were systems in place to monitor and improve the quality of service and people were routinely asked their views on the service they received.

There was a kind and caring culture within the service and the registered manager worked with other agencies to ensure a holistic approach to people's care.

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.

People felt safe and were safeguarded from the risk of abuse.

Risks to people were minimised through the effective use of risk assessments.

There were sufficient numbers of staff to safely meet people's needs.

People were reminded to take their medicines when necessary.

Staff followed safe infection control procedures when delivering care to people.

Is the service effective?

Good

The service was effective.

People's needs were assessed and care was delivered in line with current legislation.

People were cared for by staff who were supported and trained to fulfil their roles effectively.

The registered manager worked with other agencies to ensure a holistic approach to their care.

People were supported to maintain a healthy diet.

People were supported to remain healthy and health care support was gained when people became unwell.

The principles of the MCA were followed to ensure people were consenting to their care and support.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were involved in the planning of their care and offered choices.

People's right to privacy was upheld.

Is the service responsive?

Good

The service was responsive.

People were receiving care that was personalised and met their individual needs.

There was a complaints procedure and people and their relatives felt able to complain.

There was a plan in place to gain the views from people of how they wished to be cared for at the end of their life.

Is the service well-led?

Good

The service was well led.

The registered manager and deputy manager were liked and respected by people who used the service.

There were systems in place to monitor and improve the quality of service.

People were routinely asked their views on the service they received and there was a kind and caring culture within the service.

The registered manager worked with other agencies to ensure a holistic approach to people's care.

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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 checked 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 on 14 and 15 February 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.'

The inspection was undertaken 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.

We used information the provider sent us in the Provider Information Return. This 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.

We spoke with five people who used the service and five relatives. We spoke with the deputy manager and a senior carer. Following the inspection we spoke with the registered manager who provided us with further evidence to support their compliance with the regulations.

We looked at two people's care records, staff rotas, training records and the systems the provider had in place to monitor the quality of service.

Good

Our findings

People and their relatives told us that they felt safe with the care they received. A relative told us: "[My relative] was in and out of hospital before. Now I feel they are safer. The staff are totally reliable and [my relative] feels more confident and [My relative] is not trying to do things they shouldn't. [My relative] talks about the staff fondly and trusts them to do the job'". Another relative told us: ""I can safely walk out of the door knowing [my relative] is safe".

People were safeguarded from the risk of abuse as the staff and the registered manager knew what to do if they suspected someone had been abused. The provider had a safeguarding policy and staff had received training in the local safeguarding procedures. A member of staff we spoke with told us: "If I thought someone had been abused I would raise it with my manager, who would alert the social services or police. If nothing was done I would go higher myself if people didn't listen". We saw that staff wore uniforms and name badges when visiting people so they knew who they were. The deputy manager told us that there had been no reportable safeguarding incidents since the service had been operating.

Risks of harm to people were assessed at their pre assessment and risk assessments were put in place to minimise these risks. We saw that if people required two staff for support with their mobility and personal care then this was available to them. Some people required specific equipment to be able to move safely and the registered manager ensured that staff had received the training in using the equipment competently. The deputy manager told us that there had been no accidents or incidents since the service began but explained how they would analyse any incidents and ensure lessons would be learnt to minimise the risk of it occurring again.

People told us that they always received the care they required. One person told us: "The staff have never let us down once", another person told us: "The staff are very rarely late and if so I have a phone call." And a relative told us: "The service have had a lot of illness lately. It was all hands to the pump. We were not let down once." The member of staff we spoke with told us that they had enough time allocated to them in-between calls to be able to get to people on time. The provider had an electronic monitoring system which meant they were able to monitor the time staff members attended their calls and the duration of their stay. This meant that there were sufficient staff and a system was in place to ensure people received the care they needed at the required time.

We saw records that confirmed that new staff were employed using safe recruitment procedures. Pre-employment checks included the completion of disclosure and barring service (DBS) checks. DBS checks are

made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant.

Staff were not trained to administer people's medicines and only offered prompts and reminders to people to take their medicines when needed. A person who used the service told us: "I often forget to take my tablets. The staff remind me to take them." A relative told us: "The staff remind my relative to take their medicines". This meant that people were being supported to take their prescribed medicines.

Staff followed safe infection control measures when supporting people with their personal care. A member of staff visited the office whilst we were there to pick up some disposable gloves to distribute to people's homes. We saw the provider had a personal protection and hand hygiene policy. Staff were prompted in people's care plans to wash their hands before every interaction with people.

Good

Our findings

People's needs and choices were assessed as the registered manager met with people prior to offering them a service to discuss the care they required. People and their relatives that we spoke with told us that they had been involved in the assessment process and had helped put the care plans together. The care records we looked at identified people's care needs and how they preferred to have their care delivered and they were clear and comprehensive.

People and their relatives told us that the staff were competent and effective in their roles. A relative told us: "The staff are experts and well trained. They know what to do". Another relative told us: "The staff are completely on the ball". A member of staff told us and we saw that new staff had an induction and received mandatory training before working alone. They told us: "I did an induction, spent time looking at people's care plans and worked with more experienced staff until I was able to work alone. The manager showed me how people liked their care". A person who used the service confirmed that this happened, they said: "If there is a new girl they send her with a regular carer on the first day so that they can introduce themselves. The other carer demonstrates the routine." We saw that there was ongoing training and staff were receiving supervision and appraisals. This meant that people were being supported by staff who were supported to fulfil their roles effectively.

Most people were independent or supported by relatives with their nutritional needs. However, staff did support some people with simple snacks. One relative told us: "The staff always try to encourage my relative to drink their cranberry juice and they check the fridge for out of date foods". A member of staff told us that they had been trained in food hygiene procedures and always offered people a choice of what they wanted to eat.

The registered manager worked with other agencies to ensure that people's needs were met. They liaised with district nurses who were involved in people's care and referred people to other services such as occupational therapists and to the palliative care team when people's needs changed. The deputy manager told us how they requested equipment to care for people as their needs changed, such as a bed for one person who required a new specialised bed for them to be more comfortable and equipment to help people to mobilise safely.

One relative told us: "The staff told me my relative had a bad chest and advised me to phone the doctor. I did and they were given anti-biotics. They are on the ball. Another time they called out the GP as they were concerned about my relative's lack of mobility". Another relative told us: "The staff keep monitoring sheets

of everything. They spotted that we were running out of cream and reminded me to order some more". A member of staff told us how they had supported one person who had recently become unwell and they had passed the information onto the visiting district nurses who were able to take the appropriate action to support the person. This showed that staff were supporting people to remain healthy and took action when a person's needs changed or they became unwell.

The principles of the Mental Capacity Act 2005 (MCA) were being followed as people were consenting to their care and support and were involved in the planning and setting up of their service. The MCA sets out requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. People and their relatives were involved in the pre assessment process informing the registered manager of the care they required. Some people had signed a contract agreeing to their care and other people had been supported by a relative or representative. Staff we spoke with understood the principles of the MCA as they were asking people how they wanted their care delivered. One staff member told us: "I don't do anything without asking, sometimes people need some encouragement but I can't make people. If they refuse care I would report it to the manager and it might have to be a best interest discussion". A relative confirmed this by saying: "Sometimes my relative doesn't want a shower and they have just a wash. The staff respect their wishes".

Good

Our findings

People who used the service and their relatives told us that the staff caring for them treated them with dignity and respect. Comments from people and their relatives included: "The staff are nice and polite, we get on extremely well" and, "They do the odd bit of shopping which they are not bound to do", "The staff sometimes stay a bit above and beyond the time they're supposed to". A relative said: "When the staff finish they always ask if there is anything else they can do. Like take out the rubbish. They have a quick cup of coffee and talk to my relative". Another relative told us: "My relative and carer are becoming friends". This demonstrated that people were respected and treated with kindness and compassion.

People and their relatives told us they were involved in the planning of their care and they were offered choices about their care and support. A relative told us: "The staff ask my relative every morning if they want a shower or a wash. They are always extremely thoughtful and polite. They were also asked if they minded a male carer and my relative said they wouldn't mind but not for personal care". This showed that people were involved in and offered choices about the care and support they received.

One person who used the service described how staff supported them to maintain their dignity whilst being supported with personal care. They told us: "The staff drape the towels over me. The carer explains what they are going to do. They say, I am going to wash you now and they ask if the water is too hot. I was a bit apprehensive at first but now I am happy." A relative told us: "The staff are considerate without being over familiar". This demonstrated that people's privacy and dignity was respected.

Good

Our findings

Prior to agreeing to offering a person a service the registered manager met with people and their relatives to discuss their care needs and their preferences in how they wanted their care delivering. In the care plans we looked at we saw there was information of personal details about the person, including a photograph, and information about their life history, diverse needs and personal preferences. One person told us: "The manager came out and advised me when we first started. She gave me advice. She was helpful and wonderful. As a lay person there were things I didn't know and had questions to ask". People told us that the registered manager ensured that people were still happy with their care. One person told us: "The manager comes out once a week to check on the care and visits everyone". This meant that people's needs were regularly assessed to ensure they were being met.

People told us that they received care from consistent members of staff and that they received a weekly rota informing them which carers would be coming. The rota included photographs of the specific carers and several people commented on how helpful this was as it helped them or their relative to identify the carers who were coming.

People and their relatives told us that the service was flexible dependent on people's current needs. A relative told us: "Sometimes I need extra help for me and my relative and they will arrange for someone to come and sit with them while I go out". We saw another relative had sent a compliments card and it stated 'The responsiveness to ours and our relative's needs as they change is outstanding".

People told us that they felt able to complain if they needed to. One person told us: "I would call the manager if I needed to but they do check on the care." And another person said: "I would have no hesitation in making a complaint ". We saw there was a complaints procedure within the service user guide which people and their relatives were given at the beginning of their care agreement. The procedure also signposted people to the local authority or CQC as an alternative route to complain. The deputy manager told us that there had been no complaints since the service had been operating.

We saw that the provider's PIR stated that there was no one currently receiving 'end of life care'. However there were plans when necessary to discuss people's end of life wishes with them and incorporate them within a care plan.

Good

Our findings

There was a registered manager in post who was absent on the day of the inspection. The deputy manager facilitated the inspection in the registered manager's absence. People and their relatives spoke highly of the management and of the service they were receiving. One person told us: "They deliver an excellent standard of care. They go over and beyond." Another person told us: "They are professional and reliable". A relative told us: "We have close contact with the manager. On occasions she comes out to do the care if necessary". Another relative told us: "They are all hands-on at the office and they will give advice if I want to talk to them. They are almost like friends."

There were systems in place to monitor the quality of service which included the registered manager regularly visiting people to check on the care they were receiving. A relative told us: "The manager comes out from time to time or they make phone calls to clarify things. They also use emails and texts. They are good at communicating".

People's records were quality assured to ensure they were receiving the agreed care. This included checks of daily recordings being made by care staff. A relative said "The staff keep monitoring sheets. They record what type of ointment they have used and all other information". This meant that people could be sure they were receiving the required care.

Staff told us the registered manager was approachable and supportive. A staff member told us: "I couldn't ask for a better manager". They told us that the registered manager had worked alongside them as part of their induction showing them how people liked their care delivered. This demonstrated that the registered manager was leading by example and encouraged staff to provide good quality care.

Quality surveys had been distributed to gain feedback from people who used the service and the staff. Feedback from these had been positive so no action had been necessary to change or improve the service.

There was a system in place to ensure that people had their calls at the time they needed them. A relative told us: "The carers always use an electronic device to make contact with the office on their arrival and when leaving and I've got a number to ring 24 hours a day. The service is highly organised."

The registered manager liaised and worked together with other agencies to ensure a holistic approach to people's care such as occupational therapists, district nurses and the palliative care team.