

Willowcare (Suffolk) Ltd

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Inspection report

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Lakenheath
Brandon
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Date of inspection visit:
30 April 2019
01 May 2019

Date of publication:
13 June 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: Willowcare (Suffolk) Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. Currently there are three teams of care staff that cover care support to approximately 34 people in Brandon, Lakenheath and Mildenhall and the surrounding villages.

People's experience of using this service:

People using the service were happy and well cared for. They were cared for in a way which reflected their preferences and met their needs. They liked the care staff and told us they were polite, caring and kind. The care staff arrived on time and stayed for the right length of time for each visit. People received their medicines in a safe way. They were involved in planning their care and making choices about this.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The staff were well supported and enjoyed working for the agency. They had access to a range of suitable training and had the skills they needed to care for people. The provider's recruitment procedures made sure only suitable staff were employed. They regularly met with their manager and discussed their work and any queries they had. The registered manager assessed the staff in the work place to make sure they were following procedures and delivering effective care.

There were procedures designed to safeguard people from abuse, and the staff were familiar with these. The staff knew to record any accidents, incidents or complaints and these were investigated and responded to. The staff were provided with protective clothing, such as gloves and aprons.

There were systems in place for monitoring the quality of the service and making improvements. The registered manager liaised with people using the service, relatives and staff to ask for their feedback and ideas. There were a range of suitable policies and procedures which the people using the service and staff had access to.

Rating at last inspection: This is the first ratings inspection since the service registered on 24 May 2018.

Why we inspected: We inspected this service because it was the annual anniversary since registration and required a rating to be published.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated good or sooner if needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 ●

Willowcare (Suffolk) 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Consisted of one inspector.

Service and service type: Willowcare (Suffolk) Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

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.

Notice of inspection

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. We visited the office location on 30 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We then telephoned and spoke with people that used the service and staff that worked at the service on 1 May 2019 once they had been given notice.

What we did:

We used information to plan the inspection that the provider sent us in the Provider Information Return. (PIR). 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

We telephoned and spoke with four people/relatives to seek their views of the service. We spoke to three

care staff during our visit as well as the registered manager of the service.

We reviewed three people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of care workers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing were in place and staff received training based upon these. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed abuse taking place or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. There had not been any safeguarding alerts at the agency since they had started operating.
- People and their relatives said they trusted staff from the agency. One person said, "Yes, I trust them implicitly."

Assessing risk, safety monitoring and management

- Risks to people were assessed and were safely managed. People's needs, and abilities had been assessed prior to using the service and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified. Risks which affected their daily lives, such as mobility, falls and continence were clearly documented and known by staff.
- Risk assessments relating to the environment were in place. People were advised about fire safety and peoples' smoke alarms were regularly tested to keep them safe.

Staffing and recruitment

- Fit and proper persons were employed. There was a policy and procedure in place for staff recruitment.
- Peoples' feedback was that staff were reliable and enabled them to continue with their preferred life routines. One person told us, "They are very good. They arrive on time and they are efficient in what they do."
- There were enough staff to meet people's needs and keep them safe. People using the service and their representatives told us care staff usually arrived on time and stayed for the agreed length of time. They explained that the agency let them know if they were running late.

Using medicines safely

- People received their medicines safely and as prescribed. People who were supported with their medicines said that they were happy with this support.
- The registered manager ensured staff were trained so that they understood how to administer medicines safely and assessed their competency at this. There were appropriate procedures for administering medicines. The staff recorded all administration for each person. Records of this were checked regularly when the registered manager or supervisors visited people's homes. The records were collected and audited each month. If audits had identified any discrepancies in recording there was a process to follow up and find

out what had happened, to allow the provider to take appropriate action.

- Information about the medicines people were prescribed was recorded in their care records. The provider had details of the prescribing doctors and pharmacists, so they knew who to contact if anything went wrong. People had signed consent for the staff to administer their medicines and there were risk assessments in relation to medicines management.

Preventing and controlling infection

- Staff received training on how to prevent the spread of infection and food hygiene training.
- Staff were supplied with gloves and aprons to guard people and themselves from potential infection. One person told us, "They [care staff] are exceptionally clean and tidy."

Learning lessons when things go wrong

- A process for learning when things go wrong was in place. Each person had blank incident and accident forms in their file along with access to complaints and safeguarding policies. Therefore, people were aware of how matters would be managed.
- The registered manager monitored the service and was keen to develop strategies that benefitted people. We were given examples of how the services had responded when matters did not go to plan, this included addressing performance with staff.

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

Good: 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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.

- Staff applied their learning in line with best practice, which led to positive outcomes for people and supported them to live a life of their choosing.

- The registered manager told us that they met with each person and became familiar with their needs. They had a good knowledge of people and demonstrated this through their discussions with us, and those they had with staff during the day of the inspection. They told us that they always introduced care staff to people, so they had an opportunity to meet them and get to know them before they started providing their care.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their current roles effectively. New staff were supported through induction that included training and shadow shifts with the other experienced staff or the registered manager. Staff had additional training in people's conditions such as diabetes and multiple sclerosis to enable them to support people better.

- The staff told us they felt well supported. They explained that they met with the registered manager often and had daily contact with them. They told us they could ring and speak with the registered manager if they needed any help or advice. The care staff told us they worked well as a team and there was a good rapport between the staff. They said they met for formal and informal meetings and that there were good systems for communicating with each other.

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

- Appropriate assessments were in place to identify if people had a need for support with eating and drinking.

- The agency provided support for some people at mealtimes and with the preparation of food. People using the service told us they were happy with this support and the choices they were offered. The logs of care visits included information about what people had eaten or drunk during the visit. Care plans outlined people's nutritional needs and any areas of risk relating to this.

Supporting people to live healthier lives; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were recorded in their care plans. The staff monitored their health on a daily basis and recorded this in their care logs. They also reported any changes in people's health or condition to the registered manager, who liaised with healthcare professionals and people's families when needed.

- We were given an example of how care staff had worked well with a district nurse in supporting a person with a pressure ulcer. Jointly the care team, with the district nurse guidance, had enabled the person to recover and heal the pressure ulcer.
- We were informed by the registered manager and staff how they accessed specialist advice and guidance as necessary to aid them to provide the necessary support.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found that they were.
- The provider had carried out assessments of people's mental capacity and these were recorded. Where people were able to they had consented to their care and treatment. The provider had requested their signed agreement with these or recorded where they were unable to sign. Where people lacked capacity, the provider had sought information about their legal representatives and had worked with them to make decisions in people's best interests.
- The staff had received training regarding the MCA and were able to tell us about this and their responsibilities relating to 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

Good: □ 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 using the service and their relatives told us that the staff were kind, caring and they had good relationships with them. Some of their comments included, "They are marvellous and really helped me out when I was ill one time." "They are so considerate and arranged to take me for a hospital appointment."
- □ People's care plans recorded their cultural needs, religion, belief and other aspects of their identity and how they wanted to live their lives. The staff had a good understanding of equality and diversity. We saw they spoke about people and recorded care logs in a respectful way.
- □ The staff sometimes went out of their way to provide a personalised and caring service. For example, two people who used the service knew each other but were unable to visit one another. Care staff enabled this to happen by transporting a person to visit. We were told, "That was very considerate of them." Another example of staff going above and beyond, was a staff member identifying and locating an out of hours pharmacist then filling a prescription so that a person had no delay in starting their antibiotics.

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

- □ People were regularly asked for their views on their care and their plans. We saw evidence of regular four weekly reviews and feedback forms from people in care files.
- □ Daily notes demonstrated that people were asked at each visit how they wanted their care and support to go on that occasion. A relative said, "The communication is really good. Any slightest issue and they are on it. We use a note book to communicate and that works a treat."

Respecting and promoting people's privacy, dignity and independence

- □ People were supported to maintain their privacy and dignity. A relative told us that staff always shut the bathroom door and then their relative emerged looking and feeling better.
- □ One relative told us, "The care is so good. I can overhear them on occasion. They can put [relative] at ease if they are agitated and they are so kind."
- □ People explained that they were supported to be independent where they were able to and wanted this. An example was given of a person being supported to eat lunch on their veranda. This had pleased them as they had not been able to do that for some time. The care plans described the things people could do for themselves and people told us the staff respected this.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which met their needs. People told us that their needs were being met and that they were happy with the care and support they received. They, and their representatives, said that the agency had been responsive to changes in their needs and had adapted their care accordingly. We saw evidence that the registered manager had met with people and their representatives to review their care. They also visited people to observe the staff and make sure people's needs were being met.
- One of the care staff spoke about the positive changes they had observed for the people who were cared for by the agency. They explained how the care had made a difference for one person who was at risk of social isolation, they were happier, eating better and receiving appropriate personal care.
- An external professional also told us about the positive working relationship they had with the registered manager and the positive impact that the agency had for people. They said that they were very impressed with the care staff who had provided support and made a difference for the people.
- The provider had developed care plans with people. The plans included a breakdown of tasks the staff needed to perform, the desired outcomes and how these would be achieved. There was an emphasis of providing choice and understanding people's routines and how they wanted to be cared for. The information was detailed and outlined specific likes, needs and interests.
- The staff recorded logs of their visits. These showed that care tasks were followed, they also showed how the person felt. Information was clearly recorded and detailed. Logs showed that staff stayed for the right length of time and arrived at the same times each day. The staff also recorded any symptoms or behaviour that was out of the ordinary for people. They reported this to the registered manager and discussed with people's families if they had a concern that someone was unwell or confused.
- The care staff told us that they were able to care for the same people on a regular basis. They got to know people well and had good relationships with them.

End of life care and support

- At the time of our inspection, no one was receiving care at the end of their lives. One person had been identified as requiring end of life care support, but interventions of staff had had such a positive effect the person was now fitter. Staff had received training about caring for people at this time. They worked closely with families and healthcare professionals to make sure people received the right support when they needed this.
- Care records had peoples' wishes noted. Some people had records relating to not being resuscitated on recognised forms.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place. People had been given a copy of the complaints procedure. People using the service and their representatives told us they knew how to make a complaint

and who to speak with if they were unhappy with anything. They said that they felt the registered manager responded to concerns or anything they wanted changed. One person said, "Trust me I would be the first to complain, but I have not needed to." Another person said, "Oh yes I can speak my mind, but there are no faults to be found."

- No complaints had been received, but we had confidence that the registered manager would take seriously any issues to improve the service where possible and appropriate actions with records would be in place as a file had been set up.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- □ People using the service and their representatives told us it was a good service and they received personalised care. Some of their comments included, "They have been very good, the best. Other agencies do not compare. I would highly recommend them." And "They are really good. They came and assessed. We have a small group of care staff that are all prompt and the care is very good. For instance, if one staff member puts on the washing the next one that comes in pops it in the drier. Simple things mean a lot."
- □ The staff also felt supported and happy working with the agency. Some of their comments included, "I love my job and role." And "This is a brilliant agency to work for. You can voice anything to the manager. We're a close knit team and have regular staff meetings. We have a voice and can get involved."
- □ There were structures and good intent to develop a service in line with openness and duty of candour.
- □ The registered manager was open and facilitated the inspection.

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

- □ We observed that the registered manager had integrity and held strong values in providing a high-quality service that they believed people deserved. They knew people, family members and their staff very well and held them all in high esteem.
- □ Staff were clear about their roles within the organisation and there was an appropriate structure for the size of agency.
- □ There were systems in place to monitor the service provided. This included spot checks of staff. Records showed that the service was evaluated and if it fell short then staff received appropriate feedback to improve the service provided.
- □ The registered manager also completed spot audits of service delivery. They visited people to seek the service user's perspective and to check records were correctly completed and up to date.

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

- □ Care plans in people's homes contained information such as the Statement of Purpose, information about the CQC and a current roster. Service user and relative satisfaction surveys had been completed and returned. Those returned were positive about the service provided. This along with regular review of care packages showed people were regularly consulted about the service.
- □ Peoples' equality characteristics were considered in developments within the service. The registered manager was introducing a pen picture of staff that included their photo and information about staff. This

would enable people to recall what staff were supporting them and develop more positive equal relationships.

- Staff confirmed they were well supported and involved. One staff member said, "They are an amazing company. I'm given training I need. They are very supportive and are there on the end of the phone if needed." Staff were motivated and the agency recognised good staff practice and celebrated this with the carer of the month award. Staff received recognition with flowers and vouchers of their choice.

Continuous learning and improving care; Working in partnership with others

- The registered manager had systems for monitoring the quality of the service and making improvements. These included audits of care records, daily notes, incident/accident forms and medicines administration records. A recent visit from the local authority contracts department had enabled the registered manager to identify and take action to make improvements to service provision.
- The provider had a range of policies and procedures which were regularly reviewed and updated.
- The registered manager told us about the positive relationships they maintained with other professionals. This included the local authority, CQC and other family members with whom they worked.