

Willowbrook (Hyndburn) Limited

Willowbrook Homecare

Inspection report

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Date of inspection visit:
24 June 2021

Date of publication:
27 July 2021

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

Willowbrook Home Care is a domiciliary care agency. It provides personal care support to people living with dementia, mental health and older people. It supports people who have a physical disability and younger adults, all who live in their own homes. The agency is situated in the town of Lytham. The office is accessible to anyone with mobility problems. At the time of our inspection there were 65 people receiving a service from Willowbrook Home Care.

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 we spoke with were extremely positive about staff and support they received. For example, one person said, "The staff are wonderful always on time and do a super job for me." Another said, "I could not do without them absolute angels." Staff continued to be recruited safely, and staff were deployed to provide the right support for people. Staff demonstrated a good understanding about safeguarding people from the risk of abuse and training was provided and updated. Staff managed medicines according to national guidelines and one said, "Training is very good around medication practices and administration." Staff assessed and helped manage avoidable risks. In addition, any incidents that occurred would be analysed and lessons learnt from them. Support for people was planned to ensure the persons needs and wishes were considered. Risks were assessed in the individual homes and person centred to ensure people were protected and could be supported safely. Staff were provided with personal protective equipment to protect people and themselves from the spread of infection. One staff member said, "We have no shortages of PPE."

People received support with their healthcare and nutritional needs. they 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 training was ongoing and comments from staff were positive about access and continued access to courses. Staff we spoke with confirmed this.

People supported by the agency told us staff and the management team who visited them were polite, reliable and professional in their approach to their work. Staff continued to support people to attend healthcare appointments if necessary.

The service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns.

The management team had extensive auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Quality assurance processes ensured people were able to give their

views of the service and improvements made when they were identified.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence.

Care and support had been developed around individual assessed needs. Staff worked in a way which promoted the persons independence. For example, People told us staff encouraged them to participate in their care and choices where possible.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Care support plans were person centred and ensured the individual and family were involved in the development and review of their plan as far as possible. Training and support for staff ensured human rights was at the heart of the delivery of care and support.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The ethos of the agency was to develop and target support which suited the individual and helped them live the best life possible.

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

Rating at last inspection

The last rating for this service was good and was (published 17 January 2018).

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

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?

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 ●

Willowbrook Homecare

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one 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.

Notice of inspection

We gave the service 48 hours' 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.

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 of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. In addition, we spoke with seven members of staff including the registered manager. We looked at a range of records. This included two people's care records, recruitment files, medication records and audits of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at their quality assurance systems.

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

- Staff we spoke with told us people were safe. They told us they had received training around keeping people safe and protecting them from abuse. A staff member said, "Training around abuse issues is good despite the pandemic we have access to guidance and instruction."
- People felt safe and protected by staff when they visited them. A relative said, "It makes us feel safe knowing the agency are supporting [person] we do trust them they are all caring people."

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

- The registered manager had good processes in place to manage people's safety and reduce risks to them. A relative said, "We know [person] is safe and is looked after by competent staff and management."
- Staff understood people's individual risks and what actions were needed to reduce or manage risks. For example, regular carers were deployed to the same people to build relationships and provide stability. A relative said, "We really like the carers, having the same people has made a difference to [relative]."
- Care records contained risk assessments to guide staff about protecting people from unsafe care in their own homes. These included hazards associated with medication, the environment and meal preparation. The management team reviewed potential causes and what the impact may be and also the level of possible risk. Records included action needed to reduce the occurrence of risk if incidents happened.
- The registered manager reviewed incidents to ensure risks were reassessed to prevent reoccurrence where possible and update any actions that were identified. Regular audits were completed and lessons learned were shared with staff to improve the service.

Staffing and recruitment

- The registered manager ensured appropriate staffing arrangements were in place to meet the assessed needs of the people in a person-centred and timely way. A staff member said, "We have time to spend at homes and that is essential. The office is really good at ensuring we have staff to call on the clients."
- Effective recruitment procedures continued to be in place. This helped ensure people would be supported by staff with appropriate experience and character.

Using medicines safely

- The registered manager had good systems and procedures to manage medication safely for people. They trained staff and regularly checked medication administration was safe and act on any discrepancies through their auditing systems which were robust.
- Care plans clearly set out when and how to support people with their medicines. A staff member said, "Good training and records kept in homes of people are regularly checked."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

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

- The agency ensured people's needs were appropriately assessed, before using the service. The assessments helped to ensure effective care could be planned and delivered. A relative said, "They were very thorough before we started with them which helped to get to know each other."
- Information gathered during the process helped to form a care plan with involvement from family and health and social care professionals to ensure an efficient service was delivered.
- The management team continued referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported staff to ensure people received effective and appropriate care which met their needs.
- Care records were regularly reviewed and updated monthly or where their needs had changed. Care records looked at confirmed this.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. Staff spoken with explained training was provided and they were supported to attend courses relevant to their roles.
- Staff told us they felt supported by the registered manager and received one to one supervision sessions. Records looked at confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care plans detailed where people may need support to monitor health needs and attend any healthcare appointments and what risks they entailed.
- People's diverse needs were detailed in their assessment and support plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.
- Training in food and hygiene was provide for staff if required. A person who received a service said, "They make my meals and are very good at it to."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff had received training in understanding MCA, best interest decisions and DoLS. Records confirmed this.

Is the service caring?

Our findings

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

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. Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and kindness by caring and competent staff. Comments included, "They are brilliant so kind and respectful when in my house." Also, they treat us with kindness and that is all I ask for."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. A staff member said, "It is important to respect peoples' different diverse needs when in their home."
- people were supported to maintain their independence. The management team completed environmental risk assessments to ensure people's homes were suitable to meet people's needs. One person said, "They do encourage me to do things on my own which has definitely given me more confidence."

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

- Where a person may struggle to express their views in words, staff had detailed understanding and know-how of the indicators that alerted them to signs of agitation and unhappiness or other emotions. Training was provided for staff to enhance their communication skills in order to provide a better service.

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. 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

- People received personalised care, which met their current and changing needs. Records were written in a person-centred way with the involvement of the person and their carers. One person said, "We went through everything together to plan what I needed and it works out well." Care records were regularly reviewed and showed changes were inputted where necessary.
- Information about people's social hobbies and interests was written in care records. Staff told us they try and match staff to people who might have similar interests. This helped develop relationships and stimulate people who received a service. For example, one person said, "I get along so well with [staff member] because we like the same things. I look forward to them coming to help me."

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.

- Records had a communication needs assessment and detailed where people had communication needs and what staff should do to ensure the person understood them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process. A relative confirmed they had received this and would be confident to make any issues or concerns known to the management team.
- The registered manager assured us complaints would be taken seriously in accordance with their policy. We looked at records of complaints and found they had been investigated in accordance with their policy and responded to in a timely way.

End of life care and support

- Where appropriate end of life plans would be put in place and staff would have appropriate training.

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

- There continued to be a positive culture throughout the service which focussed on providing people with high standards of support and care. It was clear through discussions the registered manager and staff knew people well and encouraged people to make decisions about their care.
- Staff told us they felt supported and valued by the management team. One said, "The office staff are very supportive and are always available if we need them."
- A relative told us they could ring and speak with anyone at the service including the management team at any time. They said, "Always able to get through to discuss any issues and they are supportive."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had extensive auditing systems to maintain ongoing oversight and continued development of the service. Completed audits had highlighted areas for improvement and action plans had been devised to ensure improvement would be made.
- Staff said they worked well as a team and people commented the service was managed well. One staff member said, "[Registered manager] is so supportive and all the office staff and seniors are there for us."
- The registered manager understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.
- Duty of candour was understood, and it was clear in the way if any complaints were made, they would be listened to and their concerns and worries would be investigated.

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

- Systems and processes continued to be developed to ensure people and relatives were fully engaged. For example, People were encouraged to be involved in the development of the service and feedback was sought from people who used the agency.
- The registered manager had an 'open door' policy, so people could contact them directly to discuss any concerns in confidence. This was confirmed by talking with staff and people.

Working in partnership with others

- The registered manager and staff worked closely with health and social care agencies to share good practice and enhance care delivery. This was confirmed by discussions with the staff, relatives and registered manager.