

Deben Willow Care Limited

Deben Willow Care

Inspection report

Unit 14, Wilford Bridge Spur
Melton
Woodbridge
Suffolk
IP12 1RJ

Tel: 01728453677

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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

Deben Willow Care provides personal care to people who live in their own houses or flats. Not everyone using Deben Willow Care receives the 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. At the time of this announced inspection of 12 December 2018, there were 94 people who used the service.

Deben Willow Care is a domiciliary care agency and registered to support; older people, younger adults, people living with dementia, people with learning disabilities or autistic spectrum disorder, people with mental health needs, people with physical disability and people with sensory impairment.

At our last inspection on 9 and 17 August 2017, we rated the service overall good. The key questions safe effective, caring, responsive and well-led were all rated good.

At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to provide people with a safe service. Care workers understood their roles and responsibilities in keeping people safe. Risks to people continued to be regularly assessed and managed well, including from abuse and in their daily lives. Safe recruitment practices were followed with enough care workers to cover people's planned visits. Where people required support with their medicines, this was done safely. There were infection control procedures and equipment in place to guide care workers in how to minimise the risks of cross contamination.

The service continued to provide people with an effective service. Care workers were trained and supported to meet people's individual needs. People were supported to have maximum 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. Where required, people were supported with their dietary needs, to maintain good health and access healthcare services where needed. The service worked with other organisations involved in people's care to provide a consistent service.

The service continued to provide people with a caring service. Care workers had developed good relationships with people, treating them with kindness and compassion. They protected people's privacy and dignity and promoted their independence.

The service continued to provide people with a responsive service. People received care that was assessed, planned and delivered to meet their individual needs. People's care records were accurate and reflected the care and support provided. Where required there were systems in place to care for people at the end of their

lives. The service listened to people's experiences, concerns and complaints and acted where needed.

The service continued to be well-led. A system of audits ensured the senior management team had oversight of the quality and safety of the service and shortfalls were identified and addressed. There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result, the quality of the service continued to develop.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Deben Willow Care

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 was planned to check 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.

Inspection activity started on 12 December 2018 when we visited the office premises and ended 18 January 2019 when we provided feedback. The provider was given 48 hours' notice because we wanted to be certain the registered manager and key staff would be available on the day of our inspection visit.

This was an announced, comprehensive inspection carried out by two inspectors 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 service. They assisted us with telephone interviews of people who used the service and relatives where appropriate.

As part of our inspection planning, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the Local Authority, Healthwatch and members of the public. Providers are required to notify the Care Quality Commission (CQC) about matters relating to people's safety and the running of the service. We reviewed the notifications the provider had sent us.

During the office visit we spoke with the registered manager, a director of the company, the operations manager, the human resources and recruitment manager, the deputy manager and three care staff. We received electronic feedback from six care workers, three relatives and four community professionals.

We reviewed the care records of seven people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

On 17 and 19 December 2018 we carried out telephone interviews and spoke to nine people who used the service, five relatives and two care workers. Not all the information we requested to be sent following our visit to the office was received on time and this delayed the report. The provider's nominated individual gave assurances that this would be addressed.

Is the service safe?

Our findings

At our last inspection the key question safe was rated as good. At this inspection we found that this rating had been sustained and people continued to be provided with a safe service.

People told us that they felt safe and secure with their care workers. One person said, "I feel safe in my carer's company, they are professional, discreet and we have a good routine going."

The service continued to have systems in place designed to minimise the risks to people in relation to avoidable harm and abuse. Care workers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities including how to report concerns. One person told us the care workers were, "Always polite and respectful to me. They keep me safe in my home, they look out for me and check I have everything I need before they go." Another person added, "I always feel safe, I don't have different carers. I tend to see about six, so I see a familiar face."

Risks to people's safety continued to be well managed. Care workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling and risks that may arise in the environment of people's homes.

There were sufficient numbers of care workers to meet the needs of people. The service continued to maintain robust recruitment procedures to check prospective care workers were suitable to work in the service and of good character. Records seen showed that there had been no recent visits that had been over 15 minutes late or been missed. One person said, "Everything is fine, we don't really have any problems. Timings are pretty good, there are occasions when there is a blip with the system. They occasionally ring and let me know, but they are not as good as they could be."

There had been several personnel changes amongst the care workers and management in the last six months. Feedback from people and relatives showed that continuity of care and communication had been affected but that the situation had improved. One person said, "Generally it's pretty good care. They are pretty good on times and they let me know if they are going to be over ten minutes."

Wherever possible people were provided with regular care workers to support continuity of care. The senior management team had taken steps through active recruitment to support this and were confident that the situation had settled. One person said, "I am happy with my overall care. As a rule, they are fairly punctual, sometimes they are not, one was very late. They [office staff] don't ring me. Mostly they are very good, my normal carer is very, very good, as a rule I have the same ones. I feel they are reliable people."

There were suitable arrangements for the management of medicines. One person said, "They regularly give me my medication and there haven't been any problems so far." Another person commented, "They give me my medication and it's always been correct."

Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. People were provided with their medicines in a timely manner. Where people had medicines to be administered 'as required' protocols were in place to guide care workers on when to offer these.

Care workers were provided with medicines training and had their competency checked regularly by the management team. MAR records were audited to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and further support for care workers where required.

There were systems in place to reduce the risks of cross contamination including providing care workers with personal protection equipment, such as disposable gloves and aprons, and staff training. One person commented, "The carers always wear their uniforms and they have their gloves and overshoes."

Incidents had been reported and action was taken to make improvements. The registered manager was open and transparent in communication. Care workers and office staff demonstrated an understanding of accident and incident reporting procedures.

Is the service effective?

Our findings

At our last inspection the key question effective was rated as good. At this inspection we found that this rating had been sustained and people continued to be provided with an effective safe service.

People continued to be supported by care workers who had received the appropriate training for their role. Care workers said they felt well equipped for their role through ongoing training and support. One person said, "My carers always know what they are doing so I think they receive enough training." Another person said, "I have every confidence in them, a lot have medical knowledge, which is encouraging."

Care workers continued to be encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate if they were new to the health and social care industry or completing nationally recognised accreditation courses and or qualifications if they were interested. The care certificate is an agreed set of standards recognising the knowledge, skills and behaviours expected of specific roles within health and social care. A relative shared with us, "I think [family member] is looked after really well. The carers are skilled and competent in what they do, well trained for their jobs."

Care staff received a good program of supervision and support. One care worker said, "We have regular spot checks and supervision and can always pop into the office if you want to talk about how things are going or have training requests." Another care worker added, "I was new to care and a little overwhelmed at first but the training was really good. I learnt a lot and shadowed other carers to help me practically, all the carers were very supportive."

People's care needs continued to be assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This considered their physical, mental and social needs and were regularly reviewed and updated. The service worked with other professionals involved in people's care to ensure that their individual needs were consistently met. Feedback from community professionals confirmed that appropriate referrals were made by the service and guidance was acted on.

Where required the service continued to support people to maintain a healthy diet. One person told us how they were being supported to eat and drink well. They said, "The carers prepare my meals for me. I get something out of the freezer for them to cook."

People continued to be supported to maintain good health and had access to health professionals where required. Records demonstrated that the care workers were proactive in obtaining advice or support from health professionals such as a doctor when they had concerns about a person's wellbeing and acting on the advice given.

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.

We checked whether the service was working within the principles of the MCA. The registered manager advised that where people lacked capacity their relatives provided support with decision making where appropriate. The registered manager understood how to access additional support for best interest meetings if these were needed.

People told us they were asked for their consent before care workers delivered care to them, for example, with personal care or assisting them with their medicines. One relative said, "The carers are very good at asking what needs doing, they leave her in bed if that's what she wants. They respect her wishes." People's care records continued to identify their capacity to make decisions. People had signed their care records to show that they consented to the care and support they were being provided with.

Is the service caring?

Our findings

At this inspection the rating for caring continued to be good. At our last inspection the key question caring was rated as good. At this inspection we found that this rating had been sustained and people continued to be provided with a caring service.

People had developed positive and caring relationships with the care workers who supported them. This was reflected in the positive feedback we received. People told us that their care workers treated them with compassion and kindness. One person said, "They treat me very well, respectfully, and they are all so kind. I won't have anything said against them." Another person commented, "I enjoy my visits; my carers are very personable and friendly."

Relatives were equally positive about the approach of the care workers. One relative commented, "[Family member] has to be hoisted and the carers are very reassuring, they put her at ease. They are kind girls and I feel she is in good hands." Another relative told us, "As far as the carers are concerned I couldn't fault them, they are brilliant. My wife has a good repartee with them." A third relative shared with us, "The carers seem to do a good job [family member] is generally very happy, we have no complaints."

Care workers knew about people's individual needs and preferences and spoke about people in a caring and affectionate way. They understood why it was important to respect people's dignity, privacy and choices. One person said, "The carers certainly do treat me and my home with respect and they are very kind."

People and relatives shared with us how they had been included in developing their ongoing care arrangements through regular reviews and this was reflected in their records. People's care records continued to identify their specific needs and how they were met in line with their individual choices and preferences. One person commented, "They help me to wash and dress and encourage me to try to do things myself. Some days I need little help but they are on standby if I need them."

Information in the records provided guidance to care workers on the areas of care that people could attend to independently and how this should be promoted and respected. One person told us, "I used to do a lot more for myself but then I went to hospital. They [care workers] are helping me to get back on my feet step by step."

People's right to privacy and dignity was respected and promoted. One person said, "I need help to be washed but my carers always respect my dignity when they do this. They are lovely people, they make me comfortable and don't fuss." Another person told us that during personal care the care workers, "Make sure I am comfortable tell me what they are going to do, check that I am happy with everything. There is no problem with my dignity as they are so caring, helpful and kind."

Is the service responsive?

Our findings

At our last inspection the key question responsive was rated as good. At this inspection we found that this rating had been sustained and people continued to be provided with a service responsive to their needs.

People and relatives were positive about the care and support provided which was responsive to their needs. One person said, "They [management team] came to assess me before I left hospital, we increased the visits till I was back on my feet. I'm very happy with the care I got." A relative commented, "I was involved with the care plan to some extent, we are in a reablement period, they [care workers] encourage her to do a little more herself."

The service continued to ensure that people's care records identified how the service assessed, planned and delivered person centred care. One person commented, "I had an increase in personal care recently and they went through similar questions to what you're asking about my needs changing. I'm pretty sure I could ask for more help if I needed it."

There had been several compliments received about the service within the last 12 months. Themes included 'caring staff approach' and supporting families during difficult times. One person said, "I am very happy with the arrangements in place. The carers are flexible and adapt to my needs as my health often fluctuates."

People and relatives were confident in the complaints process and that the service would respond to their concerns effectively. One person said, "My husband complained once and it was resolved successfully." Another person commented, "I have complained about the time keeping, someone came out to speak to me and it was dealt with."

Appropriate palliative care arrangements were in place. People were supported by care workers who had received training on end of life care so that they had the skills and knowledge to provide support at this sensitive time should this be required. People's care records showed that the service had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review.

Is the service well-led?

Our findings

At our last inspection the key question well-led was rated as good. At this inspection we found that this rating had been sustained and people continued to be provided with a well-led service.

People and relatives continued to be complimentary about the approach of the care workers and the registered manager. One person said, "On the whole they provide a good, effective service and I am very pleased with them." A relative commented, "When we have to ring the office, they are always helpful and knowledgeable." Another relative commented, "The carers and the manager are kind and caring and keep us informed of what's going on"

The registered manager was proactive and acted when errors or improvements were identified and learnt from these events. One person told us, "I like all my carers, happy with the service I get. The office and [registered manager] have been helpful and dealt with any issues when I have contacted them. I have no problems."

The registered manager promoted an open culture where care workers told us they felt respected, listened to and encouraged to professionally develop. One care worker said, "I feel supported and encouraged by my manager. I can speak to them whenever, it is never a problem to call or visit the office. They encourage us to stop by and have a cup of tea and chat if we are passing."

The registered manager acknowledged that there had been several personnel changes which had impacted the service, but the staffing situation had settled. They had several systems in place to communicate with staff and support people's changing needs. Records were well maintained and reflected people's views and experiences. One relative commented, "The carers and the manager are kind and caring and keep us informed of what's going on"

Care workers were provided with the opportunity to comment on the service, including in meetings. The minutes of meetings showed that care workers suggestions, for example, how they supported people, were valued and listened to. The minutes showed that care workers were reminded of their roles and responsibilities and kept updated with any changes in the care industry."

Systems were in place which showed that the service continued to develop. The registered manager continued to carry out a regular programme of audits to assess the quality of the service and identify issues. Where shortfalls were identified, records demonstrated that these were acted upon, and action plans were in place. The senior management team shared with us their development plan for the service. This reflected the priorities and continual progress of the service. This included management restructure, active recruitment, staff training and enhancing communication systems.

The registered manager worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care. Feedback from professionals cited effective working relationships with the service. One

professional commented about the service, "The care delivered is always of good quality and they work hard to deliver person centred care in line with the customer's wishes and needs."