Care Quality Commission

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Willow House DCA

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

Overall summary

This inspection took place on 8 November 2015 and was unannounced. The last inspection took place on 16 January 2014 and no breaches of legal requirements were found at this time.

Willow House Domiciliary Care Agency provides personal care to one person with a learning disability in their own home. There was a registered manager in place. A registered manager 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's rights were protected in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's capacity was considered in decisions being made about their care and support and best interest decisions were made when necessary.

Staffing levels were sufficient and flexible to meet the person's needs. Staff work on a one to one basis for 14

Summary of findings

hours per day, together with electronic monitoring systems at night to ensure the person remained safe. Therefore sufficient numbers of staff were always available to support the person's individual needs safely.

Safe recruitment procedures were in place. The provider ensured checks were made on staff's suitability to work with people. The person who used the service was also involved in the recruitment process of staff by being present and asking any questions they wanted to ask.

People were supported by staff who were kind and caring in their approach and were treated with dignity and respect. This was confirmed by the observations we made during our inspection.

People had choice about their daily activities. People were involved in their support planning and chose what activities they wanted to undertake on a weekly basis.

The provider had ensured that staff had the knowledge and skills they needed to carry out their roles effectively. Regular training was provided and staff we spoke with were knowledgeable about people's needs.

The person we spoke with told us they received a good quality of care and support and was able to tell us who they would tell if they felt they didn't. The person felt confident in who they could talk to if they had concerns.

The service was well led. Staff spoke highly of the management team and the vision of the service. There was a positive attitude amongst staff towards their work and staff responded well to the direction of the management team. A detailed system was in place to monitor the quality of the service that people received. This included a system to manage people's complaints.

Summary of findings

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.

There were sufficient numbers of staff to ensure that people were cared for in a safe way that met their needs.

There were risk assessments in place to guide staff in supporting people safely.

Staff were trained in and felt confident about safeguarding people from abuse.

Good

Is the service effective?
The service was effective.

People's rights were protected in line with Mental Capacity Act 2005 and

Deprivation of Liberty Safeguards. Staff received training in this area to remain up to date with the latest guidance.

People received effective care and support and staff worked with other healthcare professionals when necessary. Referrals were made for specialist support and guidance when required.

Staff received good training and support to fulfil their roles that ensured people's needs were met.

Good

Is the service caring?
The service was caring.

People were supported by staff who were kind and caring in their approach and were treated with dignity and respect.

People were involved in planning their own care and support and were given information in a way they could understand.

People were protected against the risks associated with the administration and storage of medicines. A clear policy was in place for staff to follow.

Good

Is the service responsive?
The service was responsive.

People made choices about the care they received from the service.

People received care which met their needs. Support plans were comprehensive and gave clear guidance for staff to follow.

The provider had a complaints procedure and people felt they would be listened to if they complained.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was an open and transparent culture in the home. Staff were confident about raising issues and concerns and felt listened to by the registered manager.

The registered manager communicated with staff about the service. Weekly service planning meetings took place.

There were systems in place to monitor the quality and safety of the service provided. Action plans were devised and followed to improve the systems that were in place.

People's opinions were sought to improve the quality of the service and acted on.

Willow House DCA

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.

This inspection took place on 8 November 2015 and the provider was given short notice due to the service being small and arrangements needed to be made for us to visit the person and gain their views on the service they received. The inspection was undertaken by one inspector.

Prior to the inspection we looked at all information available to us. This included looking at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about.

As part of our inspection we reviewed the care records relating to the support people received and also looked at staff personal files to see how they were trained and supported. We spoke with one member of staff who was providing the support that day and the registered manager. We looked at other records relating to the running of the service which included audits, staff supervision and training records and meeting minutes.

Good

Is the service safe?

Our findings

People felt safe using the service and spoke highly of the staff that provided their care. People's relatives felt the service provided safe care. This was evident in satisfaction survey comments that stated they were happy with the care they received and the staff that supported them. During the inspection the person told us "yes they are good. I like [name]".

People were protected against the risks associated with the administration and storage of medicines. At the time of our inspection the person was independent in managing their own medicines. However they did advise staff when they had taken their medicines for it to be recorded in their daily record. A clear policy was in place for staff to follow should the need arise to support the person with their medicines at any time. Staff received medicines training coupled with regular refresher updates to ensure they kept up to date with the latest guidance.

There were sufficient numbers of staff to ensure that people's needs were met. Staff we spoke with told us the person received 14 hours one to one support during the day. Therefore this was sufficient to enable the person's needs to be met.The registered manager told us" we have a stable and flexible staff team. The persons support hours are used flexibily to be able to support them on holidays and to their social events outside normal working hours. I feel this shows dedication of the team".

Risks to people's safety were assessed before they came into the service. People's risk assessments were clear and detailed to guide staff. They ensured the least restrictive option for people and enabled people to be as independent as possible. For example, the person had monitoring equipment in place that ensured their safety at night, and detailed risk assessments were in place to support this. The person was able to tell us why the system was place and that they were happy with it. They said "it keeps me safe". The registered manager told us an 'on call' system was in place to ensure a member of staff or the registered manager, could be contacted at any time during the night if needed. The person was able to describe how they would summon help if they needed it. Therefore the provider ensured the safety of the person at night by ensuring suitable systems and risk assessments were in place.

There were recruitment procedures in place to help ensure that staff were suitable for their role and to support the provider in making safe recruitment decisions. This included gathering information through references and a Disclosure and Barring Service check (DBS). The DBS provides information about any criminal convictions a person may have and whether they have been barred from working with vulnerable adults. This helps prospective employers ensure people are suitable for employment in their organisation.

We found the provider had systems in place that safeguarded people. Staff we spoke with had a good understanding of what safeguarding meant and the processes to follow to report concerns. Staff received training in safeguarding and from speaking with staff it was clear they also received regular updates to ensure they were up to date with the latest guidance. Pictorial policies were seen in people's files. This helped people understand what safeguarding meant and how they were protected.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents The registered manager audited all incidents to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Good

Is the service effective?

Our findings

People's rights were protected in line with Mental Capacity Act 2005. This is legislation that protects the rights of people who are unable to make decisions about their own care or treatment. The documentation that we viewed confirmed this. People's care documentation evidenced when people's consent was gained and we observed staff routinely asked the person for their consent during the inspection. We saw examples of capacity assessments that were recorded and demonstrated the relevant persons were consulted and were in line with the current legislation. Records showed that consent had been obtained by people receiving care and support from the agency. For example one document in the person's personal file stated "I have given consent for this book" and was signed by the person. A contract for the support given to the person was also in place and showed this was signed by the person. Pictures were used to aid people's understanding and their involvement in the planning and agreement to their care routines and evidenced that their rights were upheld.

Staff confirmed they had received training in the Mental Capacity Act 2005 and records we viewed confirmed this. We were told that the person they supported had capacity to make day to day decisions about their care. However in the case of any complex decisions, or at a particular time of reduced mental capacity, then their family and relevant health or social care professionals would be involved. Evidence we saw in their care file confirmed this.

The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS). DoLS referrals may be made in order to assess that the service a person received was in their best interests. Staff knowledge of DoLS and mental capacity increased awareness of issues relating to consent. The registered manager confirmed how they considered this in relation to the monitoring and checking equipment that was used to support the person at night.

Support was in place that ensured people's health needs were met. Staff worked with healthcare professionals where necessary and followed their advice to ensure the risks to people's health were minimised. People's ongoing health needs were managed and people were supported to see a local GP, or attend hospital, should they require it.

People had Health Action Plans (HAP's) in place. This document contained detailed information that supported the person should they need to stay in hospital or visit health professionals and helped health professionals understand the way in which people liked to be supported. Pictures were used to help the person to understand what it might be like and this was developed with the person to gain their preferences of how they may wish to be supported if they were away from their familiar surroundings.

Staff received appraisals and supervision that guided them in their role and highlighted any development and training needs. Staff said "I am supported and the whole team is approachable" and "I love it working with [name]". The registered manager explained how the staff who worked in this service could also work in their residential care services. Therefore staff received the same support and training as all the staff that were employed in the provider's care homes. They would also have access to the career progression route as other staff. This could be achieved by undertaking further training and taking on delegated responsibilities to warrant reaching a higher grade.

The training records showed staff had received training in a variety of relevant topics such as moving and handling, health and safety, safeguarding adults, mental capacity awareness and food hygiene. Staff training details were held on each individual's personnel file and the management team ensured people attended regular updates.

People's nutrition and hydration needs were met. People's independence was promoted and the person was involved in shopping and preparing their own meals. Staff told us they had a weekly meeting with the person and would plan for the following week. This was confirmed by documentation that we viewed and by speaking with the person.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring in their approach. Feedback we received from the person and staff clearly identified staff's caring approach and confirmed they listened to people. Comments included: "staff are nice. Yes they care". Staff spoke with the person in a considerate and respectful manner. They listened intently when the person spoke and responded appropriately by giving them the time they needed to express themselves. We observed pleasant interactions throughout our inspection, whereupon staff always included the person in the discussions. The person responded positively to their interactions and enjoyed their discussions.

As part of the provider's quality monitoring, people's opinions were sought through surveys on a yearly basis and through person centred planning reviews. A pictorial survey was used to help people understand what was being asked of them and comments were positive about the service the person received. Relatives comments were recorded as 'very good' to all the categories contained in the questionnaire. Categories covered included; staffing and care and support the person received.

People were supported to maintain friendships that were important to them. The person's file showed the people that were important to them and memorable dates for them to remember. Staff also told us how they supported the person to visit their family members and childhood friends when they wished to. Staff said "because it's one to one support we can do really what [name] wants to, as we are not really restricted on time". The registered manager also told us staff often worked outside their usual hours of work to accomadate this.

People were involved in decisions about their care and their independence was maintained. The person we spoke with confirmed they had been involved in deciding their care and support. They told us that the service communicated well with them, which included a weekly meeting that was attended by the registered manager and deputy manager to plan their weekly support plan and gain their views. The member of staff told us how the person was also involved in the interview process when they applied for the role. They said "[name] helped to interview me. Its right for them to be involved, I think that was really good".

People's end of life wishes were taken into account and planned for. The person's documentation evidenced what type of a service and funeral they wanted. This information was provided to the person in a way that aided their understanding. Therefore people's end of life preferences were recorded for staff to follow. We were told people's cultural and spiritual needs were taken into consideration and accommodated across all the providers services. We were told us this would always be considered and discussed at the pre admission assessment and would be provided for according to their individual needs.

People were supplied with information they required and information was given in ways they could understand. A service user guide and contract was viewed in the person's file. These documents detailed what the person could expect to receive from the service and were signed by the person in agreement. A pictorial staff duty rota was also designed for the person to see what staff would be working with them throughout the week.

Staff were knowledgeable about the person's needs and told us they always provided personal, individual care to the person. Staff told us how the person preferred to be supported and demonstrated they understood the person needs. The staff member commented on the personal interests of the person that included attending music events and going abroad on holiday. They said "we get on well and enjoy our trips out don't we [name]. It's a pleasure to work with [name]".

Good

Is the service responsive?

Our findings

We visited the person who used the service and saw they had individual support plans that contained assessments of their needs. We looked at these plans and found that they had been regularly reviewed and people were involved in the review process and signed the documentation. The person told us "I am happy with the service. I like going out best and choose what I want. I went to Dr Who exhibition".

People were supported by staff who understood their individual needs and preferences. The person told us they were supported well by staff and spoke positively about the support they received from staff. Personalised care and choice was offered to people and a personalised support plan was in place.

People's support needs were assessed before they came into the service. Assessments were undertaken by people's social workers and wider professionals as required. This evidenced joint assessments and reviews took place. Support plans were clearly written and gave a good picture of the person's individual needs. This ensured there was consistent guidance in place for staff to follow. Support plans were evaluated on a monthly basis to ensure they were current and reflected any changes in the type of support that people required.

The person's individual file held comprehensive information around their care and support needs. The information included; support plans for all aspects of their daily living needs, likes and dislikes, social contacts and health and professional input information. Some of the documentation viewed was in a pictorial format to aid the person's involvement. This meant different communication formats were used to involve people in the development of their care and support planning. Daily records were also kept that gave an overview of what people did with their day. This also supported good communication between the staff as staff could read what the person did the previous day.

People were able to choose what activities they undertook. The person had a weekly meeting with staff that supported them, to plan the activities for the following week. The person confirmed the activities they undertook that included accessing their local community groups, trips to friends/family and volunteer work. Staff confirmed how they supported the person to undertake activities that were meaningful and important to them and how the person was well integrated into their local community. For example, the registered manager told us the person had made lots of friends who invited them and his support staff, into their homes for social events.

People were given information that supported their safety and welfare. Easy to read information had been developed to help people understand their support and healthcare needs. Policies were developed in a pictorial format. This included safeguarding and complaints information and arrangements were in place to respond to complaints. The policy guidance was clear and this identified other organisations and agencies that concerns could be reported to if necessary, this included the contact details of the Care Quality Commission. The person we spoke with told us "I would speak to [name] or [name] if I wasn't happy and wanted to complain". Records showed no complaints had been received since our last inspection.

Good

Is the service well-led?

Our findings

The service was well led and the person we spoke knew who the management team were and how to contact them. They said "yes I know [name] I would tell them if I wasn't happy". Although this was a small service provision supporting one person, the registered manager confirmed the same systems and processes were in place as all their other services. This ensured the service remained effective and of a high standard as comprehensive systems were in place.

The registered manager communicated with staff about the service. Weekly meetings took place and minutes were recorded of the discussions held. The member of staff that we spoke with confirmed they were well supported in their role and stated they also worked in another of the provider's services and felt part of the wider team.

To ensure that people's needs were met the registered manager maintained contact with people through the assessment and support planning process, as well as attending meetings and reviews. The registered manager told us how they responded to the needs of the service, for example by being flexible in their role and providing emergency 'on call' for people as required.

Accidents and incidents were monitored on a monthly basis as a means of identifying any particular trends, patterns or lessons to be learnt in the types of incidents occurring. The registered manager was aware of the responsibilities associated with their role, for example, the need to notify the Commission of particular situations and events, in line with legislation in the form of a notification. Notifications help ensure that the service can be monitored effectively by the commission.

There were systems in place to monitor the quality and safety of the service provided. There was a regular programme of audits in place across all the providers services. These audits included the environment, staffing and care delivery. Checks included: medication, staffing, care planning and concerns/compliments. These checks were undertaken by both the registered managers and their staff.

Regular feedback from people who used the service, their relatives and professionals was gathered to help develop and improve the service. This was gathered during care reviews, resident meetings and yearly questionnaires. The registered manager told us they valued people's feedback and would respond individually to any comments from people, to ensure they felt listened to by the management team.

The registered manager kept up to date with changes in the law and various pieces of legislation. They were fully aware of CQC's fundamental standards and changes in the way inspections now took place. When we spoke with the registered manager they understood the intention of the 'duty of candour'. This regulation ensures that providers are open and transparent with people who use services if things go wrong with care and treatment. The registered manager confirmed this was embedded within the service and demonstrated they took responsibility to ensure policies and staff were kept up to date with the changes.

The registered manager told us that they encouraged staff members to be open and honest and valued their opinions. The member of staff we spoke with told us the registered manager and the wider team were approachable and someone was always available if support or advice was needed and felt confident to approach the registered manager with any issue of concern.