

Willowcroft Care Home Limited

Willowcroft

Inspection report

Sewardstone Road
Chingford
Essex
E4 7RF

Tel: 02085238680

Date of inspection visit:
06 November 2023
21 November 2023

Date of publication:
14 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Willowcroft is residential care home providing accommodation and personal care. The service is an adapted family style property that can accommodate up to 7 people. At the time of our inspection 6 people were living in the home. CQC only inspect where a regulated activity is being provided. One person was receiving a regulated activity.

People's experience of the service and what we found:

People 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. One family member told us living at Willowcroft is the best thing that could have happened to their loved one.

One person said, "I am living a life of luxury at Willowcroft."

Staff provided care that was safe, and risks were managed appropriately. This was because staff were well trained. There was a consistent staff team, who had been safely recruited. Agency staff were not required due to good staff retention.

Staff felt supported and the management team were always available. The registered manager had a good understanding of their responsibilities towards the person they supported and had passion in delivering person-centred care. The registered manager was receptive to how the focus in the care plans could be improved upon to include more about the character of the person.

Medicines were well managed. Systems were in place to monitor quality and learn from accidents and incidents.

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. The report was published 06 February 2018.

Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Willowcroft on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Willowcroft

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of two inspectors and was unannounced.

Service and service type

Willowcroft is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Willowcroft is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 1 person who is receiving a regulated activity and 1 relative about their experience of the care provided. We spoke with 3 members of staff including the registered manager. We spoke with 1 informal advocate for Willowcroft.

We reviewed a range of records. This included care records and medicine records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. Staff told us they knew how to report concerns and spoke of an open culture.
- Staff told us they had completed safeguarding training and training that is specific to people's mental health needs.
- A family member said, "I have no concerns about the safety of people living at Willowcroft; my loved one has blossomed since living at Willowcroft."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. Staff were able to explain where risk assessments were located, and a member of staff said, "I recently re-read someone's care plan and risk assessments to refresh my knowledge and did this through self-motivation to better understand the person being cared for."
- People, or their representatives if required, were involved in managing the areas of risk in their lives; a family member told us how they managed finances on behalf of a person living at the home.
- A family member told us staff understood people's care needs really well.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- We identified that some of the longer-term staff did not have an update on their DBS. Although there is no set timeframe on updates it is best practice for providers to complete updated DBS checks on all employees. The registered manager was aware and had this on their planned agenda to speak to the providers about. After our visit the registered manager informed us that it was agreed with the providers to refresh all DBS checks on current staff. In the meantime staff had signed a declaration form.
- Staff told us the people who live in the service were involved in staff recruitment.
- An informal advocate for the people living at Willowcroft told us, "Staff and people have been here for years, they spend a lot of time getting to know people. It's very calm - people go through crisis - the staff know how to talk to people and calm them down."

Using medicines safely

- People were supported to receive their medicines safely. A family member said, "Staff manage medication really well."
- Staff had medicine training and regular and on-going medication observations were completed to monitor their competency. We looked at medicine records and although medicine were being managed safely there

was room for improvement with the medication administration record (MAR). The registered manager was able to explain measures in place to reduce risk while this was addressed with the pharmacy.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We observed a clean environment during the inspection; PPE was available.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- We were told by the informal advocate that families and visitors were always welcomed.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider had systems in place to manage and monitor people's safety. Staff understood how to record and report incidents for investigation by the management team and lessons learned were identified. Where identified, lessons learned were shared with the team at staff meetings. The registered manager met with the provider to discuss and identify lessons learnt across services.

Is consent to care and treatment always sought in line with legislation 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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- Staff gave examples of where the person had choice and control over their lives and staff made all attempts to support the person in the least restrictive way. Staff received training in the Mental Capacity Act. Mental capacity was detailed in the care plan including their understanding of the complaints process and how they should be supported to raise concerns. House meeting notes spoke about promoting people's independence and asked people if they were happy with their care or if there was something that could be done better.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. 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 was a positive and open culture at the service. We observed some good practice and an enabling calm culture. Willowcroft had an informal advocate who told us, "People know they can say if they are not happy, and the managers really listen." Staff told us they felt they could report concerns and talk openly in meetings. Staff told us they could contact the providers or talk to them when they visited the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- The registered manager had identified the care plan template did not always produce records in the most person-centred way. The registered manager was working with the provider to develop the systems to be fit for purpose and reflect personalisation. Staffing was consistent and staff knew people well so there was no negative impact on people. A family member told us, "There is a key worker system in place which really works well, and you always know who is working."
- People were happy and settled living at the home.
- A family member told us they held the staff team and management in the highest regard and had a lot of respect for everything they did.

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 provider understood their responsibilities under the duty of candour.
- The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The registered manager was able to explain this.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery, for example; the registered manager and the provider had planning meetings to review the processes in place and quality of care.
- Staff had completed a full induction and were clear on their role and the responsibilities to promote independence and wellbeing. A staff member said, "I love working at Willowcroft, I love my job, we have a lovely environment, and we are a good team; like a family."
- The registered manager arranged regular staff meetings supervisions and had communication systems in place to keep staff informed.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- The registered manager supported regular meetings for people to attend and discuss topics on an agenda. People had the opportunity to raise compliments and complaints, talk about the environment, plan events, suggest activities and raise any other business. The notes of these meetings were made available to us.
- The provider had systems in place to engage with families and key stakeholders. Annual surveys were sent out.

Continuous learning and improving care; Working in partnership with others

- The provider had created a learning culture at the service which improved the care people received.
- The registered manager had identified improvements for the service which demonstrated their desire for people to achieve the best outcomes possible; for example, enabling positive risk taking with goals towards independence.
- The registered manager had identified the need for personal development through registered manager networks and skills for care networks.
- The provider worked in partnership with other professionals such as GP and pharmacist, the community mental health team and local hospital services to support people to access healthcare when they needed it.