

The Orders Of St. John Care Trust

OSJCT Willowcroft

Inspection report

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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

OSJCT Willowcroft is a residential care home providing accommodation and personal care for up to 42 older people in one purpose built building. Some people accommodated are living with dementia.

People's experience of using this service and what we found

People felt safe living at Willowcroft and said staff treated them well. People were supported to take any medicines they needed. There were enough staff to provide safe care for people. Staff had a good understanding of systems in place to keep people safe and were confident action would be taken if they reported any concerns.

The home was clean and the provider had taken additional infection prevention and control measures as a result of the Covid-19 pandemic. People said staff followed these new procedures, including wearing additional personal protective equipment and cleaning more frequently.

The service was well-led, with an experienced registered manager. The registered manager said they received good support from the regional management team and senior staff in the home. People felt the management team had a good understanding of any issues in the home and led by example. The quality of the service was regularly assessed, and action taken to make improvements where needed. Concerns raised with the registered manager had been investigated.

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 (published 31 August 2019).

Why we inspected

We received concerns in relation to cleanliness of the home, the behaviour of some staff and the way the management team responded to concerns. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

OSJCT 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

OSJCT Willowcroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced. We called the registered manager from the car park to make arrangements to maintain infection control procedures during the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who use the service and observed how staff interacted with people. We looked at all communal areas of the home and some bedrooms to assess how the infection control procedures were being put into practice. We reviewed medicine storage and medicine administration records. We looked at records relating to incidents and accidents, and the follow up action taken to keep people safe. We reviewed recruitment records for two new members of staff.

After the inspection

We made phone calls to a further three people who use the service, three relatives, three members of staff and the registered manager. We received feedback from a health professional who has contact with the service.

We reviewed risk management plans for two people, staff training records and records relating to quality assurance systems in the home.

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.

Preventing and controlling infection

- People told us staff had increased the cleaning and infection control measures in place as a result of the coronavirus pandemic. Comments included, "Staff always wear the PPE and extra cleaning is happening" and "They are doing everything they can to keep the coronavirus out."
- A visiting health professional told us, "Their Covid procedures were good, and they showed genuine concern for their residents and their needs."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- 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 premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Willowcroft. Comments included, "I feel safe here. Staff are available at night if I need them. They look after me" and "I'm very happy here. I feel safe."
- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues.
- Staff were confident the registered manager would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with other agencies if they needed to.
- The provider had responded well when concerns were raised. They had worked with the local safeguarding team to ensure people were safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to manage their mobility and periods of distress as a result of living with dementia.
- People had been involved in assessing risks and their views were recorded. Staff demonstrated a good understanding of these plans and the actions they needed to take to keep people safe.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff were available to provide support when they needed it.
- Staff told us they were able to meet people's needs safely, although they sometimes felt rushed. The registered manager was in the process of recruiting additional staff and was providing additional support for staff as needed to relieve the pressure.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character.

Using medicines safely

- Medicines were securely stored and people were supported to take the medicines they had been prescribed.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine.
- Staff had received training in safe administration of medicines. Their practice had been assessed to ensure they were following the correct procedures.

Learning lessons when things go wrong

- Incidents were recorded and had been reviewed by the registered manager before being closed. Actions included referrals to external health and social care professionals where necessary and changes to people's support plans.
- Staff took part in debriefing sessions where necessary following incidents. These were used to reflect on incidents that had happened and assess whether different actions would have resulted in better outcomes for people.

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; 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 and registered manager had promoted a person-centred approach in the service. This was evidenced through the content of staff meetings, supervision, appraisals and the training staff received. Staff reported the registered manager worked to ensure people received a high quality service.
- Everyone we spoke with praised the management and told us the service was well run. Comments included, "The manager is exceptionally good to everyone. We are able to raise concerns if we need to" and "We get very good support from management. They are approachable and listen."
- The registered manager had a good understanding of their responsibilities under the duty of candour.
- The management team had investigated concerns that had been raised with them. The outcome of these investigations had been used to improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had effective quality assurance systems in place. These included, reviews of care records, medicine records, support plans, infection control practices and quality satisfaction surveys. In addition to checking records the management team completed observations of staff practice. This was to assess whether staff were putting the training and guidance they had received into practice. One relative commented that the registered manager has "A good understanding of what is happening in the home and leads by example."
- The results of the various quality assurance checks were used to plan improvements to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people, their families, friends and others effectively in a meaningful way. The registered manager had changed the way they supported people as a result of the Covid-19 pandemic, with more individual contact rather than large meetings. People and their relatives said the registered manager had kept in contact with them and supported people to use different communication methods while they were not able to meet in person.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.

