

## Willowcroft Care Home Limited

# Willowcroft

### 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 17 November 2015.

Willowcroft provides accommodation for up to seven people who are living with mental health issues or acquired brain injury. There were six people living in the service on the day of our inspection, but only four were at home during our visit.

There was a registered manager in post. 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.

Staff had the necessary skills and knowledge to meet people's assessed needs safely. Staff were well trained and supported. There were sufficient staff who had been recruited safely to ensure that they were fit to work with people.

# Summary of findings

People told us that they felt safe and comfortable living at Willowcroft. Staff had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them in maintaining good practice.

Risks to people's health and safety had been assessed and the service had support plans and risk assessments in place to ensure people were cared for safely. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

The manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) but had not had the need to make any applications. 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. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

People were supported to have sufficient amounts of food and drink to meet their needs. People's care needs had been assessed and catered for. The support plans provided staff with good information about how to meet people's individual needs, understand their preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed.

Staff were kind and caring and treated people respectfully. People participated in a range of activities that met their needs. Families were made to feel welcome and people were able to receive their visitors at a time of their choosing. Staff ensured that people's privacy and dignity was maintained at all times.

There were systems in place to monitor the quality of the service and to deal with any complaints or concerns.

# 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.

People were protected from the risk of harm. Staff had been safely recruited and there was sufficient suitable, skilled and qualified staff to meet people's assessed needs.

People's medication was managed safely.

Good



### Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported.

The manager and staff had an understanding and knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) so that people's rights were protected.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Good



### Is the service caring?

The service was caring.

People were treated respectfully and the staff were kind and caring in their approach.

People had been involved in planning their care as much as they were able to be.

Good



### Is the service responsive?

The service was responsive.

People's care plans were detailed and informative. They provided staff with enough information to meet people's diverse needs.

There was a complaints procedure in place and people were confident that their complaints would be dealt with appropriately.

Good



### Is the service well-led?

The service was well led.

There was good management and leadership in the service.

The quality of the service was monitored and people were happy with the service provided.

Good



# Willowcroft

## 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 17 November 2015, was unannounced and carried out by one Inspector.

We reviewed the Provider's Information Return (PIR). The PIR is a form that the provider completes before the inspection. It asks for key information about the service, what it does well and any improvements it plans to make.

We reviewed other information that we held about the service including notifications. A notification is information about important events which the service is required to send us.

We spoke and interacted with the people at the service at the time of our inspection. We spent time in communal areas to get an understanding of people's experience, and their interactions with staff. We spoke with two relatives, the registered manager of the service and two support staff. We contacted a commissioner of the service for their feedback.

We reviewed a range of different care records relating to two people living at the service. We also looked at two staff members' records and a sample of the service's policies, audits, training records and staff rotas.

# Is the service safe?

## Our findings

People told us that they felt safe living at Willowcroft. One person said, “I feel happy and secure here.” People were clearly comfortable and relaxed in staff’s company and responded positively to staff interactions. A relative told us that people were safe, happy and well looked after.

The registered manager and support staff demonstrated an understanding of safeguarding procedures and when to apply them. There was a policy and procedure available for staff to refer to when needed and visual reminders such as posters. Staff records showed that they were regularly asked to confirm their understanding of safeguarding and whistleblowing and identify if they had any concerns about the service being provided. Staff had been trained and had received regular updates in safeguarding people. Information was available to people using the service about what to do if they had any concerns or worries.

Risks to people’s health and safety were well managed. People were supported to take every day risks such as accessing the community. Risks had been identified and assessed. Management plans on how the risks were to be managed were in place.

Staff had a good knowledge of each person’s identified risks. We saw that they understood people’s needs and worked in ways that ensured that people were cared for safely.

The registered manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed. Safety certificates for equipment and systems were in place for the premises. People using the service were aware of fire procedures and had personal evacuation plans in place to ensure that they would be as safe as possible in an emergency.

There were sufficient staff to meet people’s assessed needs. The registered manager explained how staffing was managed and when additional staff would be deployed to meet people’s needs. Staff told us that there were enough staff on duty to meet people’s diverse needs. We saw that staff were not rushed and were able to spend time with people supporting them and encouraging independence. Staff were present and responsive to people’s needs at all times. The staff duty rotas showed that staffing levels had been maintained to ensure adequate support for people.

The service had clear recruitment processes in place to ensure that people were supported by suitable staff. The provider had obtained satisfactory Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that they had not been able to start work at the service until their pre-employment checks had been received.

People’s medicines were managed safely. Staff had been trained and had received updates to refresh their knowledge. Periodic competency checks had been carried out to ensure that staff continued to manage all aspects of medication administration correctly.

There were systems in place for ordering, receiving and storing medication. Protocols were available for the management of medicines to be used on an as and when basis. Temperatures were recorded to ensure that medicines were stored in optimum conditions. Boxed and bottled medication was not always dated on opening to provide a good audit trail and the registered manager undertook to address this.

The medication system was audited on a monthly basis to ensure that good practices were being maintained. This ensured that people’s medicines were being managed safely and that they received their medicines as prescribed.

# Is the service effective?

## Our findings

People told us that staff understood their needs and that they felt well supported. Relatives told us that the service was effective and had helped people to progress and become much more independent. People using the service agreed. One person told us, “They have helped me a lot.”

People received their care from staff who had the knowledge and skills to support them effectively. Staff told us that they had received good training and support. They said that the registered manager and providers were always available for support and advice when needed. One staff member said, “You could not have better support.” Another said, “I was very well supported when I started and had a lot of training.” Staff told us, and the training records confirmed, that they had received training which included, food hygiene, infection control, safeguarding people and health and safety. Staff had also been trained in subjects that were more specific to people’s individual needs such as mental health awareness and the management of percutaneous endoscopic gastronomy, (PEG,) feeding. All staff were also undertaking a more in depth 12 week Quality Skills Framework training course in mental health awareness. This showed us that the provider was committed to providing a well trained staff team to support people.

Staff had received a good induction to the service. They undertook core training, had a detailed orientation into the service and worked through the Common Induction Standards to build up a good foundation of skills and knowledge.

The service was small and support staff and the registered manager worked alongside each other on a day to day basis. Staff practice was therefore continually monitored. Staff records showed that staff had also received

opportunities to meet with their manager on a one to one basis to discuss their views and personal development needs. An annual appraisal system was also in place to encourage ongoing development.

The registered manager and staff knew how to support people in making decisions. They had an understanding of the Mental Capacity Act (MCA) 2005 and understood the requirements of the Deprivation of Liberty Safeguards (DoLS.) No DoLS applications had been made, but the service took the required action to protect people’s rights, make best interest decisions on their behalf and ensure that they received the care and support they needed.

People had given their signed consent for care and issues such as photographs to be taken to assist care and support. Care records reflected any capacity issues. During our inspection we heard staff asking people for their wishes and seeking their consent before carrying out any activities. As far as possible people had been involved in their care planning and in saying how any risks were to be managed. This meant that decisions were made in people’s best interests and in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People chose what they wanted to eat and drink and were involved in planning menus. People were encouraged to be involved in meal preparation to increase their daily living and independence skills. People’s nutritional needs were assessed and their weight was monitored in order that any emerging issues with diet or nutritional needs would be quickly identified.

People’s healthcare needs were met. Records confirmed that people had been supported to attend routine healthcare appointments to help keep them healthy. Where needed we saw that support was sought and received from relevant professionals such as dieticians. Families were happy with how people’s healthcare needs were managed and felt that the service kept them informed about people’s changing needs.

# Is the service caring?

## Our findings

People told us that they liked and got on well with all the staff at the service. One person told us, "We are like a family."

People went about their own routines during our visit and there was good staff interaction. Staff displayed kind and caring qualities. Discussions with staff showed that they understood the needs of people using the service very well and supported them in ways that were encouraging and positive. Staff had received training in equality and diversity. They treated everyone respectfully and understood their diverse needs.

People had been involved as far as possible in planning their care. We saw from records that people's views and wishes had been sought so that the care provided would meet their individual needs. Relatives confirmed that they had been involved in planning and were invited to regular reviews. One person told us, "I am invited to attend regular reviews and asked to provide feedback on the care."

Care records provided good information about people's needs, likes, dislikes and preferences in relation to all areas

of their care. They showed how people's care and welfare was carefully monitored. From discussions with staff it was clear that they had a good understanding of people's individual needs and supported them accordingly.

Staff treated people respectfully and ensured that their privacy was maintained. People could choose when they wanted to be alone or when they wanted to mix with others and followed their own routines.

Everyone in the service was able to express their own views about their care and wishes to a greater or lesser degree. All had some level of family support to assist them in having a voice and to support their care. The registered manager was however fully aware of advocacy services and how to access them if needed. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

A relative told us that they were able to visit the service whenever they wanted to. They told us they were always made to feel welcome and that staff were kind, caring and respectful when they visited.

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their individual needs. There were informative support plans in place. A relative told us, “The care people get is fantastic, [my relative,] is a changed person and is doing a lot more for themselves.” Another told us, “The care and support is excellent and the staff are very good.”

People were encouraged and supported to be as independent as possible and to have goals and aspirations. People were encouraged to follow individual interests and told us about courses being undertaken and the leisure pursuits that they enjoyed such as holidays, swimming, cycling, photography, gardening, and doing an open university course.

People regularly accessed the local community in line with their individual preferences and assessed risks and needs.

People were encouraged and supported to maintain relationships with their family and friends. Contact was maintained through visits, telephone calls and emails.

The service had a complaints process in place. The complaints procedure was available to people so that they would know what to do if they had any concerns. No complaints about the service had been made since our last inspection. Relatives felt that they could discuss anything with the registered manager and staff and that any issues would be addressed. This showed us that the service was responsive to people and would address any concerns that they had.



# Is the service well-led?

## Our findings

People told us that the service was well led and managed. People using the service and relatives praised the service highly telling us that it was well managed, had a low staff turnover and communicated with them well and appropriately. One relative told us, “The guys are amazing.”

People said that staff and management were approachable. Throughout the inspection we saw that the management and support staff had positive relationships with each other and with people living in the service. The service was small and it was clear that management, staff and people using the service all got on well. There was a nice feel to the service, with people’s individual needs and abilities respected and understood.

Staff were positive about the management of the service. They said that the registered manager was approachable and that the owners of the service were frequently present and provided additional support to both staff and people using the service. Staff felt that they could raise any issues and feel listened to. They told us that anything needed to support people or maintain the service was provided quickly. Staff were motivated and told us that they enjoyed their work very much.

The registered manager was able to clearly describe to us the vision of the service and explain how this was introduced and maintained in the staff team. The aim of making the service a positive and empowering experience for people was made clear to staff from the point of recruitment and reinforced through induction, ongoing training, daily interaction and monitoring. Staff were able to demonstrate the vision in their practice and promoted positive and respectful relationships with people. Staff and people using the service told us that it felt very much like a ‘family’ where individuals were respected and supported.

Staff told us that there was good teamwork in the service, and that they all worked together for the same ends. Staff

provided good support to one another. Staff meetings occurred and handovers between shifts took place. This ensured that communication within the team was good, and that staff were kept up to date with current information about the service and people’s needs.

The registered manager was aware of the responsibilities of their role. They worked to ensure that a quality service that met the needs of people was provided. There were formal processes in place to support this. Regular audits had been undertaken in relation to health and safety and the premises, medication, infection control and finances with any matters arising being addressed. Senior staff in the service had ‘lead areas’ such as medication and reviews of care plans. This ensured that appropriate standards were being maintained across the service.

The provider monitored the service. As well as visiting the service frequently they also undertook a regular more formal visit which monitored systems and practice as well as seeking people’s views. These visits were recorded and any actions needed identified and actioned.

Visits from other agencies such as the fire department and environmental health had found the service to be operating well and in line with their required standards.

People’s views on the service were sought through one to one interaction, review processes and regular residents meetings. Formal surveys were also undertaken by the provider. These had last been undertaken with people and their relatives this year and the responses had been wholly positive about the service. People at the service were also encouraged to be involved through planning menus, saying what activities they wanted and in meeting any potential new staff and expressing their views as to their suitability.

Overall people were very satisfied with the quality of the service and made comments such as, “I am very happy here.” A relative said, “I could not be happier.”