Methodist Homes

Willowcroft

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service
Willowcroft is a residential care home providing personal care to 60 people at the time of the inspection. 58 people were living at the service at the time of the inspection.

People's experience of using this service and what we found
Care plans and risk assessments for when people experienced behaviours that challenged needed more detail to help ensure staff provided consistent care.

Other risks regarding people's health care needs, such as falls and risks from the general environment were assessed and managed. Actions were taken to ensure people were protected from abuse and avoidable harm. Medicines were managed in line with nationally recognised guidance for safe medicines management. The service was clean, and actions were taken to help prevent and control infections. The registered manager looked to identify any improvements and to learn from when things had gone wrong.

Enough staff were available to ensure people received timely care to meet their needs. The provider completed checks on staff as they were recruited to ensure they were suitable to work at the service.

People's needs were assessed before they went to live at the service. Assessments covered all aspects of people's health, care and well-being and reflected the requirements of the Equalities Act. Staff had been trained in areas relevant to people's needs and their competence was checked. People received food and drink to meet their nutrition and hydration needs. Staff worked with other healthcare professionals to ensure their care needs were met effectively, including support for when people were required to attend hospital appointments. The building met people's needs and had design features that helped people living with dementia. People's own bedrooms were personalised to their own tastes.

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.

Staff had developed warm and caring relationships with people. Staff respected people's equality and diversity needs. People were supported to be as independent as they could be; staff actively worked with people to promote their independence. People were cared for by staff who respected their privacy and dignity. People and their relatives were involved in expressing views about their care and treatment and the development of the service. These views were respected and listened to.

Staff knew people well and understood how to meet their needs and preferences. People enjoyed how they spent their times at the service and had a variety of activities to be involved in. People's communication needs were assessed, and information was in care plans on how best to communicate with people. Procedures were in place to ensure any complaints would be investigated and managed. When people

required care at the end of their lives, this was planned and personalised.

The registered manager was clear on her role and steps had been identified to strengthen the management support in the service. People, relatives and staff all found the registered manager to be approachable and fair. Audits and checks on the quality and safety of services were in place to help ensure people received quality care. Regular meetings were held so that people and their relatives could contribute their views to the development and running of the service. The service worked well with other professionals and looked to identify learning to contribute towards improving care for people.

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 15 December 2016).

Why we inspected
This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make some improvements. Please see the safe section 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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

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 team included one inspector, an assistant inspector and one 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 care service.

Service and service type
Willowcroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from local authority professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and two visiting relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, two senior care staff, three care staff, the cook, one domestic staff and the Home's Chaplain.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management and governance of the service were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at further policies sent to us by the registered manager.

Requires Improvement

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 now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Assessing risk, safety monitoring and management

● Some people expressed behaviours that could challenge. The risks from this behaviour and any actions required to be taken to reduce those risks had not always been included in care plans and risk assessments. Whilst staff understood people's needs well and monitored any behaviours that challenged, there was a risk people could receive inconsistent care. This was because there were no guidelines in place for staff to follow on the best ways of managing these incidents. We discussed this with the registered manager who told us they would review the relevant care plans further.

● Other risks to people were assessed and actions identified to help manage and reduce risks to people. For example, risks from falls. Staff were knowledgeable in how to prevent falls, for example, they arranged for reviews of people's medicines to see if any medicines likely to contribute to falls risks could be replaced. When people needed care to help them mobilise we saw any associated risks were identified. We observed staff provided safe care to people when assisting them to walk or use equipment to mobilise.

● Risk assessments covered the general environment and actions to manage other risks, such as fire were in place. For example, plans were in place for the care people would need should they have to evacuate the premises and any specialist equipment to support evacuation down stairs was in place.

Systems and processes to safeguard people from the risk of abuse

● People and relatives told us they felt safe living at Willowcroft. One person told us, "I love it here. I'm safer than I was at home because there is always someone to look after me." Another person told us, "You don't have to worry about doing anything wrong, there is always someone [staff] around to guide you and make sure you are ok." Staff we spoke with were knowledgeable on how to identify and report potential abuse. They told us, and records confirmed they received training in safeguarding. When needed, the registered manager had followed local safeguarding protocols to ensure people's safety and had involved relevant agencies as appropriate.

Using medicines safely

● Medicines were managed and administered in line with good practice and national guidance; this included arrangements for the storage, ordering and disposal of medicines. Arrangements were in place to ensure people who required time specific medicines received these as prescribed. In addition, when people needed medicines 'as needed' rather than at set times, guidelines were in place to ensure staff offered these medicines consistently.

● Staff checked with people whether they required any additional pain relief medicine. 'Homely remedies'

were available for people to take should they require simple everyday medicine such as cough syrup or paracetamol. One person told us, ""Staff are very good at giving me my medication; I would never remember it myself." When people had been prescribed medicines given through the application of a skin patch, records were in place to ensure this was positioned and rotated in line with the prescriber's guidelines. Where people had been prescribed other medicines to be applied on their skin, records showed these had been applied as prescribed.

Preventing and controlling infection

● People told us they were happy with the actions staff took to help prevent and control infection. For example, one person told us, "The staff always wear their aprons and gloves when they are helping me with personal care." Staff we spoke with told us they used gloves and aprons and we saw supplies of these around the premises. We saw people's bedrooms, toilets, bathrooms and communal areas were clean and tidy. Where we found one mattress required cleaning, staff acted to clean this immediately.

● One person told us, "The whole place is lovely and clean, not just my room. I want for nothing." Staff responsible for cleaning and laundry understood their roles and responsibilities. They followed cleaning schedules and protocols in line with infection control.

Staffing and recruitment

● The provider had completed recruitment checks on staff before they were offered employment. These checks helped the provider make decisions on the suitability of staff to provide care to people.

● People told us they felt safe with the levels of staff care provided. One person told us, "I have absolutely nothing to worry about here. Staff take care of everything and seem to enjoy doing it. We have a good laugh and I sleep safely in my bed at night knowing there is always someone who is willing to help me if I need it." We observed staff were present in communal areas with people and responded promptly when people required assistance. The registered manager told us people's needs were used to help plan the number of staff available to meet people's needs.

Learning lessons when things go wrong

● Previous records had not always shown how bruises had been assessed or investigated. We discussed this with the registered manager who told us they had recently identified this shortfall and had introduced a new system to record assessments and investigations for bruising. Staff we spoke with were aware of this new way of working. This meant the registered manager was reviewing shortfalls and making improvements.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs were assessed by the registered manager prior to their admission to the service. This informed care plans and risk assessments to help meet the person's known care needs. One person told us, "I was assessed at home before I came in here." Another person added, "They did a full assessment when I came, and it has all worked out well." Assessments covered all aspects of people's health, care and well-being.

● In addition, they reflected the requirements of the Equalities Act to ensure people's diverse needs could be met. For example, staff knew whether people had any needs relating to their faith.

Staff support: induction, training, skills and experience

● Staff told us they received regular training. Records confirmed training was provided in areas relevant to people's care needs. We saw some training was due to be refreshed and discussed this with the registered manager; they told us plans were in underway to provide this training online. People we spoke with felt staff were well trained, one person told us, "Staff are well trained to do their job."

● In addition, staff had regular supervision meetings with senior staff. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development.

Supporting people to eat and drink enough to maintain a balanced diet

● People told us they enjoyed the food and we saw people's individual preferences were catered for. For example, one person wanted something different to the planned menu choices and staff discussed a variety of different meal options enabling the person to choose something that they wanted. Different meal portion sizes were provided for people. Providing meals in portion sizes to an individual's appetite can ensure they eat well and do not become overwhelmed by the meal size. In addition, we saw staff help people make their menu choices by showing people plated up meals. This can help people living with dementia make choices.

● The cook was knowledgeable about people's different dietary needs and told us how these were catered for. For example, the cook catered for vegetarian and diabetic diets. Where people required their diet or fluids monitoring records showed this had been completed. In addition, people's weight was monitored for any actions needed to mitigate against weight loss.

● We saw people made use of the kitchenette facilities to get themselves drinks and snacks in between meals as needed. One person told us, "I don't have jugs of drink in my room. They are all in the lounge with the snacks, so I wait for the drinks trolley in the morning and afternoon, or I drink some lemonade from my

fridge in the corner of my room. My friend keeps that topped up for me. I do get a drink with lunch and then a cup of tea afterwards." Another person told us, "I never go hungry and if I fancy something, there are crisps, fruit, chocolate or biscuits in the lounge." People were supported to maintain good nutritional and hydration levels.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Records showed how other healthcare professionals were regularly involved in people's ongoing health care. For example, we saw people were supported to attend medical appointments. People told us they received care from other healthcare professionals when they needed it. One person told us, "I see the Chiropodist regularly, I can see the GP if I have to and staff sort out my Hearing Aids for me." Another person told us, "I have to go to the Hospital for my appointments and if my [family] can't come with me they send someone [staff] with me."

● Information from other healthcare professionals was reflected in people's care plans, for example when people had been referred to the local falls' prevention team. In addition, the registered manager told us how they had planned to work with local district nurses to help train staff. People were supported with effective care and supported to access other healthcare services when needed.

Adapting service, design, decoration to meet people's needs

● The premises had been designed to meet people's needs. Corridors were wide and had hand rails along them. In addition, seating areas and bookcases provided opportunities for people to rest along the corridors at regular intervals. This can be helpful for people living with dementia. A lift provided access between the two floors. Consistent signage was provided throughout the premises to help orientate people to toilets, bathrooms and communal areas. People had access to garden areas.

● People's own rooms had been decorated to reflect their personal tastes and preferences. One person showed us their own paintings that the maintenance person had hung up in their own room and in a corridor. People were able to personalise their bedroom doors and some people had displayed 'This is me' information to help staff and visitors know was important to them.

Ensuring consent to care and treatment in line with law 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 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff understood how the MCA and DoLS applied to some people living at the service and records showed how decision making processes had been taken in line with the MCA. Staff had received training on the MCA and DoLS and our observations showed staff sought people's consent before providing care and support.

● The registered manager had applied for a DoLS authorisation when restrictions were in place to help keep people safe. Other legal issues of consent, such as details on if people held 'Power of Attorney' for people

were also known and included in people's care plans.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw many examples of warm and caring relationships between staff, people and their relatives. When one person became upset when their visitors had left, staff responded with compassion and kindness and reassured the person. People and relatives all spoke highly of the happy, kind and caring staff team. One person told us, "The staff here are lovely and some of them come and sit with me in my room when they have a break. We have a laugh." Another person added, "Everybody who lives and works here is kind and nice to know. I would never want to leave."
- Staff we spoke with spoke warmly about the people they cared for, and one staff member told us they made sure they visited people if they needed to be in hospital. These are examples of a caring service.
- People told us their faith needs were met. One person told us, "The chap from the Church comes and collects me and takes me to Church every Sunday. If I don't feel like going out, I just go to the Service here." Records showed people's faith needs had been discussed with them, so staff knew what care people needed to meet their needs. Visits from different faith organisations to support people's needs were welcomed. This helped to ensure people did not experience any discrimination.

Respecting and promoting people's privacy, dignity and independence

- We saw staff supported people to gain confidence and maintain their independence. For example, we saw staff help a person become more confident in using their walking aid. We observed another person use an adapted cup, so they could have their drink independently. One person told us, "The staff get you to do as much as you can for yourself and I'm lucky, I can, but if you get stuck, there is always someone willing to help you." Staff promoted people's independence. Another person told us, "I do all my medication myself, but staff keep an eye on me. They are in that locked drawer over there and staff make sure I have enough to keep me going. I know what I have to take and when."
- People told us they felt their privacy and dignity was respected. We observed staff spoke discretely to people about any care they needed. One person told us, "I would say that staff are very respectful and preserve my dignity when they are showering me or helping me on the toilet." Staff respected people's privacy and dignity.
- Care records were stored securely, and this helped to ensure people's personal care records were kept private and secure. One person told us it was important they still received and opened all their personal mail and told us staff always bought this to them for them to open.

Supporting people to express their views and be involved in making decisions about their care

● Records showed where people had been asked for their views and these had been incorporated into their care plans. This helped to ensure people's care was personalised and reflected their views and decisions.

● Staff supported people to make their own everyday decisions. For example, staff asked people if they would prefer to stay in a dining area or if they wanted to go and take part in an activity.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People told us staff knew and understood them. One person told us, "The staff know all my likes and dislikes and my little foibles. Sometimes they know what I need before I do." Another person said, "Staff get me anything I need, and we have a lot of laughs; I can choose what time I get up or what time I go to bed here. It's like home only better." People also told us they were happy with how they spent their time. One person said, "You can do whatever you like, you can do puzzles, singing, listening to Opera. I have made some real friends here and staff are so kind and patient."

● We saw people enjoy the regular 'knit and natter session' in one of the communal lounges; staff had also organised a game of bingo and encouraged people to participate and respond. Relatives and friends were free to visit; sometimes with their dogs. We saw people enjoyed interacting with the visiting animals as well as with their relatives. Other activities such as a film club were organised as well as trips out in the local community. People enjoyed how they spent their time and their choices were respected; this helped people remain in control of their care and treatment.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were assessed, and details of any needs were recorded. For example, where people did not communicate verbally, care plans provided guidance for staff on other communication methods people used to communicate.

Improving care quality in response to complaints or concerns

● People and their relatives told us they had no complaints to make. One person told us, "I have never had to complain, but they are all approachable here, so you can speak to anyone and know that it would get sorted." Where complaints had been received, records showed the registered manager had investigated these openly and in line with the provider's complaints process.

●The registered manager also kept records of compliments made about the service and shared these with staff. People were confident in the provider's complaints processes, should they need to use them.

End of life care and support

● When people needed care at the end of their life, this was planned and delivered with other healthcare professionals involved in people's care. For example, medicines and equipment that may be required as a person approached the end of their life had been obtained and was stored securely in anticipation of being required. This advance planning helped to ensure people received good end of life care. People's personal wishes had also been discussed and were known by staff to help ensure any end of life care was personal and in line with the person's wishes.

● The Chaplain for the service told us how they provided pastoral care to both people, their relatives and staff during people's end of life care. Staff we spoke with told us how they paid their respects to people when they had died at the service and there was a book of commemoration with flowers in the main reception to help remember those that had died. End of life care and support was planned and personalised at the service.

Good

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 'Good'.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was clear on her role and had informed CQC of any notifiable events and incidents as required.
- The provider had information displayed on the latest CQC rating. This is so that people and those seeking information about the service can be informed of our judgments.
- The registered manager told us they were very proud of their staff team; we found the staff team were positive and enjoyed their work. This was commented on by people using the service. One person told us, "The staff are amazing. They go out of their way to make your life happy and they are happy and enjoy their job too. It makes for a nice place to live."
- At the time of inspection, the deputy manager had not been at work for some time. This role was important as it was designed to support the registered manager; the registered manager told us they had been prioritising some of their audits and checks whilst the deputy manager was not at work; they told us they had planned for some senior care staff to help cover the role going forward.
- Audits were in place and covered areas related to the general environment, health and safety, medicines and people's care. This helped the service identify where improvements could be made. These had been completed by the registered manager, and in addition one of the provider's area managers also completed checks on the quality and safety of services.

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

- People told us they were happy with their care and with how the service was run. One person told us, "It's a top-notch service from the manager down. It's a very open and transparent environment." People also told us how they felt able to have their voice heard. One person said, "I would speak to the Senior or the Manager if I was unhappy and I know they would sort it out. I can also speak up at the Residents meetings if I go."
- Staff we spoke with shared the view the registered manager and the provider would listen to them and respond to any concerns they had.
- The provider had a commitment to the duty of candour and procedures in place to ensure any investigations into complaints or shortfalls would be completed thoroughly and openly.

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

● People and their relatives told us they were able to discuss their views about their care and living at the service. One relative told us, "I came to a care planning meeting recently. They do keep you informed and involved in [my family member's] care which feels right." The provider completed an annual survey of people's views and experiences. We saw the results of this had been analysed and the registered manager told us people's views had been used to help inform developments at the service. For example, people's views on staffing numbers had helped to inform new staffing patterns.

● Monthly newsletters had been given to people and we saw these in people's bedrooms. The newsletters informed people of events that were planned as well as any updates and developments in the service.

● Assessment processes were in place to ensure any equality characteristics were discussed with people. People we spoke with told us they felt their needs were met.

Continuous learning and improving care; Working in partnership with others

● Staff told us they had regular supervision and team meetings. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development. Records showed team meetings were held and used to reflect on any learning and reinforce good practice.

● A range of health care professionals worked with staff to achieve good healthcare outcomes for people. For example, district nurses and GP's visited regularly to help contribute to people's overall care needs.

● The registered manager had oversight of any trends from falls or incidents. This helped them identify any learning and improve care. For example, medicines were reviewed with the GP when a person unexpectedly began falling. This approach ensured the service worked in partnership with others to improve care.