

Bank House Care Homes Limited

Willowcroft Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Willowcroft Care Home is a specialist residential care home providing personal and nursing care to people with mental health needs, including people living with dementia. There were 37 people using the service at the time of the inspection.

Willowcroft Care Home can accommodate up to 40 people over three floors.

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

People received very kind and caring support by staff who took the time to get to know them. We were given lots of examples of how people had been supported to maintain their independence and achieve positive outcomes.

The service had an good person-centred approach which was embedded in all areas of practice. The provider and registered manager worked effectively together to ensure high levels of quality monitoring and continuous improvement. There were comprehensive robust systems, policies and procedures in place to ensure the safety of people.

People were kept safe and relatives felt their loved ones were in secure hands. There were enough staff on duty to meet people's individual needs. The service had an effective approach to risk management. Infection control processes were in place and medicines were well managed.

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 21 November 2019).

Why we inspected

We received concerns in relation to the quality of care delivered at night-time. As a result, we undertook a focused night-time inspection to review the key questions of safe, caring and well-led only.

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

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.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willowcroft Care Home on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Willowcroft Care Home

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

This inspection was carried out by two inspectors.

Service and service type

Willowcroft Care Home 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with 10 members of staff including the provider, registered manager, operations manager, clinical lead, registered nurse, care workers, housekeeper and cook.

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

After the inspection

We spoke with five relatives of people who used the service about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, policies and procedures. We spoke with three professionals who regularly liaise the service.

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.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe by the systems and processes the provider had in place.
- Staff were knowledgeable around the systems and processes for safeguarding, they were able to explain and describe different forms of abuse, how to recognise these and how to report them if required.
- Relatives felt confident their loved ones were kept safe. A relative said, "I feel they are in secure hands."
- The provider had a safeguarding policy in place which clearly laid out the reporting procedure and provided appropriate contacts for reporting and assistance.

Assessing risk, safety monitoring and management

- Potential risks to people were identified, assessed, monitored and managed well. Staff understood the risks people faced and had the appropriate information to support people with these.
- Staff could describe how they would safely use interventions when required if someone was agitated. However, staff also knew how to de-escalate situations by using different techniques. Staff said, "It would be the way of speaking with them, you have to find ways of calming them. Or it might be they would prefer support from another member of staff." A comprehensive policy was in place regarding physical intervention and appropriate records were kept to evidence this.
- We did observe one incident of poor moving and handling practice, which we fed back to the registered manager on the day of the inspection and they addressed this with staff.

Staffing and recruitment

- The registered manager used a dependency tool based on people's individual needs to ensure they had the right amount of the right staff to support people safely.
- Staff were observed to have time to speak with people and have meaningful interactions.
- Safe recruitment practices were followed to ensure, as much as possible, appropriate staff were employed.

Using medicines safely

- People received their medicines as prescribed. Medicines were received, stored and disposed of safely.
- Staff administered PRN medication, medicines that are taken "as needed", as a last resort when using it to try and calm someone who was agitated. Visiting professionals also praised the staff's use of PRN medicines in these circumstances.
- We did find some inconsistencies in documentation. Particularly around PRN protocols, covert medicines and the administration of topical medicines such as patches. We raised this with the registered manager, who had already picked up on these inconsistencies and was in the process of addressing them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- 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.

Learning lessons when things go wrong

- The registered manager promoted an open and honest culture in which safety concerns were thoroughly investigated, analysed and reflective learning took place.
- Incidents were robustly recorded, and lessons learnt from these to minimise the event of reoccurrences.

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 outstanding. At this inspection this key question has remained the same. 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

- Staff knew people well and ensured they were supported in a compassionate and caring way. A relative said, "I think the [staff] have been marvellous through the whole of this (COVID-19 pandemic), they have put their own families on hold to look after mine."
- Staff were seen to have built strong relationships with people. We observed staff comforting a distressed person in a sensitive, patient and caring way. A relative said, "[Family member] loves everybody who cares for them, they know the people who are with them all the time."
- Staff showed a high level of respect for the people who lived in the home and also when they passed away. We were shown a personalised memorial book the activities coordinator made for relatives when a person died.
- Staff and management had a strong person-centred approach. They gleaned information from people, relatives and external agencies to build "life history notes" to enable them to provide person-centred care and meet people's individual needs. This approach enabled the service to discover what was important to people in terms of memories, experiences, life events, values and beliefs.
- Professionals we spoke with explained how people who had poor experiences in other care homes had thrived at Willowcroft due to the time, respect and support they received there.
- Relatives described the kind and caring ways the home arranged for people to remain in touch during the pandemic, beyond phone and video calls. For example, arranging for people to see their relatives on special days such as birthdays, by bringing an armchair to reception in front of the glass entrance doors. As well as sending cards and photos via post including one of their loved one holding up an 'I love you' sign.

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

- Staff spoke about how they gave people choice, for example supporting people to choose what they wanted to wear that day or how they wanted to spend their day and how their room looks. A relative explained, "[Family member] is into world war two aircraft, they [staff] have taken an interest in their interest, they have supported them to put stickers up in their room and made their room personalised."
 - Staff used life history's to enable them to understand peoples' backgrounds and interests which helped them communicate with people and allowed staff to recognise any possible triggers to escalating behaviours and resolve any conflicts.
 - A relative described how they have supported their loved one even though they cannot verbally communicate. They explained, "I feel they know [family member] really well, they know the signs to look for if [family member] isn't doing well."
 - Staff continued to evolve their understanding of people, even when people may not have been able to

communicate their choices. For example, staff observed when a person was becoming agitated and recognised, they were calmer with male carers; so, the service then accommodated this.

- Staff ensured, where possible, people were involved in their care planning. Staff proactively encouraged people to take an interest in their care. For example, plans to help people achieve goals such as to quit smoking.
- Relative meetings were moved online to ensure they could continue to advocate for their loved ones during the pandemic. The service listened to feedback from relatives about these meetings and arranged for the meeting to take place at two different times. This gave relatives the option to attend either meeting and thus maximised opportunities for involvement.
- The registered manager worked hard to continue involvement throughout the pandemic. Care reviews had still taken place this year, involving people and their families as much as possible.

Respecting and promoting people's privacy, dignity and independence

- Staff supported positive risk taking to maintain and promote people's independence. Due to the pandemic people were unable to go out into the community as much as they previously did. However, the service has enabled people to maintain their independence. For example, supporting people who used to like to go out shopping to do online shopping.
- Staff placed a high importance of treating people with dignity. Staff explained it as, "The little things that we would do and want in our homes we apply them there." The service had dignity champions and dignity screens were available throughout the home.
- Relatives all felt their loved ones were supported in a dignified way. A relative explained, "[Family member] is presentable and any hygiene accidents are dealt with immediately. Staff deal with problems quickly and discreetly."

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

- Since the last inspection a new management structure had been introduced to strengthen and fully embed the governance within the home. This included a new operations manager who, amongst other duties such as overseeing policies and processes, ensured the safety of the environment and that they were meeting their regulatory requirements.
- Staff understood their duties and received regular feedback from management. Regular supervisions were in place and the service arranged for employed nurses to have their clinical supervisions from GP's.
- The provider was a regular presence in the home supporting both the management and staff. The provider supported the registered manager to ensure the quality of care was of high standard.
- There was a strong framework of accountability within the home. Comprehensive internal audits were in place to review the quality of care provided. Any issues were identified and assigned to appropriate staff to be actioned within achievable timescales.
- The management had high standards and supported staff to achieve these, not only through regular feedback but also by providing a high level of training. The management instructed or conducted regular spot checks, including night time checks, to ensure the quality of care provided and manage performance.

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

- The service proactively engaged with people, their relatives, staff and other stakeholders.
- During the pandemic the service ensured regular letters had been sent to relatives to provide reassurance as well as opportunities for engagement and involvement. They kept relatives up to date with government guidelines, particularly around visiting.
- Relatives found management to be very approachable and helpful. One explained, "I do feel confident in them, I can ask them anything and never feel like they are brushing me off. If they don't know they make enquiries and let me know."
- Residents were invited to complete questionnaires about their views of life at Willowcroft. The most recent in November and December 2020 had very positive feedback. Where suggestions were made, management had acted promptly. For example, there was a suggestion to increase activities and the service appointed two staff to oversee activities in the home.
- Staff felt like management listened to them. All staff, including bank staff, were invited to team meetings and if unable to attend they were able to read a copy of the minutes. Staff were invited to make contributions, provide feedback and be involved in the development of the home. Residents were able to sit

in staff meetings, where appropriate, and contribute and provide feedback. Staff meetings were conducted via zoom during lockdown to maintain safety and enable staff to still attend.

- From March until August 2020, the service provided transportation for all staff to reduce their risk of infection from using public transport. This was to reduce their exposure thereby protecting them and the people using the service.

Continuous learning and improving care

- The registered manager's approach was one of continuous learning and they welcomed feedback to improve the quality of care provided.
- The service had embedded reflective practice and ensured any concerns or incidents were thoroughly investigated; with lessons shared and acted on. Even when concerns were found to be unsubstantiated the registered manager took lessons from the findings and found areas for improvement.
- The registered manager explained how at the onset of the pandemic the service quickly set up a team to oversee their response to the pandemic. They believe this quick response, before government guidelines were published and ongoing learning throughout the pandemic had meant they had not had a single person test positive for Covid-19 at the time of the inspection.
- The service had introduced the gold standards framework which is a systematic evidence-based approach to optimising care for people nearing the end of their life.
- The service had a comprehensive maintenance plan in place to ensure ongoing improvements to the home and environment.
- We discussed with the registered manager the allegations we'd received about care at night and were assured there were no justification. Our observations also provided this assurance.

Working in partnership with others

- The service worked harmoniously with other agencies and worked in partnership with others to achieve good outcomes for people.
- All visiting professionals we spoke with spoke highly of the service and provided overwhelmingly positive feedback. They described how the service consulted them when appropriate to improve the quality of care for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager were very passionate and dedicated leaders who promoted a positive person-centred atmosphere in the home. They strived to do their best for people, to empower them to achieve positive outcomes.
- Professionals who worked with the service described how it was open and inclusive to all. How the service accommodated people whose placements had failed elsewhere and had successfully helped them achieve good outcomes. For example, one person had been in four other homes prior to settling at Willowcroft Care Home. Since being there they had been supported to come off all their mental health medication. The professional said, "It's fantastic the work they have done."
- Staff spoke positively about management, they felt included and supported.

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 registered manager worked in an honest and transparent way. This approach was embedded in all they did.
- Relatives told us they were contacted promptly following incidents such as falls and kept updated. One explained, "Every time anything happens, they talk to me, I'm the first one they ring, I get to hear about it;

even in the middle of the night. They contact me all the time, I find that really good."