

Willowcroft Care Home Limited

Willowcroft

Inspection report

Sewardstone Road
Chingford
Essex
E4 7RF

Date of inspection visit:
08 January 2018

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06 February 2018

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 ●

Summary of findings

Overall summary

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 care home accommodated up to seven people in an adapted ordinary family style residential property. The care service was developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

The provider's website stated that people staying at Willowcroft may have mental health needs, a learning disability or an acquired brain injury. There were six people receiving care and support at the home at the time of our visit.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

A registered manager was 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.

Procedures were in place to protect people from harm and staff knew how to use them to keep people safe. There were processes in place to manage risks in relation to the running of the service, prevention of infection and the recruitment of staff. There were enough staff to meet people's needs. People had support to manage their medicines safely.

People continued to have their needs assessed and met. Staff received training and support to ensure they had appropriate skills to carry out their roles well. People had sufficient to eat and drink and had support to receive care across different services to promote their health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff members knew those they supported well and respected their privacy and dignity. People were encouraged to be as independent as they felt able to be. People received support to identify and achieve goals in their lives including educational and personal aspirations. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns or complaints.

People had regular contact with the registered manager. Staff received support and guidance from a

management team who they found approachable. People and staff felt able to express their views and felt their opinions mattered. The provider had systems in place to monitor the quality of support given and to make changes when needed.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 checked 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 comprehensive inspection was undertaken by one inspector on 8 January 2018 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information that we had received about the service. This included any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with four people living in the service. We also spoke with the registered manager and two staff working in the service. We looked at three people's care and medicines records. We looked at records relating to three staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

People continued to receive a safe service. People felt comfortable and confident in approaching and interacting with staff. The provider had established systems in place to safeguard people from abuse. Staff had received training and showed a clear understanding of how to recognise and report abuse. They confirmed they would do this without hesitation to keep people safe. Records showed the registered manager had responded to a change in the service to safeguard people's well-being and safety. One person had commented in a recent survey, "I feel secure here."

The provider had checks in place to consider the safety of the environment. Risks relating to fire had been assessed. Risk assessments relating to issues such as water safety, uncovered radiators or cleaning products were not recorded. The registered manager confirmed these would be put in place by the end of the week. People's individual risks were considered and suitable actions put in place to mitigate them without restricting people unnecessarily. This included people accessing the community independently. This was being further developed to include the use and impact of independent medicines management.

Recruitment procedures minimised, as far as possible, the risks to people and evidence to support this was well organised. The provider completed criminal records checks and took up references from previous employers to ensure on prospective staff were of suitable character. Staff and records confirmed this system. The registered manager confirmed that all files would include a current photograph of staff.

Enough staff were available to meet people's needs safely. A staff member told us, "Staffing levels here are fine". People told us staff were available to take them out when they wished. Staffing levels allowed time for a handover period to enable important information sharing with staff, including in relation to keeping people safe. The registered manager told us that the provider would be supportive of increasing staffing levels at any time people's needs and safety required it.

Staff managed people's medicines safely. Systems were in place to ensure the safe ordering, receipt, administration, recording and storage of medicines. One person was supported to manage their own medicines. Medicines were audited each month to ensure safe practice and procedures were followed. Staff competence to administer medicines safely was regularly assessed.

The home was clean. Day and night cleaning schedules were recorded. A monthly health and safety check included the environment and cleanliness. Staff had attended training on areas of safety such as on prevention of infection and food hygiene. They were able to demonstrate their competency and use of their learning in everyday practice.

The PIR told us that there had been no incidents such as medication errors or injuries in the service since our last inspection. The registered manager confirmed that should an incident occur systems were in place to share any lessons learnt with staff to improve safety.

Is the service effective?

Our findings

People told us assessment of their individual needs took place before they came to live at the service and the care and support they received followed these assessments. People had opportunity to visit Willowcroft to help inform their decision-making about living there. The management team had systems in place to assess the diverse needs of anyone moving into the service. Care records and discussion with staff and service users evidenced this.

The staff team felt well trained and prepared to undertake their work in supporting people. The PIR and staff told us the registered provider had an established system to provide staff with a comprehensive induction and ongoing training to enable staff to fulfil their role. This included aspects of safety, health and equality and diversity. Staff told us that this was effective in helping them to do their job well. A system of regular supervision and annual appraisal was also in place. This enabled staff to evaluate their own performance and consider any developmental needs such as for training.

People told us they received the food and drinks they needed and preferred, with individual dietary needs assessed and provided for. Staff assessed people's individual nutritional and hydration needs. Staff knew people's individual requirements and met these in everyday practice. People made choices about what and when to eat and drink. One person did much of the main meal cooking as they enjoyed using this skill. People participated in menu planning and food shopping. Menus displayed informed people of the daily main meal choices available.

Staff worked well with other organisations to ensure that they delivered good care and support. This included accessing a nutrition nurse to gain specialist support and training for staff to enable them to meet this need effectively for people. Systems were in place to ensure clear communication and maintain continuity of care. Each person had a hospital admission emergency information pack. This provided detail for other professionals such as on the person's specific medicines, contacts, needs and allergies. People had access to routine healthcare services including GP's, dentists, retinal screening services and podiatrists in order to maintain good health.

The premises were suitably adapted to meet people's needs. Equipment was in place to meet people's needs for independence, safety and comfort. This included the addition of a stair lift and ramps to enable access to the community and the garden. The garden had a smoking shelter. Each person had their own bedroom and ensuite facilities, which people told us suited them well.

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 helped to do so when needed. When people 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA. The registered manager had taken the required action to protect people's rights. Records showed that decisions made considered people's best interest. People's right to make decisions that others may regard as unwise were respected and no one received medicines without their knowledge. Required steps were followed to ensure that restrictions placed on a person's liberty were lawful and their human right to freedom was protected. Applications had been made to the local authority for DoLS and authorisation was awaited. Staff sought people's consent and people were able to make everyday choices as to how they lived their lives in their home.

Is the service caring?

Our findings

People received care from staff in a kind, caring and respectful manner. Staff were friendly and courteous when approaching people. We observed sensitive and kind interactions between staff and people using the service. Everyone was on first name terms. This created a warm and homely atmosphere where staff and people chatted and joked easily. Comments in a recent survey completed by relatives included, "A very friendly atmosphere. Staff seem very caring and engaged" and "Staff always friendly and helpful in any way possible."

The service held six monthly formal care reviews. People participated in these meetings and were involved in their care and support planning as much as they could. People chose those invited to attend the meetings with them. Each person had an allocated keyworker. A keyworker is an identified member of staff the person can go to with any worries if they wish. The keyworker also overviewed the person's day-to-day support needs with them such as planning outings and personal shopping.

People were treated with dignity and their privacy given due regard. Staff knocked on people's bedroom doors and entered when this was agreed. Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, sexual orientation and faith. One person attended services relating to their faith. Another person needed limited help with aspects of personal care. Staff knew that the person remained partly dressed for this to respect the person's dignity.

Respect was a culture in the service for all. People had a cupboard in the kitchen to store their own particular snacks that others did not touch. People's lifestyle preferences that others might not think of as healthy were accepted. Independence was promoted. One person told us they had a key to their bedroom. Another person also had a key to the front door and went out when they wished. People completed individual tasks such as laundry, making drinks and cooking as well as managing their own medication as much as they were able.

Is the service responsive?

Our findings

People continued to receive care that met their individual needs. People had a detailed written plan of care in place and records confirmed people were involved in this planning as much as possible. Two of the three care plans we looked at reflected people's current needs. The third file did not. This was a documentation matter and we did not find any impact of the lack of recordings on the person's care. The registered manager confirmed the care plan would be updated immediately.

Staff knew people's individual needs well and explained clearly how they met those needs in everyday life. The PIR informed us that keyworker sessions were used with service users to establish goals and care records confirmed this. The deputy manager confirmed that no one was subject to a Community Treatment Order. This is a set of conditions made by a responsible clinician that have to be followed and kept to in line with the principles of the Mental Health Act 1983 to help people stay well.

People told us they found their needs well supported in the home. The service responded not only to people's care and support needs but also to their wishes and aspirations. One person, for example, who wanted to have a dog, was supported to achieve this and it clearly made the person very happy. People's skills and interests in cooking or further study were promoted. The provider had made a printer available to support a person in their goal.

People who lived at the service generally did not participate in any activities initiated by staff in the home. People followed their own interests and pastimes. Some people who were able chose to go out independently. Other people told us they liked to go out with staff individually or in small groups. This included going shopping and to the pub or for meals which people told us they enjoyed. People also went away on holidays. Wi fi was available in the service so that people could access the internet as they wished.

People were encouraged to spend some time in communal areas to limit the possibility of isolation while respecting people's choice to be in their own personal space. People maintained relationships with friends and family members. Visitors were welcomed in the service and people entertained guests in their own bedroom if this was their preference. Staff supported people to visit relatives and friends by providing transport and encouragement. A telephone was available and accessible to enable people to keep in touch that way if they wished.

The provider had systems in place to acknowledge and respond to complaints in a timely way. The registered manager told us no complaints were received since our last inspection. This meant we could not assess if the system responded well to people. People had information available on making complaints and comments. They told us they felt able to tell staff of any concerns if they needed too.

The service was not providing end of life care for people at the time of our inspection. The registered manager and records confirmed that the service supported people to consider and be involved in planning for this as much as they wished to be at this stage.

Is the service well-led?

Our findings

The registered manager had been in post for some years providing stable leadership and supported in the role by a deputy manager. The registered manager was also the registered manager of another of the provider's services, splitting their time between the two services. 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.

People and staff confirmed the service was well managed and organised. Staff told us that they felt well supported and listened to by the management team and able to influence the service people received. Effective communication systems such as handover meetings at each shift helped staff to feel well supported. A staff member commented in a recent survey, "I feel the staff work harmoniously here and have strong leadership from the deputy manager and the registered manager."

Clear organisational policies and systems were in place to support implementation of the provider's values. The registered manager confirmed they had good support from the organisation, including in keeping their knowledge up to date, which they shared with staff. This included through formal supervision, manager's meetings and visits from the provider's representatives to support continuous learning at all levels.

The provider had different systems to engage with and involve people using the service, relatives and staff. One route was a six monthly survey form. Completed forms seen contained comments such as, "[Person] is very happy at Willowcroft and has a great relationship with everyone", and "We make it feel like a family home". A 'positivtree' wall display included people's expressed comments including, 'I like how staff try to include everyone in activities and outings'. People were able to influence the service they received. The registered manager told us one person spent time with prospective staff and their feedback used in assessing the suitability of the candidate to work in the service.

Checks were in place to oversee the quality and safety of the service. The registered manager undertook to strengthen this in relation to care plan reviews. We had confidence they would do this. Our last inspection noted that not all medicines packs had a recorded date of opening. At this inspection, the registered manager showed us the system put in place to improve this.

The registered manager told us of learning gained through experience of an admission of a person to the service that was not successful for all concerned. The registered manager told us of the positive working relationships they had built with other key organisations and stakeholders as part of this. The registered manager told us how service had improved its assessment processes in response. The provider supported very selective admissions, even where this resulted in ongoing vacancies and reduced income, to ensure sustained quality and safety for the people living at Willowcroft.