

# The Orders Of St. John Care Trust

# OSJCT Willowcroft

## Inspection report

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Date of inspection visit:  
08 August 2019  
09 August 2019

Date of publication:  
02 September 2019

## 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

### About the service

OSJCT Willowcroft is a care home for up to 42 older people in one adapted building. 41 people were living in the home at the time of the inspection.

### What life is like for people using this service

People said they felt safe living in the home and staff supported people to manage the risks they faced. People received support to take their medicines safely. There were enough staff to provide the care that people needed.

People were supported make choices and have as much control and independence as possible. People liked the food provided by the home and staff helped people where required. People were able to access the health services they needed. Staff received suitable training to give them the skills to meet people's needs. The registered manager provided good support for staff to be able to do their job effectively.

People received caring and compassionate support from kind and committed staff. Staff respected people's privacy and dignity. People and their relatives were positive about the care they received and about the quality of staff.

Improvements had been made to the support for people to take part in meaningful activities. People were involved in planning the activities schedule. Opportunities had been developed for people who were unable to participate in group activities to help ensure people did not become socially isolated. People had been supported to develop care plans that were specific to them. These plans were regularly reviewed with people to keep them up to date.

The service was well-led, with an experienced registered manager and management team. People felt the management team had a good understanding of any issues in the home. The quality of the service was regularly assessed, and action taken to make improvements where needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 1 March 2017).

### Why we inspected

This was a planned inspection based on the rating at the last inspection.

### 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 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 ●

# OSJCT Willowcroft

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014

#### Inspection team

The inspection team consisted of one inspector and an 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

OSJCT Willowcroft is a care home. People in care homes receive accommodation and nursing or personal care. 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 inspection

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

#### During the inspection

We spoke with 16 people and one relative to gather their views about the care they received. We looked at four people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the registered manager, area operations manager, head of care and five care staff. We spoke with a visiting GP.

After the inspection

We wrote to a range of professionals who have contact with the service but did not receive any feedback.

# 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 good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk assessments were in place to support people to be as independent as possible, while managing any risks they faced. Examples included assessments about how to support people to minimise the risk of falls, to maintain suitable nutrition and to manage incidents of distress. People had been involved in the process to assess and plan the management of risks.
- Staff demonstrated a good understanding of risk management plans, and the actions they needed to take to keep people safe.
- There were good systems to ensure the building was safe. Fire equipment and alarms had been serviced and there was a fire evacuation plan. Regular checks and servicing had been carried out on electrical appliances, gas and electrical services, lifts and lifting equipment and the water systems. This helped to ensure any defects were identified promptly and equipment was safe for people to use.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Willowcroft. Comments included, "Yes I feel safe in here. The staff know me and what I like" and "I am safe and I have no problems here. I know the staff well enough. They always make sure that I use my walker or I would forget."
- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff were confident the registered manager and provider would take action if they raised any concerns.
- The management team had worked with the local safeguarding team when concerns had been raised.
- Staff told us they received regular safeguarding training and records confirmed this. Safeguarding issues were also regularly discussed in staff meetings and staff one to one supervision sessions.

### Staffing and recruitment

- There were sufficient staff to meet people's needs. Staff responded promptly to people's requests for assistance. People told us there were enough staff to provide the care they needed. Comments included, "I think there are enough staff and they come quickly if I ring for them" and "If I ring at night they come quickly."
- Staff told us there were enough of them to be able to provide care in a way that was not rushed. They said the team worked well together to meet people's needs.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks, contacting previous employers about the applicant's past performance and obtaining a full employment history. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred

from working with vulnerable people.

#### Using medicines safely

- Medicines were securely stored, and people were supported to take the medicines they had been prescribed. Records of the medicines people had been supported to take had been fully completed.
- Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered.
- People told us staff provided good support with their medicines, bringing them what they needed at the right time. People said they were able to have painkillers if needed.
- We observed staff following safe practice when supporting people with their medicines.

#### Preventing and controlling infection

- All areas of the home were clean and smelt fresh. Prompt action was taken to resolve any unpleasant smells in the home. People told us this was how the home was always kept.
- Staff had received training in infection control procedures. There was a supply of protective equipment in the home, such as gloves and aprons.
- Regular audits checked whether the home was clean and staff were following infection control procedures.

#### Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events.
- The registered manager reviewed these reports and recorded any actions that were necessary following them. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.

# 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 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 before they moved into the home to ensure they could be met. People and their relatives told us staff understood their needs and provided the care they needed.
- Staff demonstrated a good understanding of people's medical conditions and any support they required. This information was included in people's care plans.
- Staff had worked with specialists where necessary to develop care plans. Examples included the care home liaison team, who provide specialist mental health support, community nurses and a specialist heart failure nurse. The provider employed a team of Admiral Nurses, to provide specialist advice and support in relation to care for people living with dementia.

Staff skills, knowledge and experience

- Staff told us they received regular training to give them the skills to meet people's needs. This included a thorough induction and training on meeting people's specific needs.
- New staff spent time shadowing experienced staff members and learning how the home's systems operated. Staff said they were not expected to provide care on their own until they were confident to do so.
- Staff completed assessments to demonstrate their understanding of training courses. Staff told us the training they attended was useful and relevant to their role in the service. Staff were able to complete training on health conditions specific to people they were supporting.
- The registered manager had a record of all training staff had completed and when refresher training was due. The registered manager worked with a learning and development advisor to plan the training programme.
- Staff were supported to complete national qualifications in social care.
- Staff had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. The registered manager kept a record of the supervision and support sessions staff had attended, to ensure all staff received the support they needed. Staff said they received good support.

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

- Most people told us they enjoyed the food provided by the home. Comments included, "The food is nice and I can choose either to eat in here or in the dining room" and "The food is alright here and we get a choice and plenty as well."
- Staff showed people plated meals to help them make their choice. This helped to support people living with dementia who may not be able to express their choices verbally.

- People said they were able to have something different to the main meal if they wanted. Staff responded to requests for different meals, for example sandwiches and an omelette.
- People had access to drinks throughout the day and staff supported people if needed.

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

- People could see health professionals where necessary, such as their GP, specialist nurse or attend hospital appointments. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.
- A visiting GP told us staff worked well with them to meet people's needs. They said staff called them appropriately, were prepared for their visits and followed any advice or guidance that was given.

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

- Specialist equipment was available when needed to deliver better care and support. This included specialist beds for those that needed them, pressure relieving mattresses and equipment to help with mobility.
- Technology and equipment was used effectively to meet people's care and support needs. This included sensor alarms to alert staff that people may be at risk of falling.
- The provider was completing a refurbishment programme of the home. People and their relatives had been consulted and had made choices. The refurbishment had taken into account guidance and research on environments to support people living with dementia.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We observed staff gaining people's consent before providing any care or support.
- Applications to authorise restrictions for some people had been made by the service. Cases were kept under review to ensure any restrictions in place to keep people safe were the least restrictive option available.
- The registered manager had a record of any conditions that had been placed on an authorisation and whether the conditions were being met. These were reviewed monthly.
- Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

# 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 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; equality and diversity

- People were treated with kindness and were positive about the staff's caring attitude. Comments included, "The care is very good here. If you want anything done they will do it for you. I have not been here long, but they seem to know me already and what I like" and "They are very kind and caring here."
- We observed staff interacting with people in a friendly and respectful way. Staff responded promptly to requests for assistance and did not rush people.
- People's cultural and religious needs were reflected in their care plans. Staff supported people to meet these needs.

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

- Staff supported people and their representatives to make decisions about their care. People's views were clearly represented in their care plans. Plans had been changed in response to people's feedback.
- Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded.
- Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Respecting and promoting people's privacy, dignity and independence

- Staff worked in ways that respected people's privacy and dignity. Staff were discreet when asking people whether they needed support with their personal care. Staff ensured sensitive conversations about people were not held in public areas.
- Confidential records were locked away when staff were not using them.
- Staff encouraged people to do things for themselves where they were able and maintain their independence.

## 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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection in January 2017 we assessed improvements were needed to ensure people had suitable activities available to them. □At this inspection we found improvements had been made and people were supported to take part in activities that were relevant to them.
- The registered manager reported that activities co-ordinators had been recruited and people had been supported to plan the activities schedule. There was a planned schedule of group and one to one activities. The schedule was regularly reviewed with people. One person commented, "We do have residents' meetings here and I said about the activities being changed and it has happened."
- The registered manager had developed informal activity areas, aimed and supporting people living with dementia who may not want to participate in group events. These included knitting, arts equipment, dolls, musical instruments and historical objects. Records demonstrated these objects had been well used by people.
- Games and toys were available for younger people to use whilst visiting their relatives. The registered manager had also developed 'discussion cards', which some people used with visitors to help stimulate conversation.
- We observed staff supporting people to take part in various activities, including a film afternoon, games and a discussion group. Events were well attended, and staff supported people to engage with the activity where needed. Staff supported people who were not able to participate in group activities to have regular one to one sessions. This helped to reduce the risk of social isolation.

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

- People had been supported to develop care plans specific to them. Plans included detailed information about people's life history and what was important to them. The care plans had been regularly reviewed with people and had been updated where necessary. The registered manager said this had been a focus of their work recently and they were planning to extend this further.
- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted. People told us staff respected their preferences.

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.

- Staff had identified people's communication needs and included them in the care plans. Methods included using any aids such as glasses and hearing aids, using objects of reference and written documents made more accessible through the use of large print and pictures. Menus and activity plans had been developed with pictures and were available for people.
- We observed staff using these different methods of communication throughout the inspection.
- Signs made more accessible with pictures had been used throughout the home to help people find their way. These included personalised signs outside people's bedroom to help them identify it.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and were confident any concerns would be dealt with. Comments included, "I have never complained but I would know who to go to if I needed to" and "I complained a week ago. It was over something petty and it got resolved quickly."
- Records demonstrated complaints had been investigated and action taken in response. The registered manager had responded to the complainant to let them know the outcome of their investigations and the actions that had been taken.
- Complaints were regularly discussed, and people were reminded how they could raise any concerns. The complaints procedure was available in the home on a noticeboard. People were given a copy of the procedure when they moved in.

End of life care and support

- People and their relatives were supported to make decisions about their preferences for end of life care. This information was used in developing care and treatment plans. The service worked with health professionals where necessary, including the palliative care team.
- Staff understood people's needs and were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

# 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; Continuous learning and improving care

- The service had quality assurance systems which included reviews of care records, staff files, the environment and quality satisfaction surveys. In addition to checking records the management team completed observations of staff practice, including unannounced night visits. This was to assess whether staff were putting the training and guidance they had received into practice. The results of the quality assurance checks were used to plan improvements to the service. An area manager visited the home regularly to assess the service being provided and ensure the improvement plan was being implemented effectively.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.
- The registered manager had notified us of significant events in the service when necessary.
- The service had effective systems to manage risks to people using the service, staff and members of the public.
- Staff told us they thought the service was well managed. Comments included, "The registered manager is very good. Her door is always open, and you are able to have a proper discussion with her" and "[The registered manager] listens and tries to sort out any problems."

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

- The service involved people, their families, friends and others effectively in a meaningful way. The registered manager responded to issues raised in quality surveys and let people know what action they had taken.
- People had been supported to develop interview questions for use when recruiting new staff. The questions focused on the values people would like staff to have to ensure they provided care in the way they wanted.
- Staff told us they felt listened to, valued and able to contribute to the running of the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider and registered manager had promoted a person-centred approach in the home. This was evidenced through the content of staff meetings, supervision, appraisals and the training staff received. Staff reported the registered manager was passionate about dementia care and ensuring people received the best care.

- Staff praised the registered manager and said they had helped the service move forward. Comments included, "The registered manager takes action and things get done. She is a good manager" and "The home is well managed. There's been lots of improvements since [the registered manager] has been here. The environment has improved and there are more activities taking place."
- The registered manager had a good understanding of their responsibilities under the duty of candour.

#### Working in partnership with others

- The registered manager worked well with the local health and social care professionals. They had established good links and working relationships.
- The registered manager had established links with local community services, including schools, social care providers and support organisations. The Alzheimer's Society was using the service to provide their dementia friends training sessions to community groups. The provider was also looking to work with partner services to create a community hub in a day service building next door to the home.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.