The Orders Of St. John Care Trust

OSJCT Willowcroft

Inspection report

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Date of inspection visit:
10 January 2017
11 January 2017

Date of publication:
01 March 2017

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

OSJCT Willowcroft provides accommodation and personal care for up to 42 people. On the day of the inspection there were 39 people living at the service.

The home was last inspected in December 2013 and was found to be meeting all of the standards assessed.

This inspection took place on 10 and 11 January 2017 and was unannounced.

There was a registered manager in post at the service. 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.

At the time of the inspection an activities coordinator was not employed by the service. There were two volunteers who regularly visited the service and provided a range of activities for people to participate. Although we saw some people enjoying these activities there was a lack of stimulation for people on an individual basis. Some people we spoke with told us they were often bored and frustrated at not having more to occupy their time and although they spoke highly of staff, they told us since the activities coordinator had left; the level of activities had significantly decreased. Having points of interest and objects of reference to pick up and handle can bring comfort to people living with dementia however, there was a lack of objects of interest for people to pick up and interact with.

People who used the service were positive about the care they received and their relatives about the service their family members received. They praised the quality and kindness of the staff and management. Staff spoke fondly of the people they supported. Most interactions observed between staff and people were positive particularly during mealtimes. We saw staff assist people to make menu choices and some staff joined people and ate their meals together. However, there were occasions when people were not always asked what they would like to do and their permission was not always sought prior to support being given.

People were very complimentary about the food. Snack stations were available throughout the home where people were able to help themselves to sweet and savoury snacks and drinks when they chose to have them.

People told us they felt safe when receiving care. Individual risk assessments were in place and staff we spoke with knew what to do if they were concerned about the safety and well-being of people using the service. Risk assessments were completed and where risks identified, care plans had been written which detailed the guidance for staff to follow to help mitigate these risks. Observations made during the inspection and our conversations with staff confirmed they knew how to support people in line with this guidance.

Medicines were managed safely and administered by trained staff. People were also well supported to with their ongoing health care needs and to access health care services.

Staff told us they had received training to help them deliver care and support to people effectively. Newly recruited staff completed an induction programme which included completion of the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff demonstrated a good understanding of their roles and responsibilities as well as the values of the service. Staff were also supported to carry out their role through regular supervisions and training.

The provider regularly assessed and monitored the quality of care provided. Feedback from people and their relatives was encouraged and was used to make improvements to the service. People's views about their care and support was listened to and acted upon and there was an effective complaints procedure in place.

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 was safe.

Staff understood their responsibilities to keep people safe from harm. Staff knew the processes for reporting concerns and said they felt management would take appropriate actions where required.

People were supported by staff who understood how to provide and meet their individual care needs safely.

People received their medicines on time and medicines were administered and managed in a safe and competent way.

Is the service effective?

Good

The service was effective.

People said they enjoyed the meals on offer and had sufficient to eat and drink to maintain good health.

Staff told us they received training and support to provide people's care effectively and staff records which detailed what training had been completed confirmed this.

People were supported to maintain good health and access to specialist healthcare services.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion in their day to day care and support.

People and their relatives spoke positively about the staff and said they were well cared for.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People gave mixed reviews on the activities offered. People commented they would like to have more to do and some people told us they had little to keep them occupied.

People's care plans provided guidance on how care and support should be provided in line with their needs.

People were encouraged to contribute ideas and provide feedback on the running of the home.

Is the service well-led?

Good

The service was well led.

Staff told us they worked well together as a team and felt valued and supported by the manager.

Systems were in place to review incidents and monitor performance to help identify any trends or lessons to be learned.

People benefited from a management team that regularly monitored the quality of care and sought to continuously improve.

OSJCT Willowcroft

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 January 2017 and was unannounced.

The inspection was completed by 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 service. Our expert by experience had experience of caring for people who lived with dementia and care of older people.

Before we visited we looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. 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.

During the visit we spoke with the registered manager, 24 people who use the service, the chef, the housekeeper managing the laundry, nine care workers, a visiting health care professional, five relatives and three other visitors.

We also reviewed a range of records which included care plans and risk assessments of nine people using the service, staff training records, staff duty rosters, staff personnel files, policies and procedures, complaint files and quality monitoring reports.

We spent time observing the way staff interacted with people who use the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at Willowcroft. Policies were in place and up to date in relation to safeguarding of vulnerable adults from abuse and whistleblowing procedures which guided staff on what action to take if there were any concerns of abuse. We saw from staff records that they had received training in safeguarding adults from abuse and staff could explain what keeping people safe meant.

People were protected from the risks of potential abuse or harm. Care records showed that people's individual needs were assessed before admission into the home and where risks were identified appropriate guidance was in place to help minimise risks . There were a range of individual assessments which identified potential risks for people and this information was documented for each person. Assessments included how to manage risks including the risk of falling, choking, malnutrition, pressure ulceration and the safe moving and handling of people. For example, one person had been identified as being at risk of pressure ulcers. Documentation detailed the frequency they were repositioned and this was in line with the guidance available in their care plan.

There was clear documentation in place following accidents and incidents. Body maps were used to record the location of any injuries sustained following a fall. Accident forms detailed the event and included information following regular observations such as whether a person was experiencing any pain, bruising, behavioural changes or loss of mobility. One staff member told us what documentation to complete if someone had a fall. They said they would complete and incident or accident form and include details such as the time and place it occurred, how it had occurred, whether it had been witnessed and whether there were any injuries as well as documenting what observations would continue following the fall.

Sufficient staff were available to support people and call bells were answered promptly. When cover for staff was required due to staff sickness, the registered manager confirmed they would always try to deploy the same agency staff to ensure continuity of care and to reduce anxiety for people using the service.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people. We reviewed staff personnel files and saw appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Medicines were organised and administered in a safe, competent manner and administered on an individual basis to suit people's needs. Staff who had responsibility for administering and disposing of medicines had undertaken training and appropriate assessments to ensure they remained competent to deal with medicines. Staff signed medicines records once they were satisfied the person had taken their medicines. There were protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines). We observed the lunchtime medication round. During this time,

the staff member offered PRN medicines to people and administered them if required. For example, the staff member asked people who were prescribed PRN pain relief whether they would like to have pain relief and gave this to them if requested. Staff were knowledgeable about the medication they administered and explained to people what they were taking.

Records showed that stock levels of medicines were accurate and balanced with the number of medicines which had been admininstered. . There was also robust procedures in place to ensure new prescriptions were ordered when necessary and in a timely manner. This meant people received their medicines as required.

The home was clean throughout and housekeeping staff followed a cleaning schedule to ensure all areas of the home were appropriately cleaned. All staff completed infection control training on an annual basis and personal protective equipment such as gloves and aprons were readily available for staff to use. Laundry bags were colour coded to ensure soiled linen and clothes were handled appropriately to help control and prevent the spread of infection.

Good

Is the service effective?

Our findings

When we asked what people like about living at Willowcroft most told us it was the food, saying it was excellent. Another person told us "They (the staff) are all very good here and the food is excellent. We have a very good chef here".

Tables and food was nicely presented and there was a nice atmosphere during mealtimes. People were given the opportunity to eat what they preferred and alternatives were offered if requested. Beverages were brought around regularly and offered to people throughout the day.

We spoke with the chef and asked him how he knew people's likes and dislikes. He told us he also worked as a member of the care staff team too and therefore had got to know people using the service very well including their likes and dislikes and dietary needs. The chef told us they catered for people's requirements and that food was given in line with any specialist dietary needs. He told us "We eat with our eyes so the food must look good as well as taste good so I take pride in delivering good food and catering for all dietary needs for the residents, because it's important to me also". The chef interacted with people during the lunchtime meal and asked people if they were happy with their food.

One staff member told us one of the ways they helped to support people maintain a balanced diet. They told us where people were at risk of malnutrition/dehydration their food and fluid intake was monitored and recorded. They also told us people's weight was regularly checked and documented to ensure early signs of deterioration were identified. We looked at people's care records and these confirmed this was the case.

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. The application procedures for this in care homes and hospitals are 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 were being met. We found people's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. Where people lacked capacity to consent to their care and treatment, associated mental capacity assessments and documentation was available regarding decisions made in their best interests.

During the inspection, the registered manager told us they had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body and were awaiting assessment. Documentation of capacity assessments and best interest decisions was

available to support these decisions.

All staff we spoke with told us they had received training which gave them the confidence and sufficient knowledge to support people in line with their needs. Staff told us they had regular supervision and appraisal and this was confirmed from their records.
We spoke with one staff member who told us about their induction. They told us this involved mandatory training set by the provider which included manual handling, first aid, safeguarding and that they shadowed more experienced staff and were supervised until they felt comfortable working on their own. They also told us the registered manager had supported them to complete additional training which included a vocational qualification relevant to their role. Staff completed a medicines competency assessment prior to administering medicines. One staff member told us their competency was not signed off until they had confirmed their confidence with administering medicines on their own. This meant people received effective care from staff that had the necessary knowledge and skills they needed to carry out their role.

Staff we spoke with were knowledgeable about how to care for people's specific health needs and tools were available to assist in the monitoring of people's health. For example, in one person's care plan, a pain assessment tool was available which helped to monitor this person's level of pain by observing for non-verbal signs of discomfort. This was used to help identify when they may require pain relief or assistance to increase their level of comfort.

People we spoke with told us they felt well cared for and their health needs were met. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. The GP we spoke with told us communication between them and the service was excellent and any recommendations made by them were followed. For one person their care plan detailed the response taken when their health had deteriorated. We saw documentation which showed staff had made a prompt request for a GP visit which led to appropriate treatment and helped to support a faster recovery.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care by staff who had got to know them well. Comments from people and their relatives on the care they received were positive. One person told us "I miss home and although this isn't the same as living at home it is alright and the care is good". Another person told us "I love it here". Other people we spoke with told us they were happy living at Willowcroft. One relative we spoke with told us "I have no complaints, The most important things to me is that my mother seems happy and so I'm happy".

A visiting healthcare professional told us "I see lovely caring interactions (from staff to people using the service) and staff greet them as they are passing through and check they are okay. They treat the residents like family and know them well" They went on to say the staff always had people's best interests in mind and gave an example of how staff had promptly pursued the replacement of a specialised chair for one person when the one they were using had broken and the person had to remain in bed before a replacement became available. The staff had closely followed this up so that a replacement could be provided as soon as possible for this person.

All staff we spoke with talked fondly and in a friendly and affectionate way about the people they supported. One staff member told us about the female residents saying how much they liked to spend time with them saying "It's like having 20 Nan's!". They went on to tell us how they greeted people when they first came to live at the service to make them feel welcome and comfortable; by chatting to them about their interests, likes and dislikes. People were treated with dignity and respect. We observed one lunchtime, a person sat near to the front door of the home. They were experiencing some confusion and thought they were waiting for a taxi. As lunch was being served, a staff member informed them it was lunchtime. The person was sure they were waiting for a taxi however, the staff responded in a kind and gentle manner which encouraged this person to walk to the dining area for their lunch. When they arrived at the dining area, the person changed their mind about having a meal and decided they wanted to walk back to where they had been sat. Although the staff member had been busy assisting to help serve lunch, they took the time to support this person back to where they had been sat, were patient and did not rush them.
During most of the inspection, staff gave people choices in what they would like. During mealtimes, staff showed people sample meals on plates for people to make a visual choice before deciding what they would like. Each person was asked individually what they would like and some chose a mix of items from each plate for their desired meal. One staff member asked a person what knitted top they would like to wear then afterwards asked them where they would like to sit. This was a good example of person centred care where people were given the opportunity to make their own decisions and choices.

However, there were a two occasions when we observed people not being offered a choice. On one occasion, a staff member who was offering people drinks following breakfast didn't always offer people choice in what they would like. For example, two people were given a cup of tea. sugar and milk was added to the drink. The staff member did not ask either person whether they would prefer an alternative drink or how they would like their tea but simply assumed this is what they would like. This meant people were not always offered or given the opportunity to ask for what they would prefer.

When we asked one staff member how they could effectively support people's individual needs by the adaption, design and decoration of the service, they gave us an example saying one person had chosen how they wished to have their room decorated and this had been done to their personal choice and preference. The registered manager gave us another example of when staff worked with people to help them achieve their individual needs and independence. They said people had said they would prefer to do their own Christmas shopping and would like to choose presents for their friends and relatives themselves rather than these be bought on their behalf. To enable the service to achieve this and as there were many people living at the service that wanted to do this, staff created a timetable which enabled the necessary coordination of staff and logistical arrangements such as transport to be available to support people in this way. They told us this was a huge success and that people using the service were happy they had been able to do their own Christmas shopping.

Staff were able to tell us how the protected people's privacy and dignity. One staff member told us they would ensure doors and curtains are shut when providing personal care to people. We observed one of the housekeepers asking people who were sat in the lounge area if they could have the keys to their door so they could clean their rooms. This empowered people to be in control of their own space.

All staff were given training in end of life care. A core pathway was followed to ensure people who were approaching end of life had a dignified and peaceful death through continuous monitoring of their comfort and spiritual and social needs.

Requires Improvement

Is the service responsive?

Our findings

People were not fully supported to pursue their interests or to participate in social activities. One person told us "We used to have a nice lady come to talk to me but now she's gone". When we asked if there were activities on offer they would like to participate in they said "There are two nice ladies that come in but they do mostly bingo and I'm not really interested in that". This had been discussed at a recent residents meeting where a person had said 'I feel a bit trapped at times, although we are well cared for and happy here, it would be nice to get out'.

Two volunteers regularly visited the service and offered activities to people. On the day of the inspection, these volunteers performed armchair exercises and bingo which seven people took part and said they enjoyed. Some of the staff members told us they visited the home in their spare time to provide activities. Although this support was valued by people using the service this alone did not sufficiently provide support for all people to enable them to pursue their interests.

Outside in the garden area there were tissues, paper towels and unused plastic gloves on the ground which had been thrown out a person's window. When we asked staff about this they told us this was something this person did on a regular basis. When we spoke to this person they told us they were bored as there was never anything to do that interested them.
One person told us "I want to go out more and do things, just sitting here just watching TV or dosing in the chair is not my style". When we asked whether the staff supported them by offering to take them out they replied "No, they are always busy doing something". They went on to tell us "I'm not complaining about the place, it's ok as far as it goes but this isn't a life, it's an existence, I'm so frustrated". When we asked one staff member whether people had enough to do, they told us "Some do yes, but others not so, and they get restless".

One staff member told us they managed as best they could in the absence of an activities coordinator. Staff told us they made time to spend time with people. One staff member told us "I always make time to sit and talk with people and if they are in their rooms pop and see them for a chat". There was a colouring mural on the wall in one of the corridors which invited people to colour in however, there was very little available or offered to people to do during the course of the day. The care plan of one person stated they had enjoyed painting as a hobby prior to living at the service. When we spoke to this person they told us they would like to continue painting as a hobby but since arriving at the home there had been no provisions available for them to do this.

Throughout the inspection, there was very little support for people to occupy their time with things they enjoyed to do. There were a number of people who were unable or chose not to participate in the group activities on offer. For people who did participate in the group activities, at other times, there was no offer of alternative activities for them to pass their time apart from watching TV. When staff were present and sat with people it was to write in their care records. We did not see staff sitting and chatting with people or spending time with them on an individual basis unless it was to carry out specific tasks such as during tea and coffee rounds or to support people in and out of the lounge of dining areas. This meant there was a lack

of cognitive therapy and stimulation on an individual level for these people.

Staff told us they delivered person centred care and treated people as individuals by getting to know about people; asking about them and their family history. They said if people were unable to communicate this information with them they would ask their family. A mission statement was on display in a communal area of the home. This stated staff had a good dementia knowledge base and focused on people's life stories to enable them to be supported with their interests and hobbies to enhance their quality of life. However, there was a lack of evidence in the form of documentation or activities that this was in place for people who had dementia and where information was available in people's care plans there were little evidence this information was being used to support people.

The registered manager told us they were in the process of trying to recruit a replacement activities coordinator and that they were grateful of help from volunteers who visited the home. They had also deployed one of their staff members to spend two to three days per week coordinating activities.

Despite the lack of information in some people's care plans on their life histories and preferred activities, care plans provided specific guidance for staff on how to care for people's physical and other emotional needs. The care plan for one person gave clear details on how to support someone when assisting them to transfer between their bed to a chair. This guidance included what equipment should be used and how to use it. There was also good guidance on how to effectively communicate with this person, where in certain circumstances they could present with behaviours that may challenge. The guidance provided information on the sort of triggers that may lead to certain behaviours such as not liking being touched, and what helped to comfort them such as listening to music and singing.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Handover documents were also in place for staff to refer to. These detailed reminders for GP or other appointments, new admissions and the care plans which were due for reviews. People's care plans detailed known allergies, and key contacts including their next of kin and which healthcare professional to contact in line with their care and treatment.

People looked comfortable in the presence of staff and said they were able to express their opinions freely. People were involved in the planning of their care and where appropriate, relatives were also asked for their input and feedback. People said they knew how to make a complaint and who to approach if they were not happy.

Good

Is the service well-led?

Our findings

Staff said they worked well together as a team, were happy working at Willowcroft and spoke highly of the manager saying there was an open door culture. One staff member told us "I love working here. We are a good team and I like the people I work with". Other comments from staff included "She (the manager) is very good and she's nearly always available and ready to listen" and "The best thing about the service is the management. It has been uplifting to have someone (the manager) so supportive. If having a stressful day, I can have a bit of a rant and she (manager) listens. She (manager) knows everyone in the team and is lovely to work with".

The service monitored the quality of care provided. We saw documentation of quality assurance systems and audits which were designed to monitor the quality of the care provided and identify ways to overcome issues where trends had been identified. For example, there was a 'falls checklist' in place. This detailed what should be considered when someone had fallen to help build a picture of whether there was a particular reason for falls occurring and whether there were ways to prevent or reduce these happening. In addition, there was a checklist for the falls risk assessment to be reviewed and updated if appropriate. We looked at an action plan following a summary of falls during one month. A trend had been identified to show there were a higher number of falls occurring at breakfast and tea time. In response to this, the registered manager had ensured there was a higher staff presence around at these times to ensure people were being adequately supported.

Following a recent quality audit that looked at documentation in people's care plans, it was identified that improvements to the level of detail required was needed. In response to this, the registered manager had planned workshops for the staff to discuss and practice writing care plans by using different scenarios. They said they chose this method of training as it was an excellent way to share best practice by working together as a team.

The management team sought the views of people using the service and their relatives and sent surveys focussing on different aspects of the service each month. The feedback from people and their relatives on the service was very positive with the response of 'excellent' for such things as the attentiveness, friendliness and quality of care the service provided. Comments in surveys included "I am very happy with what staff do" and "I've been here a long time and like it. I didn't want to come at first but I'm so glad I did". Following a suggestion to replace seating in the main entrance of the home to enable people to sit and enjoy watching people come and go, this had been actioned and we saw people enjoying sitting in this area during the inspection. Regular 'residents meetings' were also arranged where people were able to share their opinion and ideas to continually improve the service. Agenda items such as the satisfaction of the food and activities on offer were included for discussions.

The service sought and acted upon feedback from external professionals on the quality of the care being provided. A pharmacy team had recently visited the service to complete a quality audit and the service had responded positively to their feedback.

The service fostered links with the local community and gave examples of how this was achieved. The registered manager gave an examples of when the local Brownies and had visited and children from the local school had performed their Christmas assembly for people using the service.