

## 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 effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	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 a dementia type condition. There were 39 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 were supported by staff who were extremely caring. People and staff shared strong bonds. We were given lots of examples about how staff strived to support people to achieve fulfilling lives. Relatives commented how well people were valued. Staff appreciated people's individual skills, attributes and personalities. They encouraged people's independence and celebrated their achievements.

People experienced good outcomes because they were cared for by staff who understood what was important to them. Relatives described the improvements to people's mental health since they had been cared for at Willowcroft Care Home. The provider invested in training and models of care which enhanced people's lives.

The service's vision and values were person-centred to make sure people were at the heart of the service. The provider and registered manager were proactive in putting in place best practice in supporting people with mental health needs. Robust systems to monitor the service were in place so the provider could be assured that people were receiving good standards of care.

People and relatives told us it was a safe place to live. Systems and processes were followed so the building and equipment were well maintained and clean. There were enough staff to meet people's needs and medicines were well managed.

Staff were well trained to carry out their roles. People's care was planned and delivered to meet their individual needs. The home was well designed to enable people to be as independent as possible.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

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 26 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 very caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Willowcroft 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 one inspector.

#### Service and service type

Willowcroft Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We 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 two people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, human resources

manager, business manager, five care workers and the activities coordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and medicines records. We looked at records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted a range of professionals who regularly visited the home. We received responses from four professionals.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

- Risks were well managed. Staff understood the risks people faced and had clear information about how to mitigate them.
- Staff were skilled at supporting people who, at times, displayed behaviours which put themselves or others at risk. Relatives commented how well staff diffused situations when people displayed anxiety or agitation.
- The use of restraint was infrequent, and people were only restrained as a last resort. Staff were trained to restrain people safely and in the least restrictive way. The registered manager monitored the use of restraint to make sure it was appropriate. Records did not always detail the specific type of restraint or how long it had been used. The registered manager told us they would ensure this information was captured in future.
- Safety checks were carried out regularly on the building, and any equipment used, to make sure they were in good working order.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Systems were in place to minimise the risk of abuse. Staff understood, how to spot abuse and what they should do if they had any concerns.
- The registered manager carried out thorough investigations into any incidents. They worked closely with the local safeguarding team.
- Accidents and incidents were reviewed. Where possible action was taken to reduce the likelihood of accidents or incidents happening again.

Staffing and recruitment

- There were enough staff to meet people's needs. People and relatives told us staff were always available and responsive to their requests. Staff were not rushed and had time to sit and talk with people.
- Staffing levels were determined by people's needs. Staff were assigned to work in specific communal areas to make sure they were available if people needed help. The registered manager told us staffing was kept under review and gave us examples of when staffing levels had increased when people's needs were more complex.
- Safe recruitment processes had been followed.

Using medicines safely

- People received their medicines as prescribed.
- Medicines were well managed. Medicines were received, stored and disposed of safely.
- Medicines were administered by trained, competent staff.

Preventing and controlling infection.

- The home was clean and well maintained.
- Staff followed processes to minimise the risk of infection.



# 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.

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

- People saw healthcare professionals when they needed to. Health professionals commented on how well staff at the home monitored people's health needs.
- Staff worked closely with other agencies when people moved in or out of the service.
- People experienced good care and good outcomes. The registered manager and relatives told us about people whose mental health had significantly improved since they had come to the service. One person had previously been regularly admitted under a section to a mental health ward of a hospital, however the frequency had reduced since they had been cared for at Willowcroft Care Home. A GP told us, "I would highly recommend it to those needing specialist care."
- Staff acted as advocates on people's behalf when working with health professionals to make sure people lived as healthy lives as possible.

Staff support: induction, training, skills and experience

- Staff were well trained and knowledgeable. All staff received a programme of training and knowledge assessments, designed around the needs of the people they supported.
- New staff completed an induction programme which incorporated the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours that should be covered if staff are new to care.
- Staff told us they felt supported. They attended regular one to one meetings with their supervisor to discuss their performance and reinforce the provider's values. Staff were supported by the provider to progress their career and personal development.
- Nursing staff had access to training to make sure their clinical skills were kept up to date.

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

- People's needs were assessed before they began using the service.
- Staff researched and kept up to date with best practice in caring for people's mental and physical health. They used recognised guidance and tools to determine and deliver the support people needed.

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

- People and relatives told us the food was of a good standard. Food, drinks and snacks were available throughout the day.
- Staff understood people's nutritional needs, they supported them to eat and drink when needed. Staff

monitored people's intake of food and drinks to make sure they were taking in enough.

Adapting service, design, decoration to meet people's

- The environment had been designed to meet people's needs. The communal areas of the home were set out so that staff could always see people and offer support if they needed it.
- The home had been decorated in line with best practice for people living with dementia. Willowcroft Care Home had received accreditation from the local authority for meeting 25 essential standards for supporting people with dementia. Picture signs were used to help people to find their way around and automatic lighting came on when people walked around at night.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

- The provider continued to follow the MCA. People were supported to make their own choices whenever they could. Where people lacked capacity, decisions were made in people's best interests, involving family members and healthcare professionals.
- DoLS authorisation had been granted for people deprived of their liberty. Conditions on authorisations were being met.

# 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 improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff were exceptionally caring. People and relatives were overwhelmingly positive in their feedback about staff and the service. Relatives described the impact staff had on their relative's life. Some relatives told us they had poor experiences at other care homes but were relieved to have found Willowcroft Care Home as they no longer worried about their relative.
- Staff were passionate about making people feel valued and cared for. Relatives and staff described strong bonds between people and staff. One person had remarked how much they liked a staff member's home-made jewellery, so the staff member had made them a matching item. The person had died before the item had been finished, so it had been given to their relative who said they wanted the person to be buried with it. Staff knew one person enjoyed playing music. The registered manager purchased a guitar which the person enjoyed playing for other people. As their condition deteriorated and they were no longer able to play, staff played the guitar for them. At their funeral, staff from Willowcroft Care Home arranged for flowers to be displayed in the shape of a guitar.
- The provider ensured relatives felt welcomed and comfortable at Willowcroft Care Home. Relatives were encouraged to stay an active part of people's lives. Relatives joined in activities and often ate with their relatives at mealtimes. One relative told us they could continue to go on shopping trips with their loved one as staff used the provider's mini bus to drop them off and pick them up. Staff created a photo memory book for each person of their time in the service. The memory books were sent, along with a card, to relatives when people died or left the service, to communicate how much people meant to staff.
- Staff encouraged and supported people to follow their faith. Some people regularly attended their local church. Staff had supported one person to reconnect with their faith. They had helped them to find a church where they felt welcome which they attended weekly. This person had been visibly touched when staff had bought them a bible. When the person's health deteriorated staff arranged for the priest to give the person communion at the home.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to live full and active lives and achieve their goals. Staff took a positive approach to risks where they would enhance people's lives. One person used to receive staff support to visit the local town but now went daily by themselves. Another person had smoked cigarettes for all of their adult life. They worked with staff to make a plan to reduce the number of cigarettes they smoked and eventually stopped smoking altogether.
- Staff supported people to maintain and develop their independence. Where people were living with dementia staff assessed their capacity to engage in tasks, social interactions and problem solving. Staff used

this information to encourage people to be independent in tasks they could manage so they did not become frustrated or disheartened. Some people liked to help with cleaning tasks, and were given cloths and dusters to use.

- Staff supported people to learn new skills. In preparation for leaving the service, staff were supporting one person with new skills such as shopping, baking and cooking. People had access to a kitchenette to make their own drinks and snacks, and a therapy kitchen where staff supported people with more complex cooking.
- People's dignity and privacy was protected and promoted by staff. Staff were trained in equality and diversity and could explain the ways they respected and protected people's dignity when delivering care. Some staff were 'Dignity champions' they received additional training and actively promoted and monitored dignity matters throughout the service.

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

- The nominated individual told us people and relatives were at the heart of everything they did. Staff had supported families to set up a relative participation group to enable them to influence change and developments in the home. The provider had made a financial commitment to delivering suggestions raised by the relative participation group, including buying air conditioning units and sourcing specialised hard wearing furniture.
- Staff supported people to understand decisions around their care and express their wishes. When one person was daunted about an upcoming operation, staff worked with them to help them to understand what would happen and what the operation was for. Afterwards staff stayed with the person at all times while they were in hospital to provide reassurance and make sure the person fully understood any decisions they were asked to make.
- People were included in their care as much as they could be. Staff met with people and relatives to plan and review the care they received.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- The provider was committed to valuing people as individuals. Relatives and professionals were very positive about the care people received. Staff in all roles received person-centred care training which designed to enable them to understand what was important to each individual person and support them to live enriched lives. The provider had implemented a model of care which focussed on people's strengths instead of their conditions. Staff understood this model of care. They were patient, understanding and empowered people to make their own choices.
- Staff used their knowledge of people and their conditions to support them to have better outcomes. One person was initially resistant to personal care. They needed the support of four staff members at once. Staff identified particular triggers from their understanding of the person's past. They changed the way they approached this person which made them much more comfortable. This person was no longer distressed and only needed support from one member of staff. A relative told us their family member was the most settled they had ever been. They said, "No one could manage [my relative] but they can, and they do it with a smile. It is amazing. They are superb."

End of life care and support

- People received compassionate care at the end of their lives. The provider had invested in training staff in a programme called Namaste, which was developed to meet the needs of people with advanced dementia for human contact and sensory stimulation. Staff carried out Namaste care daily with music, therapeutic touch, massage and aromatherapy. This way of caring was particularly beneficial for people at the end of their lives.
- Staff made sure that people were not alone as they reached the end of their lives. Staff put together memory boxes, so people could always have things which were important to them close by.
- Staff worked closely with district nurses and specialist nursing teams so people's wishes at the end of their lives could be met. Nursing staff had been trained to use specialist equipment which was typically used to give medicines as people approached the end of their lives.
- The provider offered one to one sessions to people and relatives as people approached the end of their lives to offer both support and information at this sensitive time.

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

- Staff were passionate about supporting people to do things which were important to them. One person had not wanted to come and live at the home and said they wanted to leave. As staff got to know them they supported them to regularly visit a relative's grave and go for a pint in their local pub. The person was much

more settled and no longer expressed a desire to leave.

- Activities and events were engaging and planned around people's interests. People had been involved in deciding a schedule of activities. Staff also supported people on a one to one basis to do things which were important to them. One person loved football. Staff arranged for them to attend a football match. The provider told us this person had thoroughly enjoyed this event. Staff sought funds from the provider to buy a football board so this person could follow their interest from the home. Another person had previously been a languages teacher. The provider told us their wellbeing had improved greatly since coming to Willowcroft Care Home. Staff believed that was in part due to engaging with this person's unique skills and reinforcing what they had to offer. Staff had asked this person to give them language lessons which the provider told us had made the person feel understood and fulfilled
- Staff did not see people's mental health needs, and associated behaviours, as a barrier to them accessing the community. There were lots of activities and trips for people to take part in. Relatives told us the activities coordinator was a real asset. A relative told us their family member was initially resistant to taking part but staff had managed find things they were interested in. They said, "I don't know how they have done it. Never in my life have I seen [my relative] do any kind of crafts but they managed." Staff told us since this person had got involved with hobbies they had seen a positive impact on their mental health.
- Staff supported people to maintain their relationships with friends and family. They used the provider's mini bus to transport some people to their family homes for visits. Staff accompanied one person to visit a relative in another care service. They helped people to keep in touch over the phone and internet with friends and family who did not live locally.

#### 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.

- Information was available in a variety of formats to meet people's individual needs. The registered manager had researched best practice in presenting information for people living with dementia and created dementia friendly information guides and surveys. Information was also available in large print and other languages.
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain. Staff had created flash cards and aids to support people to communicate their choices.

#### Improving care quality in response to complaints or concerns

- Complaints had been well managed. The registered manager had responded in line with the provider's policy. Within responses they had empathised with people and where appropriate they had offered apologies.
- Complaints were monitored and used to drive improvements.

# 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.

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

- The provider invested in delivering their vision of the service. They told us they aimed to create an ethos of fairness, transparency with people firmly at the heart the service. They supported staff to achieve this through training, implementing best practice tools and models of care, and embedding values in staff development.
- The service was well managed. Relatives and visiting professionals were very satisfied with standards at the home. When asked, most relatives told us they couldn't think of any way the service could be improved. Visiting professionals spoke highly of the care provided.
- The provider valued the staff team and what they had to offer the service. One staff member had received training to become a Mental Health First Aider. They offered these skills to the staff team to support their wellbeing.

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

- People, relatives, staff and visiting professionals were very positive about the leadership of the home. They told us the registered manager was approachable and proactive in driving improvements. The registered manager was supported by the provider's experienced management team.
- Robust systems were in place to make sure that people received high standards of care. A comprehensive range of checks were completed by the registered manager, provider and management team.

Continuous learning and improving care

- The registered manager and staff kept up to date with best practice in caring for people with mental health needs. They had introduced new ways of working and new strategies to improve the care people received.
- The registered manager and provider were proactive in seeking out ways to improve their practices. They were involved in research projects, testing out new tools and systems and sharing their experiences with the research team. One project had focussed on understanding common care problems within care homes.
- The registered manager followed a safety investigation process to learn from incidents to improve standards.

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 principles of the duty of candour were embedded within the manager's practice. We saw they were open and honest in response to any complaints. Records evidenced reflective practice and transparency and striving for improvements within the home.

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

- The views of people, relatives and staff were regularly sought. Meetings were held regularly. A survey to gather their views on the service, was sent to people, relatives and staff each year. Their feedback was used to make changes and improvements to the service.

Working in partnership with others

- People were supported to remain active members of their local community. People had been supported by staff to hold a soup kitchen in the local market. People had enjoyed giving something back to their local area, and the event had been well attended. Staff advertised their summer fair in local churches and shops. The local community were invited to join in with the festivities including a dogs contest.
- Staff supported people to attend weekly church services, and others to visit their local hairdresser and use day care services.