

The Orders Of St. John Care Trust

OSJCT Willowcroft

Inspection report

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Date of inspection visit:
26 April 2022
27 April 2022

Date of publication:
23 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

OSJCT Willowcroft is a residential care home providing accommodation and personal care for up to 42 people. The service provides support to people who are living with dementia. People live over two floors in a purpose-built building. The home is separated into households and people share the use of lounge, dining and entertainment space. At the time of our inspection there were 36 people using the service.

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

The registered manager had taken action to keep people safe and manage the risks they faced. This included action to ensure staff were aware of their responsibility to promptly report incidents, in line with the provider's procedures. Staff demonstrated a good understanding of the action they needed to take to keep people safe.

People said they felt safe living at Willowcroft and received good support. People told us there were enough staff to provide the care they needed, and they were supported to take the medicines they were prescribed on time. People and their relatives were confident any issues they raised would be addressed by the registered manager.

The home had good infection prevention and control procedures in place. Procedures had been reviewed and updated to reflect the COVID-19 pandemic. Systems were in place to prevent visitors catching and spreading infections.

The registered manager had developed good relationships with health and social care professionals and worked with them to meet people's needs.

The management team regularly assessed the quality of the service provided and had systems in place to make improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; 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

Rating at last inspection

The last rating for this service was good (published 5 November 2020)

Why we inspected

We received concerns in relation to the management of injuries and incidents. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

The overall rating for the service has remained good, based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

OSJCT Willowcroft is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. OSJCT Willowcroft is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. 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 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 nine people to gather their views about the care they received. 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 looked at five 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, head of care, area manager and five care staff.

After the inspection

We spoke with three relatives by phone. We received feedback from two health professionals by email.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There had been some occasions when staff had not promptly reported incidents when people had been injured, for example following suspected falls. The registered manager had addressed this with individual staff and staff groups, using formal employment processes where necessary. Records of recent incidents demonstrated the actions by the registered manager had resulted in improvements. Staff reported incidents promptly and had taken action to ensure people were safe.
- Risk assessments were in place to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to stay safe when smoking, support to manage the risk of falls and the risk of developing pressure ulcers.
- Risk assessments and management plans had been reviewed and updated as people's needs changed. People and their relatives were involved in reviews. Comments from relatives included, "The service have listened to me when discussing my [relative's] needs and the best way of providing care."
- Staff demonstrated a good understanding of the risk management plans and the actions they needed to take to keep people safe.
- The provider had systems in place to learn lessons from events in their other services. This had resulted in additional security procedures to be followed at night, training for staff on recording of incidents and an increase in the number of unannounced night checks completed by the management team.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at Willowcroft. Comments from people and their relatives included, "I feel

safe here. There are staff about if I need them" and "[My relative] feels safe there."

- 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 had received regular training in safeguarding issues.
- The management team had reported allegations of abuse and worked with the local authority safeguarding team when necessary.
- Staff were confident the registered manager would take action to keep people safe if they raised any concerns. Staff were also aware how to raise allegations of abuse directly with other agencies if they needed to.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff were available to provide support when they needed it. Comments included, "There are enough staff. They come quickly if I call them" and "I can always find help when I need it."
- Staff told us they were able to meet people's needs safely. They said they had struggled at times due to sickness absence but received support from the management team to provide care. All the staff we spoke with said this had not impacted on the care people received.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character.

Using medicines safely

- People were supported to safely take the medicines they were prescribed.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take and an accurate record of medicines held in the service.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine. Records demonstrated staff had followed these protocols.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was supporting people to have visitors in line with the most recent government guidance. Visitors were able to see people in various parts of the home, including in people's rooms.

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.

The rating for 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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had promoted a person-centred approach in the service. This was evidenced through the feedback from people who use the service and staff, and the way records were completed. Comments from staff included, "[The registered manager] is very person-centred, not task orientated" and that the registered manager "Listens, cares and goes above and beyond to help people."
- Visiting health professionals we received feedback from praised the management and told us the service was well run. Comments included, "I have found if I have any questions [the registered manager and head of care] both are very helpful" and "The [registered] manager is good and open to discussions about things which could be improved."
- The registered manager understood their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had effective quality assurance systems in place. These included, reviews of care records, medicine records, support plans, staff records and quality satisfaction surveys. In addition to checking records the registered manager completed observations of staff practice. This was to assess whether staff were putting the training and guidance they had received into practice.
- Incidents were reviewed by the registered manager and were discussed as part of staff meetings. This helped to ensure lessons were learnt and practice changed where necessary.
- The results of the various quality assurance checks were used to plan improvements to the service. There was a 'service improvement plan' in place, which was regularly reviewed and updated as actions were completed.
- The registered manager was aware of the need to notify CQC of certain important events. Records demonstrated these notifications had been submitted when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people and others effectively in a meaningful way. The registered manager responded to issues raised in regular feedback meetings and let people know what action they had taken. Comments from relatives included, "The management are fantastic. We are able to raise any issues and they are dealt with."
- The registered manager worked well with the local health and social care professionals. They had

established good links and working relationships. Comments from visiting professionals included, "I did raise a concern about two months ago now. [The registered manager] got back to me in a timely manner. They kept me updated on their investigation and dealt with the issue quickly."

- Staff told us they felt listened to, valued and able to contribute to the running of the service. Comments included, "We are able to raise any concerns with [the registered manager]. She listens and makes time to address any issues."

- The registered manager kept up to date with best practice and changes to guidance in respect of the COVID-19 pandemic.