Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Willows

Corders Farm, Bury Road, Lawshall, Bury St Edmunds, IP29 4PJ

Tel: 01284830665

Date of Inspection: 08 May 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✖ Action needed
Care and welfare of people who use services	✓ Met this standard
Staffing	✖ Action needed
Assessing and monitoring the quality of service provision	✖ Action needed
Complaints	✓ Met this standard

Details about this location

Registered Provider	Extrafriend Limited
Registered Manager	Mrs Margaret Holt
Overview of the service	The Willows is a 25 bed residential care home that provides long stay, short stay and respite care for older people, some of whom were living with dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with six people who use the service, four relatives, four care staff, the deputy manager and the registered manager during this inspection. We looked at five people's care records and three staff records. Other records we reviewed included staff training and quality and monitoring records. We considered our inspection findings to answer questions we always ask; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?

This is the summary of what we found:

Is the service safe?

Care records were updated to ensure that people received the care they needed to keep them safe. The service worked with other healthcare professionals when they were concerned about someone's safety. The falls prevention team had worked with the service to reduce the frequency and impact of falls for one person.

Staff did not receive all the training they needed to carry out their roles safely. We found that fire training for some staff members was overdue and two members of staff had not received fire training since joining the service.

Relatives told us they trusted the staff and felt that the service was safe. One relative told us, "My (relative) is looked after and safe".

We looked at rotas and were concerned that sometimes there were not enough staff on duty.

We found that the service was aware of its responsibilities under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA DoLS) and had recently made multiple DoLS referrals to the local authority in relation to its practice of locking the external doors.

Is the service effective?

People's health and care needs were assessed in consultation with the people who use the service or their relatives. People's care plans reflected their healthcare needs and the service worked in conjunction with support from outside professionals to meet them.

People who use the service and their relatives told us they were happy with the care provided. One relative told us, "However under pressure the staff are, nothing is too much trouble".

One person who uses the service told us, "The staff here are really and truly good. I get my pills on time and they come if I call them. I have no problems".

We found that some care records were incomplete for one person whose care plan we looked at.

Is the service caring?

People were supported by staff who were kind, caring and respectful. We observed staff supporting people with genuine affection and concern.

People told us they were happy and felt well cared for. A relative told us, "The care here is 200%".

People who use the service and relatives told us that the manager was very caring. One person said "(The manager) is very kind. I have been here four years and I am very happy". One relative commented on the atmosphere and culture of the service. They told us, "You feel like you are coming into somebody's house".

Is the service responsive?

People's care records showed that where concerns about an individual's wellbeing had been identified, staff had taken appropriate action to ensure that people were provided with the support they needed. This included seeking support and guidance promptly from other health care professionals about a person's high blood sugar levels and frequent falls.

People's preferences and choices had been recorded in their care plans and we observed that care and support was delivered in accordance with people's wishes. We saw that where people had asked to be supported by a person of a particular gender this had been respected.

Is the service well led?

The service did not have an effective quality assurance system in place. We found that some audits were taking place but that strategies to deal with issues highlighted by the audits were not always put in place.

The service did not have effective systems to deal with the current low staffing levels.

We found that some important staff training was overdue and this could have placed people at risk.

Staff we spoke with were positive about the leadership of the service and said that they felt well supported.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 19 June 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✖ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Before people received any care or treatment they were not always asked for their consent.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with six people who use the service and looked at five care plans during this inspection. We found that people had been involved in drawing up their care plans and that they were person centred and contained specific information about their care. However not all care plans had been signed throughout by the person they concerned. Of the five plans we looked at three contained sections, including end of life wishes, which had not been signed. This meant we were not assured that the information documented in them truly represented the person's wishes.

We saw that staff had not been provided with training in the Mental Capacity Act 2005(MCA) and that it was not well understood by staff. The MCA ensures that people's capacity to make decisions is assessed and if they are found not to have capacity to make decisions it ensures that decisions are made in their best interests by following a structured process.

We found that the service had not followed the requirements of the MCA with regard to people's finances. The service looked after 15 people's personal money. Money was securely stored and a record kept of monies received and spent. We checked two people's money and found that the recorded balances matched those in their envelope. There was no financial care plan for any of the people whose money was stored in this way and no record of people or their legal representatives having given their consent. This meant that the provider had not acted in accordance with the legal requirements of the MCA and that people could have been placed at risk of financial abuse.

We found that the majority of staff asked people's consent before providing any care or support. We observed staff asking people if they were happy to have their nails manicured for example. We also observed some poor practice when we asked a member of staff if

there was a private room available for us to speak with a relative. We were shown to a bedroom belonging to another person and the staff member admitted to us that they had not thought to ask the person's permission for us to enter their room. This incident demonstrated a lack of respect and a poor understanding of the issue of consent.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at five care plans as part of this inspection. We found that they were person centred and contained specific details about how people wished to receive their care. We saw that people were asked if they preferred a male or female member of staff to support them. Two people who use the service confirmed to us that their preferences were respected.

We found people who use the service were very positive about their care. One person told us, "I have been very happy here from the first day. I have no complaints." We also spoke with someone who told us that their relative had said, "This is not my home but if I can't be at home this is the next best thing". We observed that care was provided in a sensitive and caring manner and that staff spoke with warmth and respect to the people they were caring for.

We saw that people who use the service had received an assessment of their needs before moving in and that this information had been incorporated into their care plan. All the records we saw had been reviewed monthly. Daily notes documented significant information about people's care and welfare. This meant that staff would be aware of the most current needs for each person and we saw that this information was communicated to the next shift at handover.

Care plans stated how people's needs would be met and included information on moving and handling, continence, appearance, personal care, communication, pressure area care and nutrition. The provider may wish to note that we looked at the records for a person who had diabetes and was insulin dependent and found that there was no specific care plan related to this. We noted that daily blood sugar levels were monitored and that an acceptable range was documented on the chart where readings were recorded. However, there was no information about how to support the person's condition in other ways or what to do if readings were outside the acceptable range. We also noted that where a very high reading had been recorded in April 2014 the service had responded appropriately and had contacted the person's GP. The provider may also wish to note that the blood sugar level for this person for the previous day could not be located and other care assessments had not yet been completed. This could have placed this person at potential risk of harm.

Seven staff were receiving additional training in palliative care and we saw that information was passed on to other staff members to improve the service for those people at the end of their life.

Risks were regularly assessed and measures put in place to reduce them. We saw that one person was at very high risk of falling at night and had sustained 19 falls the previous month. Records showed that the service was working with the Falls Prevention team and had taken measures to reduce the risk and impact of falls for this person. We spoke with this person's relative and they told us, "I am often here and see what goes on and I have never seen anything I was not happy with. They are doing what they can to make sure (my relative) is safe".

The service had three staff employed as part-time activity co-ordinators and activities were scheduled either five or six days a week according to the rota. We spoke with one of the activity co-ordinators and saw that a variety of activities were planned. We saw a manicure and nail session on the day of our inspection and people told us about catching and throwing sessions, quizzes and word games. The provider may wish to note that records of who participated in each session were not always kept and so we could not see how often people were involved in any activities.

We saw that the service had appropriate policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (MCA DoLS). The service had recently submitted 12 DoLS referrals to the local authority due to the service's locked door policy. Staff had been provided with information about DoLS and a letter had been sent to relatives explaining the implications. This meant that people's care and treatment was planned and delivered in a way that protected them from the unlawful deprivation of their liberty.

Staffing ✖ Action needed

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The registered manager told us that three members of staff had recently left the service and that new staff were waiting to begin their employment. The effect of these vacancies had put a strain on staffing levels. The manager told us that staffing levels were three care staff and one senior care staff in the morning and afternoon with a period between 13.00 and 16.00 being staffed by two care staff and a senior care staff. The manager told us that ten of the 24 people who use the service had been assessed as needing two staff to assist them with their mobility and that this fact had been used to determine staffing levels for the service..

We looked at rotas for the last three weeks. We found that on 12 occasions the morning shift had been staffed by a senior and two carer staff instead of three. The afternoon/evening shift had been staffed by a senior and two carer staff only once but on 11 occasions a staff member had only worked from 16.00 to 20.00. This meant the service was not operating according to its assessed staffing levels.

The service did not use agency staff. We looked at minutes from the last staff meeting which was held on 2 May 2014 and found that staff had been asked for their views about employing agency staff. The manager told us that staff did not wish to cover vacant hours with agency staff. Three staff members confirmed this to us. In addition to the low staffing on some shifts we also noted that there had been no activities co-ordinator on shift on 14 occasions during the last 21 days due to a combination of annual leave and staff being required to cover care shifts.

We spoke to four people and two relatives about whether they felt there were enough staff in the service. We received a mixed picture. One person said that they thought there were enough staff and told us, "They always come if I ring the bell". However the other three people made comments about the lack of staff and having to wait a long time when call bells were pressed.. One person said about the activities the service offered, "They don't do an awful lot".

We saw that some staff had undertaken National Vocational Qualifications (NVQ) in care

and other specific training related to palliative care. We noted that not all staff training was up to date. Staff training records showed that 27 staff had no record of having received any fire training. The manager confirmed to us that some staff were overdue for their annual fire training having last undertaken it in 2011 or 2012. They also confirmed that four night staff had never undergone any fire training. This was of particular concern as the likelihood of a fire is increased at night. This meant that we were not assured that there were always enough qualified, skilled and experienced staff on duty to meet people's needs.

Assessing and monitoring the quality of service provision ✖ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We saw that there was a system of audits in place. A new monthly care plan audit had been introduced on 3 March 2014 but records for April 2014 were not available. A falls audit was carried out monthly by a senior member of staff and analysed trends and patterns. We saw evidence of partnership working with the Falls Prevention team at the local authority. The monthly infection control audit had not been completed for the last three months as the member of staff for whom this was a delegated task had left and no other member of staff had been asked to complete it.

Medication audits took place monthly and we looked at those for the last three months. We found that items highlighted at the previous audit were not always followed up and some important concerns were repeated from month to month, such as staff failing to sign the medication administration record after a person had been given their medication. We saw that these concerns had been noted on all three audits and an action point stated that this matter would be discussed at the next staff meeting. We saw from records of that meeting that it had not been discussed. This meant that although the audit system had identified concerns no strategy had been employed to resolve the issue and ensure people who use the service were safe.

We were concerned with how the service covered staff sickness and vacant hours. Although the service aimed to provide consistent care by not using agency staff we found that occasionally shifts took place with too few staff according to the service's own assessed staffing levels. We saw that there was no effective strategy in place for when staffing levels were too low. This could place people at risk.

We found that a system of spot checks or observations of staff in relation to moving and handling people and medication administration practice was not in place. Although the manager told us that they used informal observation to assess practice we could not be assured that the service used the information they gathered in this way to promote good practice and highlight any concerns. We saw that staff received formal and informal

supervision and that this, and staff meetings, provided staff with an opportunity to raise issues and for the manager to give feedback on their performance.

The service held occasional resident meetings but the manager told us that they and senior staff liked to ask people informally about how they felt about the service when their care plan was reviewed but there were no records to support this.

The service had a quality assurance survey available for relatives. We saw that three surveys had been completed and were positive but that they contained no date which meant we were not certain that the feedback was current. Surveys were not used to gather the views of the people who use the service or members of staff. This meant that the views of the people who use the service and staff were not actively sought by the provider in order to bring about improvements in the service.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We saw that the service had a complaints policy and that two complaints had been received in the last 12 months. We noted that both had been responded to promptly in writing and each point the complainant raised had been addressed. One complaint was current and the service was waiting to see if further information would be requested. This meant that people's formal complaints were responded to, investigated and resolved, where possible, to their satisfaction.

We asked four people who used the service and four relatives if they knew how to make a complaint and found that people were aware of how to raise a complaint both formally and informally should they need to. One relative told us, "If I raise an issue (the manager) always deals with it. I can't fault them". None of the people we spoke with had ever needed to make a formal complaint

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010** **Consent to care and treatment**
	How the regulation was not being met: The provider did not have suitable arrangements in place for obtaining, and acting in accordance with, people's consent in relation to their care. Regulation 18
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: The provider had not ensured that there were always sufficient numbers of suitably qualified, skilled and experienced staff. Regulation 22
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met:

This section is primarily information for the provider

	The provider did not have an effective system to regularly assess and monitor the quality of the service provided. Regulation 10

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 19 June 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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