

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

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

Respecting and involving people who use services	✓ Met this standard
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Care and welfare of people who use services	✓ Met this standard
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Management of medicines	✗ Action needed
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Staffing	✓ Met this standard
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Records	✓ Met this standard
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Details about this location

Registered Provider	Extrafriend Limited
Registered Manager	Mrs. Margaret Holt
Overview of the service	The Willows is a residential care home that provides care and support for up to 25 older people.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Management of medicines	9
Staffing	11
Records	12
Information primarily for the provider:	
Action we have told the provider to take	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 4 November 2012, 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 two relatives and two people who live at this service. All were very pleased with the service on offer. One relative said "My relative has lived here for eight years. I have had no issues in that time. I'm confident in the care they give and would recommend this home."

We found that care plans were adequate and made observations for improvement. The provider immediately wrote to use and confirmed all care plans were to be revised and updated.

We have made a compliance action with regards the management of medication as we found current practice at the service was placing people at potential risk.

There were enough qualified, skilled and experienced staff to meet people's needs. People at the service spoke of how kind, caring and helpful the staff were. One person said "I'm nicely looked after. I just need to ask and the staff help me".

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 08 December 2012, 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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We saw evidence in care plans that people were involved in the review of their care. We saw minutes of meetings involved the people who use the service. This meant that people at the service and their representatives were involved in making decisions about their care and treatment. In addition the service had a policy dated May 2012 that set out how and when to involve people who use the service and their families in care planning and reviews.

People were supported in promoting their independence and community involvement. We were told and given information on regular visits to the service by a local hairdresser and the library service. The people at the service had celebrated the Olympics and had a torch bearer with torch visit the service. The previous day a bonfire night party had been held for the entertainment of people living at the service.

The service had a good relationship with four different churches. These religious orders visited people living at the service regularly. On the day of our visit a Church of England vicar was visiting two people. They told us that there was wonderful warmth at The Willows and brilliant staff who support the people living there. The development and maintenance of these relationships by the service meant that people's diversity, values and human rights were respected.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with two different family members and two people living at the service. One relative said "They always cater for my relative's special diet and ensure they offer appropriate food. They look after my relatives health requirements very well. They call in the GP and always keep me up to date with any changes in my relative's health". The person living at the service told us that they were very happy living at The Willows and the staff looked after them very well. Another person told us "I'm nicely settled here at The Willows. I'm well looked after. The food is very good. I love the roast dinners the best".

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw evidence in three individualised care plans based upon assessment and planning involving people who use the service and their families. Care plans were up to date with relevant information completed in the majority of cases. However, plans were not easy to navigate. The manager explained and confirmed in writing immediately after the inspection that all care plans were to be developed and rewritten.

Staff at the service had been taking part in training and development provided by St Nicholas Hospice on end of life care. Staff had attended eight of the ten sessions and had found these beneficial. We looked at records relating to two people receiving end of life care. All the appropriate documentation was in place, but not all of this had been completed with evidence of consulting the next of kin. The provider may wish to note that one care plan had not kept pace with the swift changes in needs of care. The daily notes were a detailed document and handovers were used to keep staff apprised. This was fed back to the manager on the day and they agreed to develop a more succinct recording tool and ensure all documents were completed with family. The manager immediately wrote to us to say that this matter had been addressed.

We saw evidence of risk screening and risk management to ensure care and treatment was planned and delivered in a way that ensured people's safety and welfare. Examples included: individualised moving and handling assessments and plans, risk assessments before using bed sides and medication risk assessments with potential side effects. All assessments seen were regularly reviewed and up to date. The manager confirmed that no person at the service had a pressure sore.

There were arrangements in place to deal with foreseeable emergencies. We saw that each person had a personal evacuation plan in place in case of fire.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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

Appropriate arrangements were in place in relation to obtaining medicine for those people who were permanent users of the service; however we looked at the medication of a person on respite care at the service. Their medication had been placed in a dossett box by a relative. This meant the service had not followed their own policy as it stated 'all medications entering the home must be in their original packaging or packaged by a pharmacy... Never except pre home prepared dossett boxes'. (There was a typing error in the policy and it should have said 'accept'.) This meant that staff at the service could not be sure what they were administering.

Appropriate arrangements were in place in relation to the recording of medicine. We examined the medication administration records and found these to be accurately completed using a signature or code. Each medication came with a physical description for staff. E.g. brown granular capsule. We also examined the controlled drug register. We found that this was correctly completed and sampled at random the amount of one medication and found it matched records.

We observed a staff member complete the lunch time medication round. They were offering painkillers to people in line with their prescription and respecting their choices to accept or decline. Staff were seen to dispense medication one person at a time, observe it being consumed and then signed to say it had been administered. This meant that medicines were prescribed and given to people appropriately.

Medicines were not kept safely. The medication key was not held by an individual at all times. Instead there were periods of time when the key to medication was on a hook accessible to others. This meant that the security of medication could not be absolute. In addition, the medication trolley was stored in a room that housed the services boiler. This room was the warmest room in the building. There was not a thermometer in the room and therefore we could not verify the exact temperature, but it was warmer than the ambient temperature of the service that was warm enough for older people. This meant that medication was being stored above the current recommended temperature of 25°C and that can alter the chemical compound of some medications making it less effective..

Not all medicines were disposed of appropriately. We found one prescribed medication used to thicken fluids that had the prescription label removed stored in the medication cupboard. We saw a handful of clean unused syringes with no identity as to for whom they were prescribed. These had not been returned to the pharmacy in the usual way adopted by the service and could have been used for another person at the service. However, only prescribed medication and equipment should be used for individuals. The service was not aware that they needed to keep medication for seven days after a person had died in case this was required to be examined. E.g. by a coroner. We found that for one person medication had been returned before the seven days.

There were a number of documents in place relating to the management of medication. These included administration of medication, self medication, refusal of medication, homely remedies and the management of controlled drugs. Some of these documents contained clear and relevant information. We did not find an overarching comprehensive medication policy that covered all aspects of obtaining medicines, recording administration of medication, handling, storage, administration and disposal of medication specific to The Willows. This lack of guidance and written instruction for staff to follow may have contributed to the current practice found at the service.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. We looked at three weeks rosters and found that staffing levels matched what the manager assessed the service as requiring. This meant that during the day there were three staff on duty, one of which was a senior. These were supported by a manager, two kitchen staff, one laundry person, one domestic and a maintenance person. At night there were two care staff with an on call senior. This was to support and care for 23 people living at the service. On the roster were a person was unavailable due to sickness these shifts were covered using existing staff and agency were not used.

The service were in the process of recruiting one part time carer, bank staff and one kitchen assistant and was planning ahead for an up coming retirement.

People at the service spoke of how kind, caring and helpful the staff were. One person said "I'm nicely looked after. I just need to ask and the staff help me". A relative said "Everyone in this home gives the feeling of complete caring and they have very high standards."

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records were kept securely and could be located promptly when needed. All records relating to people who use the service and employed by the service were seen to be secure, but easily accessible for the purposes of inspection.

People's personal records including medication records were accurate and fit for purpose. But the provider may wish to note that one care plan had not kept pace with the swift changes in needs of care and as a whole care plans were not easy to navigate. In addition the lack of a comprehensive policy and procedure in place for medication may have led to the current practice in the service.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We examined one persons file and found appropriate information and records had been kept.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: People were at risk because there were not appropriate arrangements in place for the management of medication. Regulation 13.

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 08 December 2012.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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