

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

The Willows

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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

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

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Records ✓ Met this standard

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 long stay, short stay and respite care for older people with a variety of needs. At the time of our visit 23 out of 25 beds were occupied.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 12 September 2013, 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 found that people living at the Willows were respected, had choices and were well cared for. One person said, "Yes, I am happy here. There is nothing I dislike". Another said, "We have different activities most mornings." Families and friends we talked with also spoke positively. One relative told us, "I am over the moon with the care here".

Staff told us that they were well trained and felt supported. However, it was not clear that supervision meetings were regularly recorded and there were some gaps in the training records we viewed. The provider told us that improvements were in hand.

A new care record system had recently been introduced at the Willows. Care plans we reviewed were person centred, relevant and up to date. Staff told us they liked the new care plans. One member of staff told us, "The new care planning system is much better. Information is more structured and it is easier to find what you want". During our inspection we reviewed a wide variety of records. Overall, we found that they were accurate, accessible and held securely.

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

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 and 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 spoke with four people on the day of our inspection. They all commented positively about the care they received. One person said, "The people are nice. The food is nice. I definitely feel safe here". Another said, "I can't fault the care".

We saw that staff were kind and respectful. They took time to speak to people and provide support. We observed staff take great care to ensure that a person was positioned comfortably in a chair. Rooms were personalised and we found that staff gave people choices about food and daily routines.

We heard staff ask people what they would like for lunch. Two choices were available on the menu, but people were encouraged to say if they wanted something else. The kitchen team were able to tell us about special diets and individual preferences. During our visit, we saw staff support people with eating, drinking and moving around. Staff told us they enjoyed their work and it was evident they understood people's individual needs.

Activities were offered at the Willows. On the day of our inspection we observed people enjoying a group word game and cross-word. We were told that a hairdresser attended regularly and that people were able to access library books and church services regularly. One person told us enthusiastically, "I get books out of the library". This shows that people's diversity, values and human rights were respected.

People had access to a large well maintained outside area. One person told us, "I like to go into the grounds for coffee when the weather is good". We heard about plans to develop a sensory area in the grounds over the next year. Care had been taken to ensure that people could move around the outside area easily and safely.

Resident meetings normally took place quarterly. Minutes showed that people were able to have a say about issues that were important to them. For example, people living at the Willows had commented on how much they enjoyed the newsletter produced by staff. This

means that people were able to express their views.

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

Family and friends commented positively about the care provided. One person told us, "I am over the moon with the care here. I know my wife is comfortable". Another said, "I can't find fault with it anywhere. The care is excellent".

The provider had recently moved to a new care record system. The four care staff we spoke with were enthusiastic about the new approach. One said, "The recording process is quicker and it's easier to find what you want".

We looked at four care plans. They were person centred and easy to read. We were told that the standard was to review care plans monthly and we saw they were up to date. The daily care and communication records we reviewed were also completed and signed. This shows that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Risk assessments were included within the care plan and specific to individuals. The provider told us these were reviewed at the same time as the care plan although this was not clear in the records we viewed. The Deputy Manager told us that action would be taken to address this.

We saw that that provider had a system in place to review care with individuals and family members twice a year or as required. One family member told, "I am invited to a six monthly review". We saw that review documents were dated and signed by all those involved.

On the day of our visit an emergency situation occurred as a person's health deteriorated rapidly and unexpectedly. We observed that the provider managed this situation calmly and without disruption to others. Family members were informed and a GP visit was arranged for the afternoon. We saw that the care plan was kept up to date; and that checklists were used to ensure the person's needs were met and monitored. This shows that there were arrangements in place to deal with foreseeable emergencies.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider had a safeguarding policy in place and staff had signed to confirm that they had read it. Information about safeguarding together with contact numbers was on display throughout The Willows, together with documentation about the Suffolk multi-agency safeguarding partnership. This means that people and their families had access to information should they need to report a concern.

People responded positively when we asked them if they felt safe. One person told us, "Yes, I feel safe here". Families and friends supported this, "I have no concerns about abuse. Everyone is very open here".

Staff we spoke with told us that that they received training in safeguarding and had regular updates. This was not consistently supported by information held in the training files we spot checked. The Deputy Manager told us that all staff had received training and that the information held in training files would be improved.

Staff were able to describe to us how they would handle concerns about safeguarding. Most said they would speak to someone more senior or the local safeguarding team. All staff told us they had access to the information they needed. We checked personal files for four staff. All had undertaken a CRB check as part of the recruitment process. This shows that people who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke to the Deputy Manager about the challenging behaviour of a service user. We saw that a behaviour chart and risk assessment had been put in place; and we found that incidents had been documented. Records showed that the mental health team and GP had been consulted and the situation had been resolved.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People living at The Willows told us they liked the staff. One person said, "The staff are kind". Another said, "The staff are excellent". Families and friends also spoke highly of staff. A family member commented, "The staff are absolutely out of this world".

The provider told us that mandatory training took place annually and was mostly face to face. We were told about additional training opportunities available to staff. On the day of our inspection first aid refresher training was taking place. We saw that information about up and coming training sessions was available on the staff noticeboard.

All staff told us they had the training they needed to do their job and were able to access additional training. One member of staff said, "I am working towards my NVQ level 3. I have recently done 'blind awareness' training as I have a client who is blind". Another staff member told us, "I am doing medication training at the moment".

The Willows had moved to a new pharmacy supplier earlier in the year. We saw that training workbooks had been completed for those staff involved in administering medication. Two staff commented on how useful this training had been.

All staff had a training file with a training log at the front. However, it was not always easy to see whether mandatory training was up to date. The Deputy Manager told us that training files would be improved; and that a training matrix would be put in place to make it easier to plan and manage the training programme.

Most staff told us they felt well supported and received regular supervision and an annual appraisal. One person told us, "I get the support and supervision I need". Another said, "The Deputy Manager is very supportive. There is always someone to ask on the go". The four personal files we checked showed that an appraisal had taken place within the last year.

We saw that supervision meetings took place and were recorded; however it was not clear that they were taking place two monthly which the provider told us was their standard. We found that staff were encouraged to jot down issues they would like to discuss in non-confidential staff supervision log books; we saw that regular entries were made.

Staff meetings normally took place quarterly. Minutes showed that the meetings provided an opportunity for staff to have an input on a wide variety of items.

Most staff told us that there were generally enough people to do the work. We saw that the number of people were as detailed on the rota. We were told that agency staff were very rarely used as staff were normally willing to provide cover when needed. We spoke to a bank staff member of the day of our visit. They told us, "I have access to the training I need to keep up to date. I love working here and am always happy to help".

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 relating to people and staff were kept securely and could be located promptly. We found there was an identified key holder system to ensure appropriate access to records.

We looked at care records for two people who recently attended for respite care and found these to be fit for purpose. We also saw that a communication book was used by staff. Daily entries had been made to highlight key issues. Staff told us the communication book was a useful prompt and was used during handover meetings.

Personal emergency evacuation plans documenting how to keep people safe in the event of a fire were up to date and could be found in care plans. Additionally, a summary version could be seen in the fire log book. This shows that the provider had considered how to keep people safe in the event of an emergency.

Rooms at The Willows were spread over two floors and lift access was essential. The lift maintenance log card showed that the lift was serviced regularly. The annual test form had been completed at the beginning of the year. We also saw that the fire system had recently been tested. This shows that systems were in place to ensure that a safe environment was maintained.

Policies and procedures were kept together in a folder and staff had signed a sheet to say that they had read them.

We saw that arrangements for archiving records had been made at The Willows. Secure cupboard space had been identified and we found that files were clearly labelled. The Deputy Manager told us that advice would be sought when space became tight to ensure that records were disposed of correctly.

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.

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