

# Extrafriend Limited

# The Willows

## Inspection report

Corders Farm  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Willows is a residential care home providing personal care and accommodation for up to 25 people aged 65 and older. At the time of our inspection 22 people were living in the service.

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

People were happy living at The Willows and with the care they received. People felt safe and well-treated by staff. Staff were kind, considerate and treated people with respect and dignity.

People and relatives told us there were sufficient staff available to meet their needs in a timely manner. We received some mixed feedback from staff about this. We made a recommendation to the provider that they continue to monitor staffing levels closely. Some improvements were needed to the safe recruitment of new staff; however immediate action was taken by the registered manager to address this

Risk assessments were in place, providing guidance for staff in how to reduce risks and keep people safe from harm. People's medicines were administered as prescribed. Accidents, incidents and near misses were used as an opportunity to learn and make necessary improvements.

People were provided with a nutritious and varied diet and a choice of food to meet their preferences. Staff supported people to maintain their health and they sought timely advice from health professionals, when needed.

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.

People, relatives and healthcare professionals were positive in their feedback about the leadership of the home and the quality of care delivered.

Systems were in place to ensure the service was monitored and the quality of care people received was maintained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good. (report published 29 September 2017).

Why we inspected: This was a planned inspection based on the rating at the last comprehensive inspection. At this inspection, the service remained Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# The Willows

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, senior care worker, care workers, the activities co-ordinator and the chef. We spoke with two visiting healthcare professionals who regularly visit the service. We reviewed a range of records. This included two people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person said, "I've always felt very safe here. Another person commented, "I feel safe because staff are here, and they know me well." Relatives told us they had no concerns around the safety of their family members at The Willows.
- Staff were confident about the action they would need to take to report any safeguarding concerns. Information was clearly displayed in the service to remind staff of the processes they should follow if needed. This included contact details for the local authority safeguarding team.
- The registered manager understood their responsibilities to protect people from harm and abuse and knew what to report to CQC and the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Any potential risks to people were identified, assessed and safely managed. Staff were aware of the risks associated with people's care and knew how to support them safely. This included in areas like the risk of people falling.
- The registered manager ensured people lived in a safe environment. Risks associated with the premises and equipment were managed through a programme of safety checks and maintenance at the home. This included areas such as fire safety, electrical safety, ensuring equipment was in good working order and serviced according to a schedule.

Staffing and recruitment

- People told us they continued to be supported by sufficient staff to keep them safe and that they did not have to wait long for staff support when they needed it. One person said, "There are enough staff. Even at night it's perfectly adequate." Another person commented, "There are sufficient staff. I know there are staff vacancies but when I ring my buzzer they always come, it depends how busy they are, but I only ever wait two or three minutes."

Relatives were equally positive about the adequate numbers of staff available whenever they visited. One relative commented, "The staff are always visible. I'm often here and don't tell them I'm coming. There are always staff around." Another relative said, "There are always staff available. I don't have to look hard to find someone."

- We received some mixed feedback from staff about whether there were enough of them to deliver people's care in a timely manner. Staff felt people's needs had increased resulting in more challenges for the number of staff on duty to meet people's needs effectively.
- As a result, we discussed this with the registered manager who told us they were always monitoring staffing levels. We saw from care records that people's dependency levels were also observed.
- During our visit we saw staff spend social time with people as well as delivering their care. Staff were not

task orientated and were available and interacting with people at frequent intervals during the day.

We recommend that the registered manager continues closely monitoring and reviewing staffing levels using an effective tool and through communication with staff to ensure people's needs continue to be met in a timely manner.

- Minor improvements were needed to the processes in place for the safe recruitment of staff. Full employment history was not always available and records did not evidence this had been discussed with potential new staff at interview. We discussed this with the registered manager during our visit who took immediate steps to address this.
- Prior to commencing work, prospective staff had a Disclosure and Barring Service (DBS) check undertaken. The DBS help to prevent unsuitable people from working with vulnerable people. The DBS check shows if potential new staff members had a criminal record or had been barred from working with adults.

#### Using medicines safely

- People told us that they were supported with their medicines when they needed them. One person said, "First thing in the morning the staff bring my medication, just when I should have it."
- Medicines were stored, managed and administered safely in line with best guidance. There were regular medicines audits to ensure any errors were quickly identified. Medicines were safely administered, stored and recorded by staff who had the required knowledge and skills.
- Where people required time sensitive medicines, such as Parkinson's medicine, antibiotics or pain relief, they received these on time.

#### Preventing and controlling infection

- All staff received training in the prevention of infection and had access to personal protective equipment such as disposable gloves, aprons and hand sanitising foam.
- Staff were aware of their responsibility for good infection control standards. We saw staff frequently hand washing and using personal protective equipment when supporting people.

#### Learning lessons when things go wrong

- The registered manager had oversight of all accidents, incidents or near-misses. They reviewed all reports to ensure staff had taken appropriate actions at the time. They told us they looked for any trends which could indicate, for example a deterioration in a person's health or poor staff practice. This helped to ensure lessons could be learnt, and further incidences prevented.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Peoples needs were assessed at the point they moved into the home. This information was then used to create individual plans of care. These care plans reflected and took account of people's diverse needs, including aspects of their life which were important to them.
- The registered manager sought out best practice guidance and used this to ensure standards of care at the home were appropriate.

Staff support: induction, training, skills and experience

- Staff were knowledgeable about people living at the home and had the skills necessary to meet their needs. Relatives were complimentary about the abilities of the staff to deliver effective care.
- New staff completed an induction and the Care Certificate. Staff were offered the opportunity to undertake a care qualification to support their career progression. The Care Certificate is a nationally recognised set of standards that health and social care workers new to care work should adhere to in order to deliver caring, compassionate and quality care.
- Staff continued to have access to training. The registered manager told us of their challenge to ensure all staff updated their training as required. We saw plans over the next three months were in place for staff to complete this where due.
- Learning was available to staff using face to face training and eLearning and included moving and handling, safeguarding adults and dementia awareness amongst a variety of others.

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

- People were supported to eat and drink enough to maintain their well-being. People told us they enjoyed the food. One person said, "The food is very good. You get a choice of two different meals." Another person commented, "Oh yes the food is really nice, lovely."
- People's eating and drinking needs continued to be assessed and kept under review. We spoke with staff who worked in the kitchen at the home. They were aware of people's preferences and any specific dietary requirements, including allergies.
- Staff were seen to encourage people to eat and drink throughout the day to ensure their nutritional and hydration needs were met. People that were nutritionally at risk were monitored through frequent recording of weight charts. In addition, food and fluid charts were kept when necessary to monitor/track people's intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live



healthier lives, access healthcare services and support

- Where necessary, the staff team worked with other services to deliver effective care and support.
- People continued to have access to a range of community healthcare professionals when required. Advice given by health professionals was followed, documented and communicated for staff to follow.
- People's oral health care needs were considered as part of their care and plans were put in place to meet these care needs.

Adapting service, design, decoration to meet people's needs

- Accommodation was arranged over two floors. A passenger lift between floors, enabled people with mobility care needs to access all areas of the home. Other adaptations such as raised toilets and grab rails, were also in place.
- The decoration and layout of the premises met the needs of people living at the service. Clear signage helped people to navigate through the building.

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

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

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

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

- People were asked for their consent to care and support. We saw staff asked for consent from people in the most appropriate way for the individuals.
- People were fully involved in decisions about their care and their capacity to do so was respected.
- Where restrictions were to be placed upon people in order to keep them safe, an application was made to the local authority DoLS team.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by caring staff who knew them well. People and their relatives were very positive about the caring nature of the staff. One relative told us, "I can honestly say they are really nice staff. I've only ever witnessed positive caring attitudes. I'm always happy when I drive away and leave [family member] here. The staff give hugs when one is wanted and needed, it's not just functional care. There is nothing I would change." Another relative said, "It so reassuring to our family to know [person] is here and so well cared for. They look after [person] so well. We're so grateful to have [person] at The Willows."
- There were plenty of friendly and engaging interactions between staff and people.
- People's diversity and spiritual needs were identified and supported. There were visiting clergy from a variety of local churches to support individual religious needs.

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

- People continued to be encouraged to make their own day to day decisions about their care such as deciding what they wanted to do or what time they wanted to get up or go to bed.
- Reviews of care were held monthly to ensure that people's needs were being met and their preferences at the forefront of their care.
- A relative told us how they had joined their family member at their review where the person had been supported to express their views. The relative said, "[Family member] felt they'd been heard. They established things to change. They listened to the things [family member] was finding difficult. The registered manager was so lovely. She didn't avoid things she needed to discuss with [family member] and I didn't feel pushed aside either, I felt listened to."
- For people who needed or requested support to speak up and make their own decisions, there were advocacy services available for people to use. Information was displayed for people and families to access. Advocacy services speak up for people on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity continued to be respected and their independence supported. One relative told us, "[Family member] is always wearing their own clothes, no one else's and their clothes are clean. It's so important."
- Staff were seen to encourage independence when asking people to make their own choices and decisions to meet their preferences. Examples of this were when staff asked people if they wished to join in an activity or where they wished to have their lunch.

# Is the service responsive?

## Our findings

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

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

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

- People told us their individual needs and preferences were met and that staff were very responsive to them.
- Care plans continued to be personalised to the individual and included details about each person's specific needs and their preferences about how they liked to be supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded as part of their initial assessment and care planning process.
- Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had choices of individual and group activities to participate in which also included excursions about and out. Information was available to enable people to see upcoming events.
- People were positive about the range of activities on offer. One person said, "There is plenty going on." A relative told us, "I've witnessed games for memory and agility. It's always bustling, things going on all time. It's like a family home."
- We saw people sat together engaged in a group activity. The activity member of staff was skilled at working with a group of people and personalising their interactions to ensure all present were involved and included.
- Visitors were able to come whenever they wanted. Relatives told us they were made to feel welcome and felt as though the home treated everyone like a family.

Improving care quality in response to complaints or concerns

- A complaints policy continued to be in place to ensure any concerns could be reported, listened to and addressed.
- People and their relatives told us they were confident any complaints raised would be addressed if required.

## End of life care and support

- People and their relatives were given support when making decisions about their preferences for end of life care.
- Staff received assistance from community based palliative care services as needed and when supporting people with any end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and their relatives spoke highly of the registered manager and the running of the home which resulted in thoughtful and compassionate person centred care. Everyone we spoke with told us the home was well-run. One relative said, "[Registered manager] is fantastic. Whatever families ask for she does. She has been an incredible emotional support to the whole family." Another relative commented, "[Registered manager] is so good. It's really well led here. I couldn't give them higher praise."
- The registered manager and deputy manager had worked together at the home for many years and as such had created good work ethos between themselves. The registered manager told us they operated an open-door policy for people, relatives and staff. During our visit we noted the registered manager acknowledging and personally greeting all family members visiting.
- The registered manager understood and acted on the duty of candour. Where incidents had occurred, the registered manager had openly shared the details with the relevant people.

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

- Staff understood their roles, responsibilities and duties, and there was a clear leadership structure through the registered manager and deputy for staff to report to.
- The registered manager told us they were supported by the provider through monthly site visits. Records showed the provider completed regular checks on the home. The checks resulted in actions being taken to address any concerns or areas for improvement.
- The registered manager understood their responsibilities to meet regulatory requirements. Statutory notifications of deaths, other events and incidents at the service had been submitted to the Care Quality Commission (CQC) and the local authority, as required.
- The rating from the last inspection was displayed on the provider's website and within the home.

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

- The home involved people and their relatives in day to day discussions about their care in a meaningful way.
- The registered manager sought individual people, relative and staff feedback as part of their audits of the home. Feedback was gathered about activities and the catering services. At the time of our visit the

registered manager was still collating the responses in order to evaluate them and assess any actions needed.

- The home actively engaged with the local community including hosting school visits where young people and children had the opportunity to interact with people.
- People were enabled to express their views. Meetings were coordinated throughout the year during which people were invited to attend. From the meeting minutes we saw that the aim of the meetings was to gain people's feedback about the home as well as an opportunity for staff to share information and updates with people.
- The registered manager held team meetings to gain staff feedback and share information, with actions to learn lessons and improve. We saw the minutes of the last night staff meeting held in October 2019 where updates to the running of the home were discussed and staff were able to make suggestions for improvements.

#### Continuous learning and improving care

- Systems were in place to ensure the service was monitored and the quality of care people received was maintained.
- The quality assurance systems included checks carried out by staff, the acting manager and the provider to support the continued improvement of care.

#### Working in partnership with others

- The registered manager worked effectively in partnership with a number of other health and social care organisations to achieve better outcomes for people and to enhance quality of care.
- We spoke to a visiting health care professional who told us they had a good relationship with staff who they thought were responsive to delivering any recommendations for people's care.