

Hazeldell Ltd

The Willows

Inspection report

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Date of inspection visit:
10 May 2023

Date of publication:
22 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Willows is a residential care home providing accommodation and personal care to up to 66 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 49 people using the service. The service is one adapted building over three floors. At the time of our inspection, the second floor was not in use.

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

Since our last inspection, there was now a registered manager in post. The registered manager and management team had systems to continuously assess and monitor the service provided. Where shortfalls were identified, actions were taken to address them. The registered manager was committed to provide a good quality service to people and discussions with the registered manager and records showed lessons were learned and used to drive improvement when things went wrong.

There were systems in place which reduced the risks of abuse and avoidable harm. Medicines were managed safely and regular monitoring reduced risks to people. There were enough staff to meet people's needs and staff were recruited safely. The service was visibly clean. People were supported to have visits from their family and friends.

We received positive feedback from visitors to the service. A visiting professional told us, "I am very impressed, all the bathrooms are nice and clean, staff are extortionately friendly, the atmosphere is smashing." A relative said, "We have been surprised how good it is here, [staff] are confident in what they are doing, and we are happy [family member] is here, it feels like a community."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 September 2022).

The overall rating was good and rated good in all key questions, with the exception of well-led which was rated requires improvement, because management had been inconsistent and there was not a registered manager at the time of our inspection.

At our last inspection we recommended that the provider continued to keep the staffing levels under review and amend them, for example, when people's needs change or increased support was needed and to ensure staff were appropriately deployed to reduce risks to people in shared areas. At this inspection we found the provider had acted on our recommendation and had made improvements.

Why we inspected

The inspection was prompted in part due to concerns received about the safety of care provided and medicines. A decision was made for us to inspect and examine those risks. In addition, we raised part of the concerns with the local authority safeguarding team, who are responsible for investigating abuse.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report. The overall rating for the service has remained good based on the findings of this inspection. We also found the key question well-led had improved to good.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

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 Health and Social Care Act 2008.

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

Inspection team

The inspection was undertaken by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and four relatives. We observed the care and support provided and staff interactions in the shared areas.

We spoke with 12 staff members including the registered manager, senior, care, activities, housekeeping and catering staff. We also spoke with 2 visiting health professionals.

We reviewed a range of records both in the service and remotely, which the registered manager had sent us securely. Records reviewed included 3 staff recruitment files, 5 people's care records and multiple medicines records and records relating to governance including audits and falls analysis.

We fed back our findings of the inspection via an electronic video call on 15 May 2023 to the registered manager, operations manager and 2 deputy managers.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to guide staff in how to reduce the risks of abuse. This included policies and procedures and staff training.
- When concerns were identified, the registered manager and management team had promptly raised referrals with the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Prior to our inspection, we had received concerns of inappropriate moving and handling and staff being rough, this was not confirmed during our observations and feedback received. The manager told us when concerns were identified with moving and handling techniques, further training was provided, this was confirmed in records. A person said, "Staff treat us very tenderly, as if we are fragile." Another person told us, "I feel safe when they are helping move me."
- People told us they felt safe living in the service. One person said, "Staff treat you with respect, I don't feel in danger." Another person stated, "I do feel safe, got staff around me to look after me, got no faults to find." We saw staff responded quickly to a person who said they felt dizzy, they guided the person to sit and provided reassurance.
- People's records included risk assessments and guidance for staff in how risks were reduced. Records and discussions with the registered manager demonstrated systems reduced the risks of avoidable harm.
- Checks on equipment and the environment were undertaken to ensure people were safe. This included checks on the fire safety, and mobility equipment. Prior to our inspection we received a concern which stated servicing and checks on mobility equipment, including hoists, were out of date. During our inspection, we found this was not the case.
- The registered manager told us quotes had been obtained and would be forwarded to the provider regarding the potential instalment of air conditioning on the first floor, which got hot during summer. This would reduce the risks to people and staff on the first floor.

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

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- We observed people were asked for their consent prior to staff providing any care or support.
- Prior to our inspection we had received concerns that people were supported to get up by night staff, even if they did not wish to. During our visit, we arrived early and found there were not many people up and dressed and some people had not yet started getting ready for the day. People told us it was their decision about when they got up and went to bed, which was respected by staff. A person said, "Up to me what time I get up." Therefore, we found no evidence to show this was happening.

Staffing and recruitment

At our last inspection, we recommended the provider kept the staffing levels under review and amend them, for example, when people's needs changed or increased support was needed and to ensure staff were appropriately deployed to reduce risks to people in shared areas. During this inspection we found improvements had been made.

- The registered manager told us how they had worked to develop a stable and consistent staff team, through recruitment and the attempts made to retain staff. There had been a large reduction of the use of agency staff, during the day shifts and further work was being undertaken to recruit permanent night staff. The registered manager told us how shift patterns ensured there were permanent staff working during the night to support the agency staff.
- Records confirmed there had been an increase of staff numbers overall since our last inspection. We saw staff were visible in shared areas and people's requests for assistance were responded to. People's call bells were in reach, and these were answered in a timely way. Monitoring of call bells response times evidenced this was kept under review.
- People told us they felt there were enough staff. One person said, "I think there is enough staff... I seldom use the buzzer, but [staff] do come." Another person stated, "They seem to be busy but if I shout for someone they turn up, they would be concerned. Staff know exactly what they are doing."
- We received mixed feedback from staff about the staffing numbers, however, we were assured the registered manager was doing all they could to ensure staff were available to meet people's needs safely.
- Staff were recruited safely, this included making the required checks prior to staff working in the service, such as Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were systems in place for the safe storage, obtaining, returning and administration of medicines. Staff who were responsible for administering medicines were trained and their competency assessed.
- Audits supported the management team to identify and address shortfalls. This included stock counts and addressing any gaps in medicine administration records. We reviewed the stock levels against records and found the systems were safe and discrepancies were being identified through the monitoring systems.
- We observed staff providing people with their medicines and this was done safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors from their family and friends.
- During our inspection, we observed relatives visiting their family members. A relative told us, "I am so grateful to them, it is a smashing home, I come different times, they care, they are not patronising." Another said, "We come all odd times, staff adapt to what ever time we come."

Learning lessons when things go wrong

- When incidents happened, or concerns regarding the care provided, the registered manager took appropriate action, including providing staff with further training, advising of their responsibilities and/or disciplinary action.
- Incidents, including falls, were analysed and monitored and systems in place to reduce further risks. For example, falls analysis identified contributing factors, any trends and actions taken, such as the provision of equipment to alert staff if people attempted to mobilise independently when they were at risk of falls.
- Records demonstrated the systems in place were being effective due to the reduction in falls. One person's relative told us, "[Family member] has had no fall since they changed [family member's] medication. Anything wrong [staff] will call straight away. [Family member] is cared for."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection, we were concerned about the inconsistency of managers in the service. A new manager had started working in the service 3 days before our last inspection. During this inspection the manager was now registered with the Commission.
- The registered manager was supported by 2 deputy managers and the operations manager. In addition, there were senior staff and heads of departments, which demonstrated a clear management structure. We observed senior staff provide guidance to staff when their approach could be improved.
- The registered manager was knowledgeable about the requirements of their role they were committed to providing people with high quality care. The staff team had been stabilised, with ongoing recruitment and training. The registered manager submitted to us formal notifications on specific incidents, where required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We were assured there were systems to reduce the risks of people receiving inappropriate and unsafe care. This included detailed care plans, which identified the care and support people required to meet their assessed needs and preferences. Ongoing improvements were being made in daily records to ensure a contemporaneous record of each person was maintained, which evidenced how good outcomes were being achieved.
- We received mixed views from the staff regarding the changes made in the service, with the majority being positive. One staff member told us, "[Registered manager] has put lots into place, now there is more training, more meetings... We are going in the right direction."
- We received positive feedback from people using the service and relatives about how the service provided good outcomes for people. A person said, "I would not stay here if it was not good, they leave me to get on with it... I would recommend it, staff are very good." A relative told us how they felt their family member's wellbeing had improved since moving into the service, "I go home thankful [family member] is with people who care... [family member] looks better in the face, with better colour, [their] whole health is better."
- We also received positive feedback about how the service was led. A person said, "I think it is well run they don't interfere with you." A relative told us, "As far as I can tell it is well run, it is very casual, it is clean, staff are hard working and helpful... I would recommend it, it is like a haven, makes you feel safe knowing [family member] is safe with people giving good care."

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

- There was a duty of candour policy and procedure and this was understood by the registered manager.
- We saw records which demonstrated the registered manager had followed the provider's duty of candour policy, where required. This included letters to people and their representatives giving an explanation and apology when something had gone wrong.

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

- We saw records of engagement with people and their relatives. This included input from people and their representatives in care planning and reviews. Resident and relative meetings had been held and more planned. People's comments were used to drive improvement, such as suggestions for meals and activities.
- Records of complaints showed these were taken seriously, investigated, addressed and used to drive improvement.
- Staff told us when they had attended meetings, or for those who were unable to attend meetings, the minutes were not always provided. The registered manager told us the recent meeting minutes had been drafted, however, a system had been developed to ensure staff had access to the minutes from meetings.

Continuous learning and improving care

- A range of audits and monitoring systems were undertaken to support the registered manager to identify shortfalls and address them. The operations manager also undertook audits and monitored the service. We saw where feedback had been given on the findings to support the registered manager to address them.
- An action plan was in place, which was kept under review. This identified the improvements planned and timescales for completion. We were assured the registered manager knew where they wanted to improve and had plans in place. This demonstrated the commitment to continuous improvement.
- The registered manager told us how they participated in forums of other managers from other services. This provided the opportunity to share good practice and take ideas to further improve the service.

Working in partnership with others

- The registered manager told us they worked with social and health care professionals involved in people's care to improve and provide the best possible care to people. This was confirmed by a social care professional, which had provided feedback on the registered manager and the service prior to our inspection visit.
- During our inspection, we received positive feedback from visiting health professionals. One health professional told us, staff were helpful and any concerns about people's wellbeing were reported to ensure people received the care and support they needed.
- A relative told us how the service had been recommended by other professionals, "I was recommended this place back in January by the mental health team and my doctor and a friend whose relative was here, it was highly recommended, they definitely deserve that."