

Hazeldell Ltd

The Willows

Inspection report

57 Crabbe Street
Ipswich
Suffolk
IP4 5HS

Tel: 01473372166

Website: www.sohal.healthcare/locations/the-willows

Date of inspection visit:

22 July 2020

23 July 2020

24 July 2020

27 July 2020

Date of publication:

10 August 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Willows is a residential care home providing personal care to up to 66 older people, in one adapted building. There were 31 people using the service during our inspection visit on 22 July 2020, some of these people were living with dementia.

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

Improvements had been made in the service since our last inspection, some not yet fully implemented and needed to be embedded in practice to ensure the improvements were sustained.

Since our last inspection, improvements had been made in the management of medicines, however, these were not yet fully implemented. Shortfalls were identified by the provider's monitoring systems and actions were being taken to reduce risks to people.

Since our last inspection, improvements had been made in how the service assessed and mitigated risks to people, including in their daily living and their susceptibility to abuse. These needed to be sustained and embedded in practice.

Staffing levels continued to be assessed by the management team to help ensure people were provided with the care and support they needed. Since our last inspection, the service had introduced a shift allocation document to guide staff on their responsibilities during each day. Systems were in place to recruit staff safely.

The service was clean, and cleaning was undertaken regularly. Improvements were needed in how the staff wore their personal protective equipment, the management team assured us this would be addressed.

There were systems to learn lessons when things had gone wrong.

People's care records had improved since our previous inspection, and there were now care plans and risk assessments in place which described the care people required and how risks were reduced. We found some discrepancies in the records, and these were addressed immediately.

The governance systems had improved since our last inspection. This needed to be embedded in practice to ensure the management team independently identified and addressed all shortfalls promptly.

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

Rating at last inspection and update:

We carried out an unannounced comprehensive inspection of this service on 13 and 14 January 2020 (published 21 February 2020). The rating for this service was inadequate overall. Breaches of legal

requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in safe care and treatment, safeguarding, staffing, governance and person centred care.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, the improvements needed to be sustained and embedded in practice and some were not yet fully implemented.

This service has been in Special Measures since 21 February 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

When services are in special measures and rated inadequate we plan to re-inspect these services within 6 months of the publication date. However, we are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what regulatory action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. The inspection was also prompted in part due to concerns received from the local authority regarding the care provided to people. A decision was made for us to undertake a focussed inspection of the key questions Safe and Well-led and examine those risks and check improvements had been made following our last inspection. This report only covers our findings in relation to the key questions Safe and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

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.

Due to the Covid 19 pandemic, the first day of inspection was carried out by visiting the service. The remaining days were carried out remotely. This means we made telephone calls to staff and relatives away from the site and asked for documents to be sent to us by the provider.

Inspection team

The inspection visit on 22 July 2020 was undertaken by two inspectors. A third inspector reviewed records and spoke with people's relatives and staff remotely and provided feedback to the management team.

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 did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager in post and their registered manager application was being processed by CQC.

Notice of inspection

We called the service to announce our inspection visit 40 minutes before the inspectors arrived. This was to ensure we could ask the service for specific information regarding if there were any people using the service who had a positive test for Covid 19 and the provider's procedures for infection control and Covid 19 to ensure we were working within these procedures.

What we did before the inspection

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 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, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

During our visit we observed the care and support provided to people, including interactions between staff and people using the service.

We spoke with four relatives of people using their service for their views of the service provided. We spoke with six staff members including the assistant manager, head of care, senior care staff, care staff and activities staff. We also received electronic feedback from two care staff members. We spoke with one professional who had regular contact with the service.

We reviewed a range of records. This included five people's care records and medicine records, including medicines audits. A variety of records relating to the management of the service, including audits and quality assurance were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the service had improved and were no longer in breach of Regulation 12. Some of these improvements were not yet fully implemented and embedded in practice.

- There were heat lamps in a kitchenette being used to keep breakfast items warm, however, staff were not always present to reduce the risks of people burning themselves. The risk assessment for the lamps stated they should not be left on if staff were not present. We told the nominated individual about the risks identified and they confirmed the lamps had been removed.
- At our last inspection we found improvements were needed in how fire drills were carried out. During this inspection, records showed regular fire drills were undertaken. This was confirmed in a fire safety audit in July 2020. Staff had received fire safety training. Each person had a personal emergency evacuation plan in place which described the support they required should the service need to be evacuated.
- Prior to our inspection we received concerns that a person who required support to reposition was not being supported in line with their care plan, to reduce the risks of pressure ulcers developing. We reviewed the person's repositioning chart and found gaps. The nominated individual told us the person sat in a chair during part of the day where they could independently reposition, they amended the record to show when the person did not require assistance.
- Improvements had been made in how the risks in people's lives were assessed and guidance was in place for staff to mitigate them. This included risks for falls, pressure ulcers, nutrition and hydration, choking, behaviours that may be challenging to others and moving and handling.
- We observed staff assisting people to move using equipment safely and the staff informed the person what they were doing throughout. We observed staff walking with a person encouraging them to take their time and reassuring them, saying, "Take it nice and slow." Another staff member encouraged a person to put on appropriate footwear explaining the risk of falls to them.
- The systems to support people and monitor them following a fall had been improved. Records had been developed to show how staff monitored people following falls to identify if they needed further support. Falls analysis were undertaken and people's care records provided guidance for staff in how the risk of falls were reduced.
- Prior to our inspection visit, we received concerns that equipment used to alert staff if a person who was at

risk of falls was attempting to mobilise independently was not being used at all times. During our inspection visit we found this equipment was in place and being used effectively.

- Records showed equipment was regularly checked and serviced. This included fire safety, mobility and portable electrical appliances.
- Systems were in place to reduce the risks of legionella bacteria in the water system. Environmental risk assessments guided staff how risks were reduced in areas such as using kitchen equipment, legionella, hot water, window restrictors and fire safety.
- Records were maintained regarding people's weight. Actions had been taken when people had lost weight, including referrals to health care professionals including a dietician and the provision of high calorie snacks and drinks to drive weight gain. During our inspection visit we saw people being provided with high calorie drinks. Staff were informed of people's dietary needs, allergies and any specific recommendations by health professionals.
- Prior to our inspection visit we had received concerns that documentation was not completed appropriately following an injury. This had been addressed and a member of the management team told us staff had been advised of their responsibilities and this was checked in handover meetings each day.
- We had received concerns that food was not labelled when stored in the refrigerator to ensure it was safe to use. The manager told us they had new labels which included the opening date and when it should be used by.
- At our last inspection we found there were toiletries left in communal bathrooms which could be a risk to people accessing them. Improvements had been made in this area, the manager told us they checked these areas regularly to ensure items were not left out.

Using medicines safely

At our previous inspection the management of medicines was not safe. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the service had improved and were no longer in breach of Regulation 12. Some of these improvements were ongoing and not yet fully implemented and embedded in practice.

- Some improvements had been made in the management of medicines and these were ongoing. There were still some issues, such as gaps in medicine administration records, but these were being identified in the service's own monitoring systems. A member of the management team told us they had a clearer and safer system in place to monitor medicines, including weekly and monthly audits.
- Training was provided by the clinical commissioning group medicines optimisation team in July 2020, who were supporting the service to improve, due to medicine errors. A follow up check was planned. A staff member told us improvements had been made and a staff meeting was held to ensure they understood their responsibilities.
- Prior to our inspection visit we had received concerns that the morning medicine round had started and finished late and people had not received their time specific medicines. We saw records which demonstrated the time of medicines administered were documented to reduce the risks of them being given too close together. A member of the management team told us how staff had been provided with guidance to show which people required time specific medicines and medicine rounds were protected time to reduce the risks of them being late.
- Records showed staff responsible for administering medicines had received training and had their competency checked.
- One person's care plan did not identify the risks associated with their anticoagulant medicine. The

manager told us this would be addressed.

- We observed staff providing people with their medicines in a polite way and explaining to people what the medicines were for.

Preventing and controlling infection

- There was enough personal protective equipment, including gloves and masks for staff to wear to reduce the risks of cross infection. We did see staff wore masks, however, they were continuously touching them, for example pulling them down, and some were wearing them not covering their noses or wearing them under their chin. We told the management team what we had seen, and they assured us this would be addressed with staff.
- The service was clean throughout. Housekeeping staff were visible, and we saw them cleaning, including touch points to ensure the risks of cross contamination were reduced.
- Records of housekeeping and infection control audits in July 2020 showed cleaning schedules were maintained and up to date and the cleanliness of the home was of a good standard.
- The service had risk assessments and contingency plans relating to Covid 19 pandemic.

Staffing and recruitment

At our last inspection there were insufficient staff working in the service to ensure people had their needs met and they were kept safe. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the service had improved and were no longer in breach of Regulation 18.

- Staff were appropriately deployed in the service. A tool was used to calculate the numbers of staff required and this was kept under review to ensure there were enough staff to meet people's needs.
- Prior to our inspection visit we had received concerns regarding staffing numbers, including people not being assisted to get up in the morning at their preferred time. During our visit we found people had been assisted to get up when they wished.
- We saw staff were attentive to people's needs and responded to requests for assistance promptly, including call bells. Call bell response times were monitored to ensure people received their care in a timely way. One person had written in a quality assurance survey in July 2020, "Do not feel rushed while my care is being given."
- Staff spoken with had differing views of if there were enough staff. One staff member told us people could not always have their bath at the preferred time and had to wait later in the day when it was less busy. Another member of staff said there were more than enough staff to meet people's needs and preferences.
- A staff member told us new staff had been employed and the use of agency staff had reduced, which was confirmed by the management team and records reviewed. We were told staff sickness could not be foreseen, and agency staff were called in to cover. One staff member told us about when they had been on shift when two colleagues had called in sick, they said the management team worked on the floor until the agency staff arrived to reduce the risks of people not having their care needs met.
- One relative told us how the changes in the staff team had concerned their family member as they had known the staff well and had to get used to the new faces. Another relative told us the service had used a lot of agency staff, but these were now replaced with new staff which they saw as positive.
- Recruitment records showed there were systems to check staff were of good character and suitable to work in this type of service. Where any concerns had been found during recruitment checks, actions were taken to reduce risks to people, including risk assessments and disciplinary action.

Systems and processes to safeguard people from the risk of abuse

At our last inspection systems were either not in place or robust enough to demonstrate people were protected from abuse. This placed people at risk of harm. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the service had improved and were no longer in breach of Regulation 13.

- The service continued to receive support and guidance from the local authority safeguarding team, who are responsible for investigating incidents of abuse. This was because the service had failed to recognise and report risks to people. The nominated individual told us how lessons had been learned and any issues were being reported appropriately.
- The management team kept us updated with any concerns of abuse and the actions taken to mitigate these risks.
- There were systems in place to reduce the risks of abuse. This included training staff in safeguarding and ensuring they knew how to report abuse.
- Staff spoken with confirmed they understood their role and responsibilities in keeping people safe from abuse. Staff told us they felt the people using the service were safe from abuse.

Learning lessons when things go wrong

- Improvements had been made in the service which needed to be embedded into practice and some improvements were ongoing and not yet fully implemented.
- Discussions with the management team and records reviewed demonstrated there were systems in place to learn lessons and drive improvement when incidents and accidents had happened. This included increasing their monitoring activity, introducing systems to reduce future risks, advising staff of their roles and responsibilities and taking disciplinary action. In some cases, reminders for staff were in people's bedrooms to guide staff, for example to ensure the brakes on a person's bed were put on.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

Our last inspection found breaches in regulation. There had been significant shortfalls in the care provided, this was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always receiving personalised and responsive care which was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not always confident and skilled to meet the complex needs of the people using the service and had not been provided with suitable supervision to enable them to discuss their work, receive feedback and identify further training needs which was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made to demonstrate the provider was no longer in breach of regulations. However, these improvements were ongoing, needed to be sustained over time and embedded in practice.

- Since our last inspection there had been a change in the management team, with a new manager, assistant manager, head of care and senior staff. In addition there were several new staff working in the service.
- There were improvements in the systems for monitoring the service provided. This included audits in infection control, kitchen, first impressions of the home, meal experience and observations and provision of care. Where shortfalls had been identified actions were taken to address them, such as the replacement of flooring in the lift which had been identified as a risk of someone tripping.
- The local authority had visited the service prior to our inspection and found shortfalls relating to the safety and care of people using the service. A safeguarding meeting was held, and the service were asked to complete an action plan to address the shortfalls. Members of the management team told us improvements had already been made including advising staff on the expectations of their role and overseeing meal times. During our inspection visit we saw the concerns raised by the local authority during their visit had been addressed or were in the process of being addressed.
- The nominated individual told us lessons were learned and they had an increased management oversight, walk arounds, and checking meal times and care. An example of an improvement made was to introduce

two sittings for meals so people got assistance where needed.

- Prior to our inspection we had received concerns that people were not being assisted to eat and drink. During our inspection visit we found people were being assisted, where required, and encouraged to eat and drink. People had access to equipment, such as plate guards to support their independence while eating. The service had identified and addressed shortfalls in their own record keeping and practice relating to people's nutrition and hydration needs.
- The care plans reviewed showed there had been improvements since our last inspection. Care records were being reviewed regularly and gave up to date guidance to staff on how people's needs were met. These improvements were ongoing, and plans were in place to include more information about the risks associated with medicines and increased information about people's preferences relating to food and drink. A summary of care was now in people's bedrooms including communication, eating and drinking, mobility, continence, social and wellbeing and sleeping.
- We identified contradictions in some of the care plans and when this was pointed out to the nominated individual, this was addressed immediately. This included one person who had a speech and language team assessment in July 2020, the recommendation had been recorded in the nutrition care plan but not in the nutrition assessment. The nominated individual also added guidance for staff if a person had not reached their recommended fluid intake.
- We saw a plan for staff supervision, this had been identified by the local authority as requiring addressing. These had been started and the target was for all staff to receive a supervision by the end of July 2020. Supervisions provide staff with a forum to discuss their work and any concerns, receive feedback and identify any training needs they had.
- At our last inspection we found people were provided with a range of group activities but there was limited one to one activity and interaction for people who chose to stay in their bedrooms. During our inspection visit we saw people in communal areas enjoying group activities, such as a quiz. During the afternoon staff had time to spend time with people on a one to one basis, we could hear lots of chatting and laughter from bedrooms. One person was assisted to go for a walk in the garden.
- One relative told us prior to the Covid 19 pandemic they regularly visited their family member and could see improvements were being made. Another relative told us they had, "Faith," and "Trust," in the service to make improvements and their relative received, "Decent care." They added if they found something wrong the service acted on this. Another relative said, "We are very happy and always have been, [family member] loves it there...all I know is [family member's] general wellbeing has improved."
- Staff told us they could see improvements in the service and in the care people received. One staff member told us, "I would like to pay tribute to [the manager] she is doing a good job."
- Staff told us there had been an improvement in staff morale. One staff member said, "Improved vastly, new manager has made improvements. Better run, more respect to residents and with each other." Without exception staff spoken with told us about the good atmosphere in the service and how much they loved their jobs. They spoke about people in a compassionate manner, one staff member said, "I love the residents, I love to see them laughing and smiling." Another staff member told us, "I love the place and all the residents, it's a good place to be."
- We reviewed records which showed staff received training to meet people's needs. However, at our last inspection we identified staff had not received training in supporting people with behaviours that may put other people at risk. This had not been addressed. The nominated individual told us due to the Covid 19 pandemic this had not yet been delivered but was planned. In addition, staff were booked to receive virtual dementia training to ensure all new staff had received this and existing staff a refresher.
- One staff member told us how the induction process for new staff had improved which included more training and longer periods of shadowing more experienced care staff. Another staff member regarding if their training prepared them for their job said, "100% there's lots of training available whether that's online or coming in work to be trained. Even once training has been completed management has made it clear to

many of us that training is available when we need/want it."

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

- There was little evidence of input in the care records from people or their relatives, where appropriate. The nominated individual told us this was planned, and they were going to have virtual meetings with relatives. One relative told us they had discussed their family member's care plan and the family member's personal care preferences had been added.
- Surveys were completed by people using the service in July 2020 to gauge their satisfaction of the care provided. These were in the process of being analysed. One person had written, "Once the bug is gone nothing is wrong...they (staff) give me the time and I am being heard."
- A relative meeting had been held following our last inspection in February 2020, where they discussed our report and what the provider was doing to improve. Following our inspection visit a joint virtual meeting with the local authority, the nominated individual and people's relatives was held, which gave them the opportunity to ask questions and receive reassurance. The nominated individual told us they had a suggestion to send out regular relative updates which they were going to do.
- The minutes of a staff meeting held in May 2020 showed they were kept updated with changes in the service and the requirements of their role. This included reminding staff to complete accident and incident forms appropriately, senior staff duties, staff allocations and any specific concerns about people using the service. Staff were thanked for their commitment to caring for people during the Covid 19 pandemic. In addition, the provider had written to staff thanking them.
- Staff spoken with told us the management team were approachable and listened to what they said.
- The management team told us they had daily meetings with heads of departments and daily handover meetings between shifts to ensure any concerns regarding people's care were discussed and addressed.

Working in partnership with others

- The local authority had worked closely with the service to drive improvement. They still had concerns about the care provided and had met with the provider and an action plan was developed to show how they planned to improve.
- The nominated individual told us they were working with the local authority and shared positive relationships with them. They said they were working to same goals and the service were open to guidance and suggestions and keen to improve.
- Members of the management team told us how they worked well with other professionals involved in people's care, including health care professionals. During our inspection we spoke with a health care professional who confirmed the service made referrals where they were concerned about people's wellbeing and acted on their recommendations.

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

- The provider had a policy and procedure relating to the duty of candour. The management team understood their roles and responsibilities and we saw a letter which showed they had acted in line with their own procedures.