

Extrafriend Limited

The Willows

Inspection report

Corders Farm
Bury Road, Lawshall
Bury St Edmunds
Suffolk
IP29 4PJ

Tel: 01284830665
Website: www.extrafriend.co.uk

Date of inspection visit:
18 July 2017
19 July 2017

Date of publication:
29 September 2017

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

The Willows is a residential care home for older people. It can accommodate up to 25 people. The accommodation is a converted and extended farm house in a rural setting. All rooms have en-suite facilities.

At the last inspection on 06 November 2014, the service was rated Good. At this inspection we found the service remained Good.

We found a care home that was well run for the benefit of the people who lived there. The strongest element of this care home was the management in place. The registered manager had been in place for many years and performed her role well. She was passionate about giving good quality care to people that met their needs. Everyone was seen as a unique individual to be appropriately supported. This culture of this service came from the registered manager who strived to keep up to date and develop where they could. They had a comprehensive oversight of the service and balanced well their role of being visible and available to people, relatives and staff with ensuring their role as accountable manager was completed.

People spoke highly of the service offered and felt appropriately cared for. People experienced good care with on-going monitoring of health needs and prompt access to health services. Visiting health professionals told us that the service was caring and met the needs of people who lived here. There was varied, needs led social stimulation that people were consulted upon. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. There was plenty for people to choose from each day of the week. People liked the variety and quality of food on offer. Mealtimes were a pleasant experience for everyone.

Staff told us that they had the training and support to carry out their roles effectively and confidently. Staff spoke highly of the management who they said were approachable and made positive changes when needed. Staff were happy and positive. People looked happy and there was a degree of calm and people had purpose to their day.

There were sufficient numbers of staff to meet people needs. People were able to develop caring and meaningful relationships with staff because staff were consistent and remained at the service for a long time. People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager knew how to make a referral if required.

Medicines were safely managed. The manager had oversight and had thorough quality assurance processes in place that were fed up to and monitored by the provider. The manager was supported appropriately by the provider and spoke positively about developments and resources being available to them.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Willows

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 19 July 2017 and was unannounced.

Before the inspection, we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with three people, three relatives, two visiting health professionals, the registered manager, deputy manager, five staff, and went on to contact other visiting health professionals. We reviewed three care files, staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

At this inspection we found the same level of protection from harm and risks as at the previous inspection, staffing numbers remain consistent to meet people's needs and the rating continues to be good.

People told us that they felt safe living at the service. One relative told us, "I feel confident when I leave here that [my relative] is safe. The manager always deals with any issue. I feel completely at ease." Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. In addition staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. When concerns were raised the registered manager notified the local safeguarding authority in line with their policies and procedures and these were fully investigated.

Risks to the service and individuals were well managed. A visiting health professional told us, "The staff are good here. They make sure people are drinking. They have all the pressure relieving equipment in place. The staff ask questions like, 'How can we prevent that or what caused that?' The staff are knowledgeable because of that." An external health trainer had visited and provided training on falls prevention. Records looked at any trends for individuals or the service as a whole. Records demonstrated that there were comprehensive risk assessments in place for people. These set out control measures to reduce the risk. The service was proactive in ensuring that these control measures did not restrict people's independence. This meant that people could continue to make decisions and choices for themselves.

Medicines were safely managed. Staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Medicines that needed additional storage measures were found to be safe and accounted for. Records were comprehensive and well kept. Body maps were used to monitor patches used to administer some types of medicine. Staff were able to tell us about medicines and their side effects and those medicines that were time critical to keep people well. The new call bell system was able to be programmed to remind staff of those time critical medicines to be administered. Staff were observed administering medicines appropriately and told us they were confident that people received medicines as they were intended.

The registered manager calculated how many staff were required to support people. People and staff told us that there were enough staff working at the service. One person said, "They are the same staff and do not change. I call for someone and they come, so there is enough of them." Another person said, "Yes there is enough staff. It is just right." A relative told, "Yes there is enough staff. Even when [my relative] required half hour checks we knew these happened and he was looked after well." We viewed the roster for four weeks and saw staffing levels had been maintained. The roster was planned well in advance. This meant there were suitable numbers of skilled staff to meet people's needs.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

Staff told us that they had the training and support they needed to carry out their role effectively. The registered manager had a training matrix that allowed them to monitor any training updates that were needed. One staff member said, "I have done my care certificate and I'm now doing my level two. I have done all my updates such as safeguarding training, first aid and moving and handling." Records demonstrated that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. One staff member said, "I have regular monthly supervision with a senior. I have observations of my practice as well." In these sessions staff were offered the opportunity to request training and discuss career progression.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff continued to demonstrate they understood MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their ability. We observed that staff knew people well, and this allowed them to support people to make decisions regardless of their method of communication. One relative was keen to tell us how the rights for their relative was upheld. They told us, "They treated [my relative] as a person. They treated [my relative] as an adult with their lifestyle choices."

People told us they were happy with the food they were served. One person told us, "I have always enjoyed every meal I have had here." A relative commented, "The lunches always look marvellous. They always invite me to stay and join them." The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. Staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. The senior on duty had oversight of the lunchtime serving. She made assessments of how people were managing and encouraged people to eat. We saw that where people were not able to eat their meal unaided they were offered support to eat. Adaptive cutlery and plate guards were in place to maintain independence. This helped to ensure that people got the food they needed to stay well. People told us that they enjoyed their meals; they had two choices for lunch and were able to ask for an alternative if they did not want what was on the menu. One person said, "I like a boiled egg each morning and it is perfect."

People were supported to maintain good health. One person told us that, "I was not well yesterday, so they called the GP. He came and has prescribed me something new." Another person said, "If you have health problems the GP does come. I have a regular chiropodist. Recently the optician came and I got some new spectacles." The registered manager and care staff continued to have a good working relationship with external health professionals. We spoke to a visiting health professional who praised the home for their appropriate communication with their surgery. Another health professional said, "I am confident that the staff will take on board the rehabilitation I have recommended. The staff here look after people well." Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

Is the service caring?

Our findings

At this inspection people remained happy living at the service, they continued to be very complimentary of the staff and felt cared for. The rating continues to be good.

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. One person said, "It's lovely here. The staff are very good. I came for respite. Tried it before I came to stay for real." Another person said, "I'd give it ten out of ten. They are all lovely, the manager the cook, the carers. They are all fantastic to me."

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, "They really couldn't have been kinder. They respected (named relative) choices such as staying up late." Another relative told us that, "I'm very involved here. I couldn't speak highly enough about it. Manager, Deputy, all the staff are really marvellous."

People's privacy and dignity was respected and promoted. One person said, "The staff always knock before they come in." Staff knew people well including their preferences for care and their personal histories. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all the time.

We observed warm caring relationships where humour was used appropriately. People were happy and smiling and content. One person said "The staff here really do take notice and chat with you. They take an interest in what interests you." A visiting health professional said, "All the staff here are so friendly and helpful to everyone that visits."

People were involved about making decisions relating to their care and support. One person said. "They tell me about the notes they make. The manager is good. The manager comes round and asks me what I think." A relative said. "If I mention something to a senior, I know I can dismiss it from my mind, because it is dealt with. I simply trust them." We found staff to be very caring. People could have visitors whenever they wanted and there were no restrictions in place.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

People told us that they had their needs assessed before they came to the service. One relative said, "The manager herself came out and visited us and assessed the situation." The service continued to ensure that people's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. One person said, "They have lovely grounds here and I go outside frequently." Another person told us, "I go out to church on a Sunday. The local Vicar comes once a month with the Eucharist. I particularly like the music and movement classes and make sure I attend. Last week a petting zoo came and I said hello to a hedgehog and a snake." We spoke to the person employed to arrange and facilitate activities. There was a varied and regular known programme that included music, quizzes, visiting dogs, exercise and external entertainment. Personalised information enabled staff to support people to engage in meaningful activity they enjoyed. Care plans were detailed for staff to follow and were kept under regular review. Care staff knew the content of care plans and said they referred to them constantly. They were kept secure.

The service routinely listened to people to improve the service on offer. Views of people were regularly sought both informally and formally on a regular basis. The registered manager was visible and available to people. The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one it would be handled quickly and dealt with properly. When asked if they had needed to complain to the service, one relative said, "I haven't needed to complain. The manager deals with matters and I feel completely at ease." A staff member told us that they were confident to deal with concerns raised and that any issue was dealt with by managers.

Is the service well-led?

Our findings

At this inspection we found staff were as well led as at the previous inspection. The rating remains Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Statutory notifications received showed us that the manager understood their registration requirements.

The registered manager continued to promote a caring, positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service and staff. Staff and people using the service told us they felt able to talk to the manager about anything they wished. We saw evidence to support that people's views were used to influence what happened in the service. For example, changes to the garden and their involvement in the new gazebo and vegetable beds.

People told us that they were happy with the quality of the service. One person said, "I would recommend this place to other people. Come and try it, they would see how good it is." People and their relatives thought that the service was well-led, one staff member said, "I think, is this place good enough for my mum? The answer is yes – that's how good it is." This type of positive expression came from everyone we spoke with.

We were told that the registered manager was friendly and made themselves available if people wanted to speak with them. They felt they could approach the registered manager if they had any problems, and that they would listen to their concerns. The registered manager was often seen around the home and would stop to say hello and ask how people were as they passed by. Staff said the registered manager was very visible and supportive. One said, "The managers are supportive and they work well together."

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems and that they would listen to their concerns. They had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the registered manager. One staff member said, "The managers are so helpful." They gave an example of being personally supported. We observed the staff handover and found this to be very informative and all staff were able to participate and were given key information about the whole service.

People and their relatives were given the opportunity to voice their views of the service and to make suggestions on how the service could improve. There were regular resident meetings held. These were well attended and had detailed minutes that showed the people who lived here truly influenced what happened at the service. Questionnaires and feedback forms were available at the main entrance and information about how to contact external ratings systems of the service were on offer. We received positive feedback from Healthwatch in Suffolk about this service and their participation in a project. The regular newsletter, produced by the deputy manager kept people informed about staff changes, training and any planned

changes. It also introduced new people to the service and set out the activities planned for the future and encouraged people to get involved in any way they chose.

The registered manager continued to assess the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. Examples included; medicine audits completed by the supplying pharmacist had action taken, this along with the monthly audit conducted by the deputy manager ensured medicines were managed safely. Each month the registered manager collated information relating to approximately 50 aspects that led to the running of the home. This covered everything from admissions, maintenance of the building, to falls and people on palliative care. This oversight of the service along with a monthly report was sent to the directors of the company. This showed us that all levels of ownership and management had oversight of what was happening within this service.

The registered manager had been at the service for several years and demonstrated that she kept herself updated and attended regular training. She had attended training completed by care staff such as the Virtual Dementia Tour, which enables staff to experience how some people living with dementia perceive the world around them. The registered manager had also attended courses that benefitted her management role such as a CQC inspection process workshop to enable her to prepare the service for our inspection processes. This had led the managers to develop folders relating to our key lines of enquiry and evidencing that they met the standards of care required. The managers had also implemented recording their management meetings and the joint decision making along with reasons in order to be transparent, consistent and accountable.

The managers told us about the developments planned as well as how they implemented best practice. As well as the new call bell system already mentioned in this report another example was consistently implementing the 'Herbert Protocol', this was a national form to complete relating to every person residing at the home should they go missing. One other investment and development was the introduction of electronic care records. This was being planned and implemented over the coming months to ensure consistency and quality of care was maintained. This demonstrated to us that the registered manager was committed to continual change and improvement.