

National Care Consortium Ltd

Woodlands Care Home

Inspection report

The Woodlands
Riverhead
Driffield
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Woodlands Care Home is a residential care home providing accommodation and personal care up to 56 people. The service provides support to people living with dementia and mental health. At the time of our inspection there were 42 people using the service.

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

The provider had not made sufficient improvement since the last inspection. Governance systems had not always identified the areas we found at this inspection. We identified continued concerns with care plans, risk management, and staff skills and competency.

People did not always receive their medicines in line with the prescribers' instructions. Risks to people were not always managed and learning from accident and incidents had not identified themes or training needs off staff.

The environment was clean and tidy, but some furniture still required replacing to ensure it could be effectively cleaned.

People's rooms were personalised, and people had a choice of communal and outdoor spaces to spend their time.

People were supported to access health care appointments. The mealtime experience was pleasant, and people told us they were happy with the food and choice available to them. The kitchen team were passionate about providing good quality food.

People were happy with the care and support they received. We received consistent positive feedback about the kind and caring nature of staff.

Staff felt supported by the management team and there was good staff morale at the service.

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

The last rating for this service was requires improvement (published 08 July 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We carried out an unannounced comprehensive inspection of this service on 18 July 2019. 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.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained 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 Woodlands Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to risk management, medicines, and governance plain at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Requires Improvement ●

Woodlands Care Home

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

This inspection was carried out by two inspectors on the first day and two inspectors on the second day. An Expert by Experience made telephone calls to people's relatives. 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

Woodlands care home 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. Woodlands care home 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

The first day of inspection was unannounced. The second day of inspection was announced.

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 five people who used the service and ten relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, and four members of the care staff team. We reviewed a range of records. This included people's care records and associated medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training matrix, policies and procedures were reviewed.

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 requires improvement. At this inspection the rating has remained the same. 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; Learning lessons when things go wrong

At our last inspection we identified systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12,) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Safety concerns continued to not be always identified or responded to quickly enough. There had been multiple incidents involving equipment, this had not always been identified as a trend or a training need so risks in relation to the use of equipment remained.
- Accident and incidents were not always robustly reviewed and monitored to ensure themes and trends were identified and appropriate action taken to reduce further risks to people.
- Although improvements had been to some care plans, further work was required to care plans and risk assessments, as they were not always sufficiently detailed, or they contained conflicting information.
- People's health conditions were not always care planned to ensure any risks were mitigated.

The was a breach of regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager started to take action during the inspection this included updating care plans and requesting some people did not complete moving and handling until competencies and training had been completed.
- Following the inspection, the provider told us they had introduce a document to capture any themes, trends and action taken in relation to incident and accidents.

Preventing and controlling infection

At our last inspection we identified we identified concerns with prevention and infection control. This was a breach of regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of this

element of regulation 12.

- Overall, the service was clean and tidy, however some rooms still required refurbishment and replacement of furniture to ensure they could be effectively cleaned.

We recommend the provider reviews the environment to ensure effective cleaning can take place.

- Domestic staff were on duty and carried out regular cleaning and deep cleaning of the rooms. Cleaning rotas were completed following cleaning tasks.

Using medicines safely

- People did not always receive their medicines as prescribed. For example, some people were receiving medicines with other medicines when the prescriber's instructions advised not to do this.
- Work was required to ensure medicines records allowed for people to get their medicines as prescribed. For example, staff did not record the time medicines were given to ensure the appropriate time was left before people had food and drink in line with the prescribed instructions.
- Medication records were not always in line with best practice. When medication administration charts had been hand-transcribed, they did not always contain the full prescriber's instructions.

We found no evidence people had been harmed. However, medicines were not safely managed which placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager sent assurances after the inspection that action had been taken to address the concerns with medicines administration.

Staffing and recruitment

- Recruitment checks had been carried out to ensure staff were of suitable character.
- Most people felt there were sufficient staff. A robust way of assessing people's needs to determine the staffing levels was not carried out. The registered manager sent evidence of the dependency tool they would be using going forward.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were clear about their responsibilities to report any concerns.
- The registered manager was aware of their responsibility to report safeguarding concerns.
- People told us they felt safe and about were confident who to raise any concerns with.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Although staff had been trained in moving and handling, we could not be assured of their skills and competence as there was continued incidents involving equipment. Training and competence had not always been robustly considered following accident and incidents.

We recommend the provider reviews their systems for ensuring staff skills and competence.

- The manager had a matrix to monitor people's training dates to ensure they stayed in date.
- Staff received an induction and ongoing supervision and felt supported by the management team. One staff told us; "Yes, I feel supported, we have regular supervisions. I can approach management for anything."

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

- People continued to be at risk due to care plans not always containing accurate information.
- People were supported with their oral hygiene this included oral hygiene care plans and supporting access to dentists.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's fluid intake was recorded but was not always effectively monitored, this included when advice had been given from medical professionals to push fluids due to medication. The registered manager took immediate action to address this.
- People were supported to access the appropriate health care professionals when required.
- People were happy with the quality and choice of food available. The mealtime experience was a pleasant experience for people. One person told us, 'I always come to the dining room for my lunch and tea. I sit with my friends and its always very pleasant' 'The pork today was lovely; the chef does a nice roast. Good puddings as well. If you don't like the main choices, they will always make you something else.'

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

- The service was appropriate for people's needs with multiple communal spaces for people to choose where they wanted to spend their time. This included lounges and outdoor garden areas.
- People were happy with their bedrooms and the communal spaces. One relative told us, "It feels like home there and [Name's] room has been made personal."

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met

- People's capacity had been assessed and when appropriate best interest decisions had been made.
- People had signed consent to decisions and staff gained consent prior to providing care and support.
- Where restrictions were in place, the appropriate authorisations had been applied 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 remained the same. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we identified systems were either not in place or robust enough to demonstrate the service was effectively managed which was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Sufficient improvement had not been made since the last inspection and the provider has remained in breach of regulations.
- We found continued concerns with care plans, risk management, staff training and competency and governance.
- Governance systems did not identify the areas we found at the inspection. For example, the audits had not identified the concerns we found with medicines or care plans.
- The providers infection control audits had not identified when some bedrooms could not be effectively cleaned and when some hand towels and soaps had been removed.
- People continued to be at risk because management missed opportunities to learn lessons and make improvements; accidents and incidents had been reviewed but robust action and identification of themes and training needs had not always been identified.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was open and responsive to feedback given. They immediately started taking action to address some of the areas identified during the inspection.
- People and their relatives were positive about the management team. Feedback included, "It is very organised and correctly run. The manager is approachable and acts on things straight away."

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

- People and their relatives were extremely positive about the staff. Feedback included, "The staff if it was 10

out of 10 I would give them 11, every single one of them." And the staff are genuinely caring, and they are lovely, and I have not met one not doing their job properly."

- People were happy with the care they received but work was required to ensure risks were managed to ensure 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

- The registered manager was aware of their responsibilities to inform people when something goes wrong. Notifications had been submitted in line with legal requirements.
- The registered manager was open and honest throughout the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider carried out satisfaction surveys to gather people's views on the services. Work was required to improve the summary and action plan to ensure feedback was used to develop the service.
- Regular meetings were held with people living at the service and staff to ensure they were involved and up to date with anything going on at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to mitigate risk to the health and safety of people. The provider had failed to ensure equipment were used safely and that staff were appropriately competent and skilled. Medicines had not always been managed safely.</p> <p>12 (1)(2)(a)(b)(e)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the service, They provider had failed to assess monitor any mitigate risks relating to the health and safety of others. The provider had failed to maintain accurate, complete and contemporaneous records.</p> <p>17 2 (a)(b)(c)</p>