

Valorum Care Limited

# Sun Woodhouse Care Home

## Inspection report

Woodhouse Hall Road  
Fartown  
Huddersfield  
HD2 1DJ

Tel: 01484424363

Date of inspection visit:  
19 June 2023

Date of publication:  
10 August 2023

### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Sun Woodhouse provides care and support for up to 24 older people. There were 17 people living at the service when we visited, most of whom were living with dementia.

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

The lift had not been adequately maintained, which placed people at risk due to this equipment safety check having not been completed as per recommended guidance. These works were completed following our inspection in July 2023.

Audits were taking place and the regional operations manager visited the home and produced their own reports.

Staff told us the culture in the home had improved over the months since the home manager joined. They felt able to contribute their opinions and effective staff support was clearly important to the manager.

Staff had a visible presence throughout the home and feedback we received demonstrated there were sufficient numbers of staff. People provided positive feedback about the care they received from staff who had been safely recruited.

Risk assessments were in place which identified how risks should be reduced. Staff were able to demonstrate they understood people's individual risks and action needed. Some staff were not clear about their responsibilities in the event of a fire. This was shared with the home manager who took immediate action.

Medicines were safely managed as the administration and recording process was sufficiently robust. Some gaps were identified in recording associated with topical creams, although people told us these items were administered as prescribed.

People were protected from the risk of abuse. Staff had received safeguarding training and understood signs of abuse and how to report any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us they were listened to and in control of their day-to-day routines. If they had any concerns, they were able to report these to staff or to the manager who they spoke positively about.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 14 August 2019.

#### Why we inspected

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

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.

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 changed to requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sun Woodhouse on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

You can see what action we have asked the provider to take at the end of this full report.

#### 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.

### 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 well-led.

Details are in our well-led findings below.

**Good** ●

# Sun Woodhouse 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 1 inspector 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

Sun Woodhouse 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. Sun Woodhouse 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 not a registered manager in post. The home manager was in the process of registering with the Care Quality Commission. We refer to them as 'the manager'.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we received about the service since the last inspection and liaised closely with local authority partners and professionals who worked 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 10 people who lived at the home, the manager, the regional operations manager, the cook and 3 members of care staff. We observed care in communal areas, including the lunchtime experience. We reviewed a range of care records, including 2 care plans, medicine records and 3 staff recruitment files.

#### After the inspection

We reviewed a range of records to understand whether the provider had sufficient oversight of this care home.

# 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. At this inspection the rating has changed 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

- The management of risks to people was not always safe.
- In April 2023, the lift was identified as needing works within 1 month. At the time we inspected, this work had not been carried out. Following our inspection, the provider submitted evidence to show this work was completed in July 2023.
- Risk assessments were in place and kept up-to-date. The manager was knowledgeable about people's care needs and staff also showed a good understanding. Risks around dehydration and weight loss were managed appropriately. A snack and drinks station was in the lounge area.
- Personal emergency evacuation plans were kept in people's care plans. As this information could not be accessed quickly in an emergency, following our inspection, the manager created a single record which summarised people's needs.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to reduce the risk of people being harmed.
- People told us they felt safe living at this service. One person said, "I do feel safe here. Sometimes I have panic attacks and the staff will come and hold my hand, and sit with me until I calm down and make me a cup of tea. They are really good."
- Safeguarding incidents were recorded and reviewed. Appropriate action had been taken in response.
- Staff were able to describe signs of abuse they would be looking for. They knew where to report abuse both within their organisation and to external bodies.

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. Any conditions related to DoLS authorisations were being met.

- People were empowered to be responsible for their own daily routines.
- People said they were in control of their own routines. One person told us, "I go to bed when I want and lock my door and that's me for the night."
- Relevant mental capacity assessments and up to date DoLS authorisations were found to be in place.

#### Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- People told us there were enough staff and they were prompt in attending to their care needs during the day and night time.
- There was a visible staff presence throughout the home. Staff were very attentive in asking people if they were okay and if they needed anything. When people asked for assistance to use the toilet, this was provided quickly. One person told us, "What I like is that there are always staff in the lounge, so they are there if something happens and someone needs help."
- Relevant background checks had been carried out to ensure staff were safely recruited.

#### Using medicines safely

- The management of medicines was found to be safe.
- Some gaps were seen in recording the administration of topical creams. One person said, "I get my tablets twice a day and there hasn't been a problem with that. They also put creams on my legs twice a day especially after I've had a shower." There were no skin integrity concerns at the time we inspected.
- People received their medicines as prescribed from staff who had received training for this and had their competency checked annually.
- Medicines were stored safely in a secure area and temperatures were monitored daily to ensure medicines did not spoil.

#### Preventing and controlling infection

- The home was kept clean and steps were taken to reduce infection control risks.
- People told us, "My room is clean and if I want my bed changed the cleaner will do it" and "They wash my clothes and my room is kept very clean."
- Procedures were in place to minimise the risk of COVID-19 and other infections entering the home and spreading.
- People were encouraged to have visitors and during our inspection we observed relatives coming into the home to see their loved ones.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- The manager was responsive where we saw examples of people needing toothbrushes and toothpaste in their bedrooms. People we spoke with told us they received support with their oral healthcare and supplies were refreshed where needed. The manager told us they would add this to their daily walkaround.

# 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 good. At this inspection the rating has remained 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; Continuous learning and improving care

- Some armchairs we looked at appeared worn. The manager identified this through their audits and told us they already had an order for 40 new armchairs to be delivered to the home.
- The manager demonstrated a good knowledge of people's care needs and risks to them. They were reviewing care plans and could evidence this through audits. They were also carrying out walkarounds in the home to assure themselves about standards of care.
- Reviews of accidents and incidents as well as safeguarding incidents were evident. These looked at lessons learned to reduce the risk of these events happening again.
- Improvements had been made in the quality of care people received. Staff told us the culture and leadership in the home had improved since the new manager started.
- One person told us, "I would recommend this place to someone who needs looking after if there they have no one else. It's comfy enough."

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

- One person had a specific dietary need. We looked at what they were served at lunchtime and found this was different to the homemade fish and chips other people enjoyed. The manager said this shouldn't have happened as the fish should have been prepared differently and dealt with this appropriately following our inspection.
- Staff told us the manager provided effective and supportive leadership, noting they could approach them at any time with any issues. We observed warm and genuine interaction between staff and people in the home
- The manager told us a person had sadly died before our inspection. They were passionate about ensuring this person received dignified care following their death, whilst also recognising their own emotional needs and those of the staff team. They provided considerate and sensitive support to a relative.
- People were familiar with the manager. One person told us, "I think she has always thought a lot of me. I don't know why, but she has been very helpful and she makes sure I get all I need."

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

- People were engaged and involved in the care provided.
- In the morning, an activities coordinator held a reminiscence activity involving people who were asked

about previous jobs and life experiences, which we saw they were engaged with. Some people had their nails done and later people were involved in arts and crafts outside.

- People told us staff assisted them to retain their independent living skills. One person said, "I can clean my own teeth. They (staff) bring me a little bowl with water in and I do it, but if I can't they help me."
- People said they didn't have 'resident' meetings or satisfaction surveys. However, they were clear they were able to raise issues with staff and the manager whenever needed and they were satisfied with the responses they received.

Working in partnership with others

- The manager was working with external partners in the local community. On the day of our inspection, an external healthcare partner was visiting to check people's eyesight.
- The manager arranged for volunteers to visit the home shortly after our inspection to do some work to clear a garden space which people could then enjoy.
- One person told us, "They have a chat with me a lot and the manager is helping me with a meeting (with an external partner)."

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

- Throughout our inspection the manager was open and honest with us about the circumstances they met when they started working at this service.
- Notifications which legally need to be made to the Care Quality Commission in response to specific events had been submitted as and when needed.