

Leicestershire County Care Limited

Woodmarket House

Inspection report

Woodmarket
Lutterworth
Leicestershire
LE17 4BZ

Tel: 01455552678

Date of inspection visit:
11 August 2020

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23 October 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Woodmarket House is a residential care home providing personal care. It is registered to support up to 42 people. At the time of inspection there were 24 people using the service.

Accommodation is provided on the ground and first floor with communal facilities.

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

The home had not fulfilled its actions in regards to its environment and maintenance schedule. An action plan remained in place but there were no clear timescales for when all works would be completed.

The registered manager had continued to take steps to improve the service and ensured people received safe care.

There were systems and processes in place to identify, record and investigate incidents. This included falls management and the home had seen a noticeable decrease in falls.

The registered manager reviewed all incidents, worked with partner agencies and implemented preventative measures to keep people safe.

A new dependency tool had been introduced and staffing numbers were consistent.

The home was clean and followed infection control protocols.

People received their medicines safely as prescribed. Medicine practices were safe.

Staff understood their responsibilities to protect people from abuse and avoidable harm.

Rating at last inspection

The last rating for this service was requires improvement (report published 19 March 2020).

Why we inspected

This inspection was undertaken to follow up risks we identified at the last two inspections at Woodmarket House and action we told the provider to take. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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

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 safe

Good 

Is the service well-led?

The service was not always safe

Requires Improvement 

Woodmarket House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Woodmarket House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the provider 5 minutes notice because we needed to check the current COVID 19 status for people and staff in the service.

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

During the inspection

We spoke with three care staff, the registered manager, provider and three relatives of people who use the service. We reviewed a range of records including four care records, medicine administration records, two staff recruitment files and training matrix. We also looked at a variety of records relating to the management of the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to safeguard people from abuse. Staff were able to explain their role in safeguarding vulnerable adults and could tell us what they would do in the event of any concerns. They also understood when and how to whistle blow.
- There was a robust safeguarding policy in place that sets out actions to take in the event of a safeguarding concern. We saw that the registered manager had raised safeguarding alerts appropriately.

Assessing risk, safety monitoring and management

- Risk assessments were contained within care plans. These covered a wide range of areas such as managing falls, manual handling and positive behaviour.
- There was guidance in place for risks to be managed however improvements were identified by the registered manager. For example, staff were advised how to proactively support people with distressed behaviours. Their known triggers, key trigger times and early warning signs were assessed. Staff were given guidance on how to respond and knew what strategies were in place for times of crisis. Post crisis recovery and actions were recorded. The registered manager was in the process of developing systems to analyse when distressed behaviour occurred. As this exercise had not been fully completed the impact on people could not be fully assessed, therefore full preventative measures could not be put in place.
- Risk assessments were up to date and available to relevant staff. There had been a noticeable decrease in falls with a 50 percent reduction in the last 3 months.
- Essential services, such as gas, electricity and fire safety systems had been maintained and checked on a regular basis.

Staffing and recruitment

- Staff were recruited safely. The provider had carried out background checks and Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.
- The home had introduced a new dependency tool that showed the home had sufficient staff in place to meet people's needs.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- There were safe arrangements in place to receive, store and dispose of medicines.

Preventing and controlling infection

- As part of this inspection we looked at the infection control and prevention measures in place. This was

conducted as part of our Thematic Review of infection control and prevention in care homes. It was evidenced the home were meeting current guidelines relating to COVID 19.

- Staff had access to, and were seen to use, protective clothing such as aprons, gloves and masks.
- It was evidenced from training records and staff confirming they had received infection control and COVID 19 specific training.
- There was an infection control audit tool completed monthly by the registered manager.

Learning lessons when things go wrong

- The registered manager kept records of incidents and was able to show us actions taken and learning shared with staff. An example of this, was when people had a fall. The incident was analysed, actions taken and preventative measures put in place was recorded. This was shared with staff through staff meetings.

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 requires improvement. At this inspection this key question 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

- It was identified in our last comprehensive inspection on 23 September 2019 that environmental improvements needed to be made. A focused inspection took place on 06 February 2020 to see if our concerns had been addressed. Unfortunately, environmental issues still remained with no clear timescales when improvements would take place. During this inspection the home had redecorated the upstairs of the premises. However, it has not fulfilled its action plan and maintenance issues still require immediate attention this included replacing window frames and scuffed doors.
- The registered manager undertook audits in a key number of areas including medicines, the environment and hygiene. There were systems in place to prompt supervision, training, competency checks and monitoring falls.
- Staff were clear about their role and told us they were supported to do it.
- The registered manager had made notifications to CQC and the local authority as required to do so.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves 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 service was providing person centred care to people and this was evident from care records.
- People told us the service was provided in the way they wanted.
- The registered manager was open and transparent throughout the inspection.

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

- The service were in the process of conducting quality assurance questionnaires so that areas of improvement could be identified.
- People and their relatives were involved in the setting up of their care.
- Staff team meetings took place and staff told us and it was evidenced they could give their views on how best to meet people's needs.
- The home worked closely with GP's, and other healthcare professionals, to ensure people's needs were met.
- The registered manager was in the process of accessing the local integrated healthcare software 'System

One' that would improve commutation between the home and fellow healthcare professionals.

Continuous learning and improving care

- The manager was supported by a deputy manager and team leaders. Each had recognised responsibilities and there were clear lines of accountability.
- Quality assurance processes, such as audits and resident and staff meetings, ensured the registered manager and provider had the information they required to monitor staff performance as well as the safety of care provided.