

Miss Satwant Chahal

Woodthorne Care Home

Inspection report

12 Thompson Street
The Manor
Willenhall
West Midlands
WV13 1SY

Tel: 01902606365

Date of inspection visit:
29 June 2021

Date of publication:
09 August 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Woodthorne Care Home is a residential care home providing personal and nursing care to 14 people aged 65 and over at the time of the inspection. The service can support up to 21 people.

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

Although there were systems in place to monitor the quality of care provided, further work was required to ensure that the systems recorded actions taken in response to the audit findings. Further work was also required to ensure that care plans held all of the information needed to ensure staff supported people consistently.

People were supported by staff who knew how to report any concerns of abuse. Staff knew the individual risks posed to people and how to manage these to keep people safe. There were enough staff available to support people and medicines were given to people in a safe way. There were systems in place to prevent the spread of Covid-19.

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 good (published 19 February 2020).

Why we inspected

We received concerns in relation to record keeping and the opening of a day centre within the home. 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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodthorne Care Home 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 safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Woodthorne 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 Care Act 2014.

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

The inspection was completed by one inspector.

Service and service type

Woodthorne Care Home 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.

Notice of inspection

This inspection was unannounced.

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. 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.

During the inspection-

We spoke with three people who used the service and two relatives about their experience of the care provided. We also spoke with a visiting health professional. We spoke with two members of staff, the deputy manager and the provider. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rota's and safety certificates for the building. We spoke with two relatives on the telephone.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the different types of abuse and the actions they should take to keep people safe. One staff member explained, "I would report any concerns to [provider] or [deputy manager]. They would act on it."
- Although no safeguarding concerns had been raised by the provider, they demonstrated that they understood their role in safeguarding people from the risk of abuse.

Assessing risk, safety monitoring and management

- People told us staff knew them well and kept them safe. One person told us, "If it had not have been for the [staff] here, I don't know where I would be. They are brilliant."
- Risk assessments were in place that identified risks to people's safety. However, further information was required in these to ensure staff supported people in a consistent way. For example, although assessments indicated people's fluid intake should be monitored, there was no information on how much fluid each person should have per day. Although records required further information, staff we spoke with knew people well and could explain the signs and symptoms of ill health associated with poor fluid intake.
- Some people were at risk of ill health because of their continence needs. Staff could explain the signs and symptoms that people were becoming unwell and the action they would take in response to this.

Staffing and recruitment

- People and their relatives told us there were enough staff available to support them. One person said, "There is always someone here. I am never on my own."
- Staff spoken with told us they felt there were enough staff available to care for people. Staff explained they got time to spend with people in addition to supporting with care tasks and they did not feel rushed in their work.
- We saw people's needs were being met in a timely way. Where people required support, staff were available to do this promptly. Staff within communal areas were seen to be spending time with people, singing, dancing and chatting.

Using medicines safely

- Staff supported people to take their medicines safely. The staff member responsible for giving medicines was seen informing the person it was time for their medicines, and then stayed with them while they took this.
- Medication administration records (MARs) showed people had been given their medicine as prescribed. Where people had medicine on an 'as and when required' basis, there were guidelines in place informing

staff on when to give this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Where accidents and incidents occurred, a record had been kept of the nature of the incident and the actions taken to prevent reoccurrence. These records had been reviewed by managers on a monthly basis to ensure lessons learnt were actioned where needed.

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.

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

- Prior to the inspection, we received information from the provider about their intention to establish a day centre within the communal areas of the home. We discussed these plans with the provider and checked that the risks associated with COVID-19 had been considered when allowing people from the community to access the home. The provider gave assurances they would share a risk assessment with CQC around this. We will continue to liaise with the provider about their plans and how they will ensure that people living at Woodthorne Care Home are safe.
- People and their relatives spoke positively about the impact living at the service had on them. One relative told us, "There has been no negatives from [person] being at Woodthorne. They [staff] have been a lifesaver for them." Others told us about the management at the service and said they felt the service was well led. One person said, "You would find it hard to find someone better to do the job than [provider]. She's a nice lady and good at her job."
- Staff told us they felt supported in their role and had access to manager support when needed. Staff received regular supervisions with managers to discuss their role and gain additional support where required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor the quality of the service provided. However, further work was required to ensure that these were effective in identifying shortfalls and that action is taken in response to any findings.
- Where audits had identified areas for improvement, it was not always recorded what action had been taken in response to these findings. This meant it was not clear how the audits had been used to drive improvements at the service. We discussed this with the provider who advised that action plans would be included within future audits to show what action had been taken and by whom.
- Some audits had been ineffective in identifying areas for improvement within care plans. Some care plans did not provide detailed information to staff on how they should support people with identified risks to safety. Although staff knew this information, records required updating to ensure they included all of the relevant information to keep people safe. This had not been identified as part of care plan audits.

Continuous learning and improving care / Working in partnership with others

- We received feedback prior to the inspection the provider had not acted on recommendations made by external agencies to drive improvements at the service. This related to the level of detail in records completed by staff about the care provided. We spoke with the provider about this who disputed that the recommendations were required within the home. The provider acknowledged they had not acted on some of the recommendations made and planned to liaise with the external agency about this.
- The provider told us how they had sought support from a local Dementia Café group to make suggestions on how the service could be improved. The report from the group was positive and had resulted in the provider sourcing additional training from the group for the staff team.

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 understood the requirement to be open and honest with people when something goes wrong. Where incidents had occurred, these had been shared with the relevant external agencies.

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

- People and their relatives told us they were given opportunity to feedback on their experience of care. One relative told us, "Yes they do ask for feedback formally, but I do speak to [provider] a lot anyway. Anything I suggest, they follow up and have acted on it."