

Hexon Limited

Woodlands Nursing Home

Inspection report

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North Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Woodlands Nursing Home is a residential care home for up to 34 people who require nursing or personal care. Some people who used the service were living with a dementia type illness. There were 16 people using the service at the time of our inspection.

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

Audits did not always identify the issues we found on inspection and needed to become embedded in the service. We identified gaps and omissions in staff training, records and processes. We have made a recommendation about staff training.

The provider was actively recruiting for staff and had implemented safe and appropriate recruitment processes, including suitable pre-employment checks. People's medicines were managed safely although some improvements were needed for 'when required' medicines, variable dose medicines, and patches. People's care plans and risk assessments had been reviewed and were up to date. Infection control procedures had improved and were now robust and in line with guidance.

We were told that the management team was helpful and approachable. Staff and relatives told us the atmosphere in the home was positive. The management team was open and honest and committed to resolving the issues we found as soon as possible. Lessons were learnt and shared with the team. Improvements had been made following our previous inspection. Communication was good and people were encouraged to give feedback. People were referred to healthcare professionals when appropriate.

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 inadequate (published 25 October 2021 and supplementary report published 4 December 2021) and there were multiple breaches of regulation. At this inspection we found some improvements had been made. However, not enough improvement had been made and the provider was still in breach of regulation.

This service has been in Special Measures since 25 October 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

The inspection was prompted in part due to concerns received about people's safety. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns, although

we did identify a continued breach in relation to good governance. Please see the well-led section of this report.

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

We also used this inspection to follow up on action we told the provider to take at the last inspection. We checked to see whether the Warning Notice we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

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 changed from inadequate to requires improvement. This is based on the findings at this inspection.

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.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continued breach in respect of good governance 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 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Woodlands Nursing 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 carried out by two inspectors and a medicines inspector.

Service and service type

Woodlands Nursing 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.

The service had a manager who was in the process of becoming registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

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 other professionals who work with the service. We used all this information to plan our inspection. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the general manager, the manager, the deputy manager, one nurse, two carers and the chef.

We reviewed a range of records. This included six 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, audits and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits 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 inadequate. At this inspection this key question has now improved 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.

Staffing and recruitment

At our previous inspection, recruitment procedures and checks for agency staff were not robust. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment processes had improved. The provider carried out appropriate pre-employment checks. The provider had ensured that all checks of the Disclosure Barring Service (DBS) were in place.
- The provider was actively recruiting for staff. The use of agency staff had decreased. When agency staff were used, appropriate checks to ensure their suitability were in place.
- There were significant gaps in staff training across several areas including oral health, bed rails, pressure area care, catheter care, equality and diversity, falls prevention and GDPR. We found no detriment to people's wellbeing as a result of these omissions. However, these areas were mandatory or core areas relevant to the needs of people supported by the service.

We recommend the provider reviews staff training, the training policy and training audits.

- The provider explained that their registered nurses also provided practical 'on the job' training to care staff, although this was not formally recorded.
- The provider immediately ensured staff completed additional training following our feedback. The provider sent us weekly updates which showed significant improvements in staff training.

Using medicines safely

At our previous inspection, medicines were not administered or managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely, although some improvements were still needed.
- Where medicines were prescribed as 'when required', or with a variable dose, guidance was not always in place, or consistent, as to how these medicines should be used. The provider told us more robust records would be implemented immediately.
- Systems were not in place to effectively monitor the application and use of pain relief patches. The provider told us they had implemented a new system after the inspection.
- The management team carried out medicines related audits. These should include an audit of the new systems in place to ensure they become embedded in practice.
- Medicines were stored safely. The systems in place to manage controlled drugs had improved since the last inspection and they were now managed appropriately. The provider had a comprehensive medicine policy in place.

Assessing risk, safety monitoring and management

At our previous inspection, the provider had failed to ensure risks to people's health and safety had been assessed and done all that was practical to mitigate those risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Care plans and risk assessments had improved. Care plans had been reviewed and were up to date. They contained person-centred information.
- There were some minor inconsistencies in the care plans, for example around people's capacity to consent to particular decisions. The provider told us the care plans were under constant review.
- There was clear guidance for staff around people's medical conditions, the impact of those conditions on the individual, and the risks of those conditions were fully assessed. One relative told us, "They are very proactive in looking at [person's] needs. They are straight onto the GP if anything changes and they do what is in [person's] best interests."
- The provider had introduced comprehensive guidance for staff around people's nutritional needs, and they catered for people's individual preferences to encourage a good dietary intake.

Preventing and controlling infection

At our previous inspection, systems and processes were not effective to prevent the control and spread of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Infection control procedures had improved and were now robust and in line with guidance.
- The provider was preventing visitors from catching and spreading infections. Visitors to the service were appropriately screened for COVID-19. The service was allowing visits to take place in line with national guidance.
- The provider was using PPE effectively and safely. Staff were wearing appropriate PPE, and this was readily accessible throughout the service.
- The provider's infection prevention and control policy was up to date. The service was clean and tidy.

Areas of the service had been deep cleaned following our previous inspection.

Systems and processes to safeguard people from the risk of abuse

- The systems and processes in place at the time of this inspection helped to protect people from the risk of abuse.
- Staff understood their safeguarding responsibilities and knew what to do if they had any concerns. One staff member told us, "If I had any concerns, I would report them to the home and if I wasn't satisfied, I'd go online and report them to the local safeguarding team."
- People told us they were happy and they liked the care workers. Relatives spoke positively about the quality of care. Comments included, "[Person] is extremely safe and well looked after", "Without a doubt [person] is safe, the care is excellent" and "The standard of care is very good; they listen."

Learning lessons when things go wrong

- Good improvements had been made since our previous inspection. The provider was open to our feedback and implemented positive changes in response.
- The provider responded immediately to the issues we raised during this inspection. The provider communicated lessons learnt to staff during meetings to support ongoing development.

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 inadequate. At this inspection this key question has now improved to requires improvement. 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

At our previous inspection, systems were either not in place or robust enough to demonstrate risks to people's physical health were effectively monitored. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made, not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The provider had not identified the risk posed to people's safety due to omissions and gaps in staff training. The provider assured us they would review training immediately.
- Audits had improved, were carried out regularly, and contained more detail than at our previous inspection. However, these audits needed time to become embedded in the service, and the audits had not identified some of the issues we found on inspection.

This failure to identify risk evidenced a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The manager had an open-door policy and was approachable. Staff comments included, "All the managers are helpful and they listen to you" and "If there are any problems the manager will get it sorted there and then."
- Staff and relatives told us the atmosphere in the home was positive. One staff member told us, "The atmosphere is lighter, staff morale is improving, we are a team and it is falling into place." One relative told us, "It doesn't feel like a care home, it is very homely. Everyone is so friendly, and people feel at home; I am more than delighted."

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; continuous learning and improving care

- We found the management team to be open and honest during the inspection process. They were

receptive to our feedback and were keen to resolve the issues we found as soon as possible.

- The provider acknowledged when things went wrong. Lessons learnt were considered, shared and acted upon.
- The provider had taken on board our feedback from our previous inspection and made improvements. The provider had ongoing action plans in place to ensure continuous improvement.

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

- Communication with people, relatives, staff and professionals was good. Comments from relatives included, "[The deputy manager] is amazing, always on the end of the phone or an email, and will always speak to me straight away" and "Communication is good. We ring them or they ring us and there's never any rush to get you off the phone."
- The management team held meetings with relatives, people and staff. Feedback was encouraged at these meetings and acted upon.
- Staff had received supervisions and appraisals and were given opportunities to discuss any concerns.
- Staff made appropriate and timely referrals to healthcare professionals. One relative told us, "The local doctor comes out and sees [person] when they need to. Staff ring first thing in the morning and the doctor comes the same day." Advice from professionals was clearly recorded and easily accessible to staff.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17(1), (2)(a), (b) and (f) Systems and processes to identify risk were not always robust.