

Woodheath Care Limited

Woodheath Care Home

Inspection report

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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

Woodheath Care Home is registered to provide accommodation and nursing care for up to 61 people. There were 59 people living there at the time of the inspection, some of whom were living with dementia.

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

We made a recommendation about the management of medicines. The stock balances of medicines we checked did not all correspond with the balances recorded and records showed the temperature of one area where medicines were stored, had not been checked daily as required. However, medicines were administered by staff who had undertaken training and had their competency assessed.

Infection prevention and control policies and procedures were in place to help reduce the risk of infections, including COVID-19. The home was clean and cleaning schedules were being further developed to help minimise any risk of infections being spread. Personal Protective Equipment was available to all staff and visitors and we observed this to be worn appropriately. Staff told us they completed COVID-19 tests regularly, but the system in place to oversee this was not robust.

There were systems in place to monitor the quality and safety of the service and these were completed regularly but could be developed further to ensure they identified any areas of potential improvement. The registered manager was already aware of most areas that required improvement and was implementing measures to address these areas.

People told us they received safe care at Woodheath. Staff were aware of safeguarding and knew how to report any concerns they had. Most risks to people and the building had been assessed to maintain safety. Although staff had completed relevant training as part of their induction, not all staff were up to date with training courses considered mandatory for staff to have the knowledge and skills to support people safely.

Accidents and incidents were managed safely. Records showed that appropriate actions were taken following any accidents

There were enough staff available to meet people's needs in a timely way. Safe recruitment procedures had been followed to help ensure staff were suitable to work in social care.

People's friends and family were encouraged to visit the home safely in line with government guidance. Relatives told us they were always kept informed of any changes involving their family members and had been kept updated throughout the pandemic when they were unable to visit the home.

There were systems in place to gather feedback from people, such as regular meeting and surveys. This enabled people living in the home, their relatives and staff, to share their views of the service. Feedback regarding the care provided and the management of the service was positive. Staff told us they enjoyed their

jobs and felt well supported by the management team.

The registered manager liaised with other health and social care professionals when required, to help ensure people's needs were met. They were aware of the responsibilities of their role and took timely action to address issues highlighted during this inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 2 April 2020).

Why we inspected

We received concerns in relation to infection prevention and control procedures within the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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 remained the same at this inspection.

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

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 ●

Woodheath 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

The inspection was conducted by an inspector.

Service and service type

Woodheath 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. Woodheath Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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, including feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy manager, unit manager and four other members of the staff team. We also spoke with three people that lived in the home and two relatives about their experience of the care provided.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to safe recruitment. A variety of records relating to the management of the service, including audits were also 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 good. The rating for this key question 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.

Using medicines safely

- Systems in place to ensure medicines were managed safely were not always effective.
- Stock balances of medicines we checked did not all correspond with the stock balances recorded. This meant we could not be assured that medicines had been administered as prescribed.
- Records showed the temperature of one area where medicines were stored, had not been checked daily as required and not all bottled medicines had been dated when opened in line with best practice.

We recommend the provider reviews and updates its practices to ensure all records regarding the management of medicines are robustly maintained.

- There was sufficient information available to staff to ensure people who were prescribed medicines as and when required (PRN), received them when needed.
- Medicines were administered by staff who had undertaken training and had their competency assessed.
- There was guidance in place for people who received their medicines covertly (hidden in food or drink), to ensure they received them safely. However, care plans could be more detailed to reflect how best to administer these medicines based on people's individual needs. This was actioned straight away by the registered manager.
- People's allergies were clearly recorded, and homely remedy agreements were in place. Homely remedies are a stock of medicines that would commonly be available in a household to treat minor ailments.

Preventing and controlling infection

- Infection prevention control policies and procedures (IPC) in place to help reduce the risk of infections, including COVID-19, could be further developed.
- The home appeared clean and was well maintained. Cleaning schedules were in place to minimise any risk of infections being spread. There were some gaps in the recording of cleaning. Frequently touched areas were not reflected. However, these records were in the process of being further developed following the recruitment of a Head Housekeeper who had implemented new templates for recording cleaning tasks completed.
- Systems were in place for staff COVID-19 testing in line with current government guidance and staff told us they completed tests regularly. However, there was no system in place to oversee the testing and ensure all staff adhered to current guidance.
- People told us their home was kept clean and a relative told us, "[Relative] has never caught covid in the home. The home is clean."

- Personal Protective Equipment (PPE) was available to all staff and visitors and we observed this to be worn appropriately.

Visiting in care homes

- People's friends and family were encouraged to visit the home safely in line with government guidance.

Assessing risk, safety monitoring and management

- Most risks to people had been assessed and were managed appropriately.
- People's individual risks had been assessed. Measures to reduce the risks were identified in their care plans. For example, pressure relieving equipment was in place for a person at high risk of developing pressure wounds and safety checks to reduce the risk for one person who smoked.
- Although staff had completed relevant training as part of their induction, not all staff were up to date with training courses considered mandatory for staff to have the knowledge and skills to support people safely. For instance, only 70% staff had recently completed infection control training and 68% of staff had completed health and safety training within the providers timescales for refresher courses.
- Care plans were in place to advise staff how best to meet people's health needs. For instance, one person's file included information regarding their diabetes and the support they needed to manage this safely. However, one person did not have a plan in place regarding possible seizures, but this was provided after the inspection.
- Regular internal and external checks were made on the building and equipment to help ensure people's safety.
- Personal emergency evacuation plans (PEEPs) were in place for each person and they provided staff with information regarding the support people needed in the event of an emergency.

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 usually worked 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.
- Mental capacity assessments were completed when there were concerns about people's capacity to consent to their care and treatment, prior to DoLS applications being made. However, records for one person did not include a mental capacity assessment regarding their understanding of refusing medicines. The registered manager ensured this was completed during the inspection.
- A tracker was in place to monitor all DoLS applications made and authorisations granted for people.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were reported appropriately.
- A safeguarding policy was in place to inform staff practice and staff were aware how to report any concerns they had.
- People and their relatives told us the home was safe. Comments included, "[Relative] is definitely being well looked after. It was a real good stroke of luck getting her there" and "I have peace of mind now."

Staffing and recruitment

- There were sufficient numbers of safely recruited staff employed to support people.
- Relevant checks had been made to ensure staff were suitable to work in social care. This included a Disclosure and Barring Service (DBS) check, which provides information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions.
- There were enough staff on duty during the inspection to meet people's needs and keep them safe, and rotas showed these numbers were regularly maintained.
- People told us, "There is usually enough staff, but it does vary. They say "give me a minute or two" when I press the buzzer and they do come back in a minute or two" and "Every single member of staff has had time for me and I know they are there if I need them."
- Staff told us there were usually enough staff on duty and agency staff were utilised when needed. One staff member said, "We have suffered in the past due to covid, but currently we are ok; fully staffed" and "People don't have to wait long."

Learning lessons when things go wrong

- Accidents and incidents were managed safely. Records showed that appropriate actions were taken following any accidents, such as seeking medical advice and regular observations.
- Accidents and incidents were reviewed each month to look for any potential trends and help prevent recurrence.

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 the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- There were systems in place to monitor the quality and safety of the service.
- A range of audits were completed regularly. They covered all areas of the service but could be developed further to ensure they identified areas of potential improvement, such as those we highlighted regarding the recording of medicines.
- The registered manager had identified areas for improvement and was working on addressing them prior to this inspection. They included improved cleaning schedules, oversight of staff training and the implementation of daily walkaround checks to address recent issues identified by the local IPC team.

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

- The culture of the service helped ensure good outcomes for people.
- Feedback from people and their relatives regarding the care provided and the management of the service was positive. Their comments included, "The home is absolutely superb. I am lost in admiration for the skills the staff have that are supporting [relative]," "Care staff are very friendly and caring" and "I love it here. Everybody is very nice, very caring."
- Staff told us they enjoyed their jobs and felt well supported by the management team. Their comments included, "I love it here, it is my escape from home" and "We have a good team, residents are like family and there is good management."
- Staff said they would recommend the home and would be happy for their family members to live there.
- Measures had been taken during the COVID -19 pandemic to facilitate people having contact with their friends and family.

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

- Records showed that accidents and incidents were reviewed and acted upon to ensure the service acted in a transparent way.
- Relatives told us they were always kept informed of any changes involving their family members.
- Staff told us that they would not hesitate to inform the manager of any issues or concerns they had and were confident they would be dealt with appropriately. Staff were aware of the providers whistleblowing procedure.

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

- The registered manager was aware of the responsibilities of their role.
- A range of policies were in place to guide staff in their practice.
- The Commission had been informed of all incidents the provider is required by law to notify us of.
- The current rating of the service was displayed as required.

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

- The management team liaised with other health and social care professionals to help ensure people's needs were met.
- There were systems in place to gather feedback from people regarding the service. Regular meetings took place with people to gain their views about the service they received. Records showed that action was taken when people had made suggestions or requests.
- Staff meetings took place regularly and staff told us they were able to share their views and that the registered managers door was always open if they had to raise any issues.
- Referrals were made for people to relevant professionals when required for specialist advice and support.