

Dr & Mrs M Crooks

The Woodlands

Inspection report

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Date of inspection visit:
07 January 2020

Date of publication:
29 January 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Woodlands is a residential care home providing personal care for up to 19 older people. Some of these people are living with dementia. At the time of the inspection, 14 people were living at the service.

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

Since our last inspection, improvements had been made to the management of risks related to people's health. Risks relating to hydration, nutrition and constipation were now managed safely. However, we identified other risks in relation to moving and handling.

Improvements had also been made to the safe management of medicines. However, further improvements were required to ensure medicines were managed safely.

Improvements had been made to risks in the environment and window restrictors now met Health and Safety Executive standards. However, we identified other areas of potential risk which we discussed with the manager. Action was taken to mitigate these risks during our inspection.

People told us they felt safe. The registered manager and staff understood their safeguarding responsibilities to protect people from avoidable harm. Staff received training in safeguarding and felt confident to raise safeguarding concerns if required.

The provider's recruitment processes did not always ensure staff were suitable for their roles in line with the requirements for employers in health and social care. There were enough staff to meet people's needs but throughout the day where people were left without sufficient observation.

People were not always encouraged or motivated to take part in activities to enhance their social and emotional wellbeing.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however the policies and systems in the service did not always support this practice.

Staff understood their responsibility to report accidents and incidents. These accidents and incidents were reviewed, and action was taken to reduce the risk of re-occurrence. Where necessary, referrals had been made to other healthcare professionals to ensure people remained well.

The provider had systems and processes in place for checking the safety and quality of the service. However, these had not always been effective. Since our last inspection, the registered manager had responded well and made sure any identified risks were being managed safely.

The registered manager understood their regulatory responsibilities and had provided us (CQC) with statutory notifications about important notifiable events and incidents that occurred in the service.

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 requires improvement (published on 11 December 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We completed a responsive inspection at The Woodlands in November 2019 as we had received concerns about the management of risks related to people's health. We only looked at the areas of 'safe' and 'well led' as we wanted to be sure people were safe.

This was a planned comprehensive inspection to look at all areas of care delivery, based on the previous rating.

Enforcement

At this inspection we found some improvements had been made and the provider was no longer in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, enough improvement had not been made and the provider was still in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 for 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 effective?

The service was not always effective.

Details are in our well-Led findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our well-Led findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our well-Led 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 ●

The Woodlands

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.

Inspection team

The inspection was carried out by two inspectors

Service and service type

The Woodlands 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 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 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. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 three people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, two senior care workers, a care worker, the chef and a visiting health care professional. We also spoke to the provider who owned the business and completed observations.

We reviewed a range of records. This included three people's care records and four medication records. We also looked at a staff recruitment file and a variety of records relating to the management of the service.

After the inspection

We spoke to one other healthcare professional and continued to seek clarification from the provider to validate evidence found.

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 remained the same. 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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Improvements had been made and risks related to malnutrition, dehydration and constipation were now being managed through effective monitoring systems.
- However, we identified other risks in relation to mobility and skin breakdown which were not always being managed safely. One person was sitting on a sling for prolonged periods of time during our visit. This sling had not been assessed as being appropriate for this person. The registered manager told us staff had concerns about their prescribed sling, but had not referred this back to the occupational therapist for further assessment. We found no evidence the person had been harmed, but systems were not robust enough to identify this concern.
- At our last inspection we found environmental risks had not always been identified and assessed as window restrictors did not meet the Health and Safety Executives standards for care homes. These had now been replaced, and this risk was being managed safely. However, we found other environmental risks such as toiletries and a prescribed cream had been left unattended in a communal bathroom. The registered manager took immediate action to remove these items and had arranged a meeting to remind staff of safe storage following our inspection.
- Some people chose to have a stairgate on their bedroom door to prevent other people walking in. Whilst we were assured these people were happy with this, records did not always show this had been agreed or risk assessed.
- Where risks to people's health had been identified, care records contained guidance for staff on how to mitigate these known risks.

Using medicines safely

- At our last inspection people did not always receive their medicines as prescribed. Improvements had been made and overall, records now showed people received their medicines as per their individual prescriptions. However, we found one example where we could not be assured a person had received their liquid medication as prescribed. We discussed this with the registered manager who assured us this would

be investigated immediately and felt this was a records issue.

- Medicines were not always stored safely. On two occasions during our visit we found the medication room door open and the medication trolley keys had been left unattended in the medication trolley. Some people were also prescribed topical creams and we found these were not always stored in-line with best practice guidelines. For example, a date of opening had not been recorded, which is required as some medicines are subject to environmental contamination and have a shorter expiry date once opened. We discussed this with the registered manager who immediately arranged a meeting with the senior carers to remind them about safe storage of medicines.
- Where people were prescribed medicines to take 'as and when required' (PRN), more detailed information was required to guide staff on when to administer them to ensure they were being given consistently.
- Other medicines practices such as the application of patched and controlled medicines were managed safely.

Staffing and recruitment

- At our last inspection we found the provider's recruitment process did not always ensure staff were suitable for their roles in line with the requirements for employers in health and social care. We found two examples where staff did not have suitable criminal record checks completed before they started working with people. Applications for the checks had now been made but these had not yet been received. Risk assessments had been implemented but these lacked detail and did not explain how the provider had mitigated the risk of staff working without a suitable criminal record check. The registered manager confirmed these staff worked under supervision and their risk assessment would be updated to reflect this.
- We continued to receive mixed feedback about whether there were enough staff. Although records demonstrated there were enough staff to keep people safe, we observed various periods throughout the day where people were left without sufficient observation. For example, during one 20 minute period, half of the people living at the service were in the lounge without a member of staff present. During this time one person took items from another person which caused them distress. This person then used their walking frame to push against the chair and table of another person causing their drink to spill which also caused distress. This was a difficult situation and was resolved by a relative encouraging the person to sit down. The provider and registered manager agreed to review the deployment of staff to ensure sufficient observation was maintained.
- Despite this, where people were cared for in bed, call bells were answered promptly and we did not see anyone who has to wait for assistance when this was requested.
- A 24 hour on-call system was available for staff to seek emergency advice where necessary.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse and told us they felt safe. One person told us, "I feel very safe here. I have never felt frightened."
- Staff continued to understand their responsibilities to protect people from the risk of abuse and were confident any concerns would be investigated straight away. One staff told us, "It is our job to keep people safe. It is important we notice any little changes, like a person could be withdrawn and quiet. If we see anything we go and report it straight away."
- Systems and processes were effective in managing and responding to safeguarding concerns. The registered manager understood their safeguarding responsibilities and had made referrals to the local authority and informed us, (CQC) where necessary.

Preventing and controlling infection

- The home was clean and tidy and there were no unpleasant odours. Cleaning schedules were in place and people told us they were happy with the level of cleanliness in the home. One person said, "It is kept very

clean, the girls are good at that."

Learning lessons when things go wrong

- The registered manager reiterated the importance of creating an open culture when things had gone wrong and staff understood their responsibilities to report accidents and incidents. These accidents and incidents were reviewed, and action was taken to reduce the risk of re-occurrence.
- The registered manager analysed people's accidents and incidents to identify any patterns and trends. In some instances, this analysis had resulted in a review of a person's risk assessment and a referral to another healthcare professional.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last comprehensive inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where a person's capacity was questioned, a mental capacity assessment had been completed but these focussed on people's overall care needs and were not always decision specific. We discussed this with the registered manager who planned to review these following our visit.
- Where people were assessed as lacking capacity to make decisions about their overall care needs and were being deprived of their human rights, appropriate applications had been made to ensure this was being done lawfully. However, one person's authorisation contained conditions which included a regular review of their covert medicines which had not been recorded. We discussed this with the registered manager who confirmed they had requested an urgent review from the pharmacy and GP.
- People told us they were able to make choices about their care. One person told us, "I am one little cog in a wheel, but I do make my own choices. I choose what I wear and staff listen to me if I say this is too small for me."
- Staff received training and understood the importance of working within the principles of the Act. One staff member told us, "I will always ask people. Even though I know some people can't make a choice [because of their condition]. We gauge people's reactions to see what they do and don't like."
- We saw, and people confirmed staff sought their consent before providing care and support. One person said, "They [staff] always say can I help you with this or can I do that. They talk us through things."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences had been assessed before they moved into the home. This ensured the

registered manager could make an informed decision as to whether they could meet each person's specific needs and preferences. This included whether the person was compatible with the people already living at the home.

- Assessments included people's care and support needs and were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about their religious and cultural needs.
- Assessments were used as the foundation of care plans which included details of people's goals and how they preferred their care to be delivered.

Staff support: induction, training, skills and experience

- Staff completed an induction when they started to work at the home. This included working alongside experienced members of staff to understand the specific needs and routines of the people living there.
- Records showed most staff were up to date with the provider's mandatory training. This included important topics such as caring for people with a dementia, safeguarding, mental capacity and moving and handling. A plan was in place to ensure staff completed any outstanding training following our visit. One staff member spoke positively of the training they received and told us "It is very good. They always keep on top of the training, you can't fault them for that."
- We received mixed feedback from staff about whether they felt supported in their roles and whether they had opportunities to discuss their development and training needs. One staff member told us they had regular conversations with their line manager but another told us they had not had a supervision for over a year. The registered manager had plans in place to complete individual staff supervision following our inspection.

Supporting people to eat and drink enough to maintain a balanced diet

- People spoke positively about the food provided. Comments included, "I like the food here", "There is plenty to eat and drink. There is good food here. I like the chef's pastry and we are usually given the option of two meals" and, "It is very nice."
- Improvements had been made and records now showed people were being supported to eat and drink enough. Where a risk related to hydration or nutrition had been identified, care plans now included important information such as how much fluid people should be encouraged to drink. Where people were regularly not reaching these targets, referrals had been made to healthcare professionals for advice.
- Since our last inspection, the provider had met with the dietician about how to encourage people to take in more fluids. Staff were now offering people foods such as jelly to increase fluid intake which had been particularly successful for one person.
- The dining environment was pleasant, and food was well presented. People were shown physical options of the meal choices by the chef to help them choose.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives confirmed arrangements were in place to access healthcare services when needed. One relative told us, "They get [person] the professional help [person] needs. All the usual things like fetching the doctor and dentist."
- Records showed people had access to a range of healthcare services to ensure they remained well.
- Although staff had not received training in supporting people to maintain their oral hygiene, people's oral hygiene needs had been assessed, and care plans clearly detailed the support people required and contained best practice guidelines.

Adapting service, design, decoration to meet people's needs

- The home was set over three levels with bedrooms on the ground and first floor. People had their own rooms, which they could personalise to their individual tastes.
- Although the decoration of the home was tired, people had space to socialise with others. People had access to a large garden and seating area where they could enjoy the benefits of being outside.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last comprehensive inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- Staff demonstrated a caring approach when they interacted with people. However, we saw regular missed opportunities for staff to engage with people. People spent prolonged periods of time without staff interaction.
- Care plans contained information about how to encourage people to make decisions about their care. However, this wasn't always promoted in staff interactions. For example, one person wasn't asked if they wanted to join other people in the dining room to eat their lunch and another person wanted to remain seated in one place but was told to move to another.
- Despite this, people told us they were able to make choices. One person told us, "I can choose how I spend my time, what I want to eat."

Ensuring people are well treated and supported; respecting equality and diversity

- People, relatives and staff emphasised the family orientated atmosphere in the home. Comments included, "It is just very homely. We are like one big family" and "The whole atmosphere of the place. It is very good. It is like a home."
- People and their relatives provided positive feedback about their care. Comments included, "Overall they look after [person] really well. I can't fault them", "Staff are very nice. Very good. If you need anything they will help you" and, "The main thing is the staff are very nice. They treat me very well."
- The provider recognised people's diversity and had a policy in place which highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. The registered manager told us, "It is important that we follow what they were doing before to ensure they have a sense of well-being."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of and promoted people's privacy and dignity. One staff member told us, "We treat people how we would want to be treated. We do personal care in people's rooms with the doors and curtains closed for example."
- Care plans recorded how staff should promote people's independence, but this was not always seen in staff practices. For example, people were not supported to continue to take part in household tasks such as folding their clothes or preparing drinks and snacks.
- People's personal information was stored securely on a password protected electronic system which only staff had access to which decreased the chance of others seeing other people's confidential information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last comprehensive inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a lack of social and emotional stimulation in the home and we saw people who lived with dementia sitting with a lack of meaningful engagement and objects to occupy their minds to help reduce anxiety.
- People told us there was not much for them to do. Comments included, "I spend a lot of time on my own, but I also go down and socialise with other people but there isn't much to do" and, "There isn't much going on really but I try to entertain myself."
- One person told us how they had used to play the piano and how they would love the opportunity to play again. There was a piano in the home but a piece of furniture had been placed in front of it, so people could not spontaneously enjoy this previous interest.
- There was no permanent dedicated staff member who was responsible for planning and supporting people with activities. We discussed this with the registered manager who told us they had outsourced an activities co-ordinator who usually worked two days a week at the home but had not worked over the Christmas period. The provider confirmed they were actively recruiting for another person to take on this role full time to make the required improvements.
- Staff supported people to maintain relationships with people who were important to them. Relatives told us they were able to visit when they wanted and were made to feel welcome.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were reviewed regularly to ensure records were up to date and they contained information about people's preferences, choice and current needs.
- People were supported by a consistent staff team who knew people well. However, people did not always receive personalised care as there was a lack of engagement with people outside of their care tasks. One person told us, "The staff are busy so don't have much time to sit and chat with us."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood their responsibility to present information in a way people could understand and told us information could be available in large print, audio or braille if required.
- Each person had a communication care plan which contained information about their preferred

communication style and any equipment they might need such as glasses or hearing aids.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain and were confident their concerns would be listened to and investigated.
- Where a concern was raised with the service, action was taken to make the required improvements. For example, issues were raised in a recent survey about the lack of awareness of the complaints policy. As a result, a memo was sent to people using the service and this was discussed at people and relatives' meetings.

End of life care and support

- The registered manager explained when a person reached the end of their life, they liaised with other healthcare professionals to ensure people received the right care and support.
- End of life care plans were in place however these did not always detail people's end of life preferences and concentrated on plans after death. The registered manager told us they had identified this as an area for improvement and had designed a form to give to people and their families to record these preferences.
- Where necessary, Do Not Attempt Resuscitation (DNAR) forms were in place to tell medical professionals not to attempt cardiopulmonary resuscitation (CPR). We found some of these required more detail and had not been reviewed in a timely way.

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; Continuous learning and improving care

At our last inspection systems and processes were not effective assessing and monitoring the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- We completed a responsive inspection at The Woodlands in November 2019 following some concerns we received about the management of risks related to people's health. We only looked at the areas of 'safe' and 'well led' because we wanted to be sure people were safe. We found improvements were required and rated these two key questions as requires improvement. Breaches of the regulations were also identified and we asked the provider to complete an action plan so we could monitor the improvements being made. We returned to complete this comprehensive inspection in line with our methodology
- At this inspection we found sufficient improvement had been made to the management of risks related to nutrition, hydration and constipation. Some improvements had also been made to the management of medicines and window restrictors now met Health and Safety Executives standards.
- Systems and processes continued to be in place for checking the safety and quality of the service. However, these had not always identified where additional improvements were needed. For example, there continued to be some issues with the management of risk, medicines, recruitment and deployment of staff. We also identified improvements were required with the completion of mental capacity assessments, the management of restrictions within people's care plans and with staff interactions with people which had not been identified by the registered managers checks.

These shortfalls represent a continued breach of regulation 17 of the HSCA (Regulated Activities) Regulations 2014. Good governance.

- The registered manager confirmed a meeting was being held with the provider following our inspection to discuss the management structure within the home and assured us they would be carrying out more frequent and robust checks to ensure staff were managing risks associated with people's health and safety.

- The provider told us, "We need to return to our long history of having a good rated service. We have already made some required changes and will be making more."
- The registered manager had been registered with us since 2014 and understood their regulatory responsibilities and had provided us (CQC) with notifications about important events and incidents that occurred in the service. The current rating was displayed at the service and on their website.

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

- The Woodlands is a family ran care home and the provider told us they were committed to providing person centred care. Although care records supported this, it did not always translate to care staff who we observed working in a more task focused way.
- Most people, relatives and staff told us the home was well led. However, the registered manager continued to split their time in managing another home owned by the provider which meant they only spent two to three days at The Woodlands. People and relatives who commented, said they had noticed the absence of the registered manager.

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 registered manager was open and honest when things went wrong. Following the last inspection, they had provided us, (CQC) with an action plan and had reacted quickly to the concerns raised. When incidents occurred, the registered manager ensured relevant external agencies and families were informed in line with the duty of candour.

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

- The registered manager sought feedback from people and their relatives through surveys and meetings.
- Staff told us they had regular handover and team meetings to share important information about people and to discuss any ideas they may have to make improvements to the service.
- A healthcare professional told us they have a good working relationship with the service. They told us, "Here they are very good at ringing through if they have any concerns about pressure areas or any other concerns they have regarding nursing."

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 The provider's systems and processes had not always assessed, monitored or improved the quality and safety of the service