

Dr & Mrs M Crooks

# The Woodlands

## Inspection report

176 Alcester Road  
Studley  
Warwickshire  
B80 7PA

Tel: 01527852815

Date of inspection visit:  
20 November 2019

Date of publication:  
11 December 2019

### 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

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

Risks to people's health were not always managed safely. We found risks associated with malnutrition, dehydration and constipation were not effectively managed. Environmental risks had not always been identified and assessed. We found window restrictors did not meet health and safety requirements.

People told us they felt safe. The registered manager and staff understood their safeguarding responsibilities to protect people from avoidable harm.

Medicines were not always managed safely. Systems and processes had not always ensured people received their medicines as prescribed. Where people had been prescribed medicines via a patch, we could not be confident these were being administered in line with the manufacturer's guidelines.

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. We received mixed feedback from people, relatives and staff about how responsive staffing levels matched people's needs.

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 provider had systems and processes in place for checking the safety and quality of the service. However, these had not identified the issues we found during our inspection visit.

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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published on 4 July 2017).

### Why we inspected

The inspection was prompted in part due to concerns received about risk management and nutrition and hydration. A decision was made for us to inspect and examine those risks. 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 changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Woodlands on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches of the regulations in relation to safe care and treatment at this inspection. The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of the people using the service. We also identified a breach of good governance at this inspection. The provider did not have effective systems and processes in place to assess, monitor and improve the quality and safety of people using the service. Identified risks were not continually monitored.

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** ●

# 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 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 received some information of concern relating to the management of risks at the service and decided to complete a responsive inspection. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with the registered manager, a care manager, a senior care worker, two care workers and a domestic member of staff. We also spoke to the provider who owned the business.

We reviewed a range of records. This included three people's care records and three medication records. We looked at two staff recruitment files and a variety of quality assurance records.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We also spoke with two healthcare professionals who regularly visit 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 good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks were not always managed safely. Some people at the service had been identified as high risk of malnutrition and dehydration and required their food and fluid intake to be recorded to monitor this risk. It was not clear how much food and fluid staff should be encouraging as this had not been recorded in their care records. Where staff had recorded a person's food and fluid intake, this was not always being reviewed to ensure people remained nourished and hydrated when intake fell below expectations. For example, records showed one person had only drank 150mls of fluid in a 24-hour period. It was not clear what action had been taken to ensure this person remained hydrated.
- Some people at the service had been prescribed medication to aid the risk constipation and as such, required closer monitoring. At the time of our visit, there was a lack of records to show this was being monitored safely. A lack of effective monitoring put people at unnecessary risk. In some cases, people continued to receive additional medicines for constipation, when this may not have been required.
- Environmental risks had not always been identified and assessed. For example, we found some window restrictors on the first floor did not meet the Health and Safety Executives standards for care homes as they could be easily overridden. People living at the service had a range of complex conditions which could cause them to become confused and disorientated. A fall from heights risk assessment had not been completed to ensure people remained safe when accessing the first floors bedrooms or communal areas.
- Although risks to people's health had been identified and assessed, records contained guidance for staff on how to mitigate such risks however these were not always accurate. For example, one person had been assessed as 'very high' risk of developing sore skin and their care plan instructed staff to use equipment to reposition them. The care plan also stated this person required pain relief before being repositioned. This was not being followed because it was inaccurate. The registered manager told us this person was able to reposition themselves and confirmed the care plan was not reflective of their current needs. They agreed to update the care plan immediately to ensure staff had the correct information to mitigate this risk.
- People did not always receive their medicines as prescribed. We completed a stock check of three people's medicines and found discrepancies in each. For example, two people had more tablets left in stock than their medication administration record (MAR) indicated. Another person had less tablets in stock than their MAR indicated and did not have enough in stock to complete their monthly cycle. We found no evidence people had been harmed, but systems were not robust enough to demonstrate medicine was effectively managed as staff told had not identified these issues.
- One person had been prescribed a medication to reduce fluid retention. This person's prescription recorded the person could have one or two tablets administered daily, but there were no guidelines to support staff on how to make this judgement. We asked staff how they made this judgement. One staff member told us, "We don't know, we just judge by looking at their swollen legs and make a judgement."

- Some people received their medicines via a patch. We found one person had their patch applied at the required intervals, but there was no record of the application site or removal of patches. One staff member told us they applied this person's patch to alternate shoulders. This meant the same application site may be used every two weeks which did not follow the manufacturer's instructions. Records are required to ensure the application sites are rotated to prevent people's skin becoming irritated and that their medicines are absorbed at a safe level.
- 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.

This was a breach of regulation 12 of the HSCA (Regulated Activities) Regulations 2014. Safe care and treatment .

- We discussed these issues with the care manager, registered manager and provider. The registered manager assured us people's individual risks were being managed but accepted records did not support this. Records showed people's weights remained stable which provided us reassurance. The registered manager agreed to contact their electronic care planning provider to make amendments to the way food, fluid and bowel movements were recorded to enable this to be monitored more accurately.
- Following our visit, we received confirmation that a 'falls from heights' risk assessment had been completed for each individual living at the service and appropriate window restrictors had been ordered and were planned to be fitted by 29 November 2019.
- The registered manager confirmed an investigation had been completed into the identified medication discrepancies and additional checks had been introduced to reduce the likelihood of this happening again. Further advice had been sought about the person's individual prescription to reduce fluid retention. The registered manager confirmed clear guidelines had been implemented in the care plan and MAR for staff to follow. The site of patch medicines application and removal was also now being recorded.

#### Staffing and recruitment

- 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. We found two examples where staff did not have suitable criminal record checks completed before they started working with people. We also found two staff files where the provider had not recorded authentication checks on references. Following our visit, the registered manager provided assurance that authenticity checks had been conducted and these were now recorded within the staff file. Immediate action was also taken to apply for the suitable criminal record checks and risk assessments were implemented until these had been received.
- We received mixed feedback from people and relatives about whether there were enough staff. Comments included, "It fluctuates. Most times there are enough, but occasionally there are not enough" and, "Staffing levels are not always good. They say they are adequately staffed when I have brought the subject up. I can sit in the lounge for an hour and hardly see a carer (staff) come in and there are some quite vulnerable people downstairs."
- During our visit, we saw enough staff to keep people safe and staff rota's demonstrated identified staffing levels had been maintained. However, one staff member told us, "It is hard work when we are left on three as the senior is doing medication, answering phones, dealing with problems and talking to relatives so it leaves two of us looking after the fourteen (people) here." The registered manager told us staff had not raised any issues related to staffing levels with them and assured us required staffing levels would be maintained going forward .
- A 24 hour on-call system was available for staff to seek emergency advice where necessary.

#### Preventing and controlling infection



- The home was clean and tidy and there were no unpleasant odours. People told us they were happy with the level of cleanliness in the home. One person said, "They clean up any mess straight away."
- Staff understood their responsibilities in minimising the spread of infections through the home. One staff member told us, "Infection control is important because you don't want cross contamination and spread germs. These people are vulnerable. We always make sure we are wearing gloves and wash our hands. We take our aprons off before we leave a person's bedroom."

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and told us they felt safe at The Woodlands. One person told us, "There is nothing that ever happens that isn't safe."
- Staff understood their responsibilities to keep people safe from the risk of abuse. One staff member explained, "It is important we protect vulnerable people from abuse. This can include financial abuse or physical abuse. It is making sure the people we care for are okay. We have a whistleblowing policy and I have raised concerns previously in another home and I am confident to raise concerns here." Other staff confirmed they were also confident to raise any concerns with the registered manager and these would be investigated thoroughly.
- 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.

#### Learning lessons when things go wrong

- The registered manager told us of the importance of creating an open culture when things had gone wrong. They explained, "I don't want staff to feel they can't report something to me because they may get someone into trouble. I try and train staff to understand that it is what we do about it that counts."
- 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. Where a cause of an injury was unwitnessed, the registered manager told us they would review the care records to identify any potential causes.
- 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. For example, one person was referred for a specialised wheelchair following some concerns with their mobility.

## 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 good. At this inspection this key question has now deteriorated 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; Continuous learning and improving care

- The provider had systems and processes in place for checking the safety and quality of the service. However, these systems and processes had not always identified where improvements were needed. For example, there were inaccuracies within people's care records for the management of people's known risks. Where people were at risk of constipation, malnutrition and dehydration, records did not always show this risk was being managed safely.
- The registered manager confirmed they had not completed a medication audit for some time but assured us medicines were checked during the monthly medication stock change over. However, this system was ineffective. It had not identified the issues we found during our visit related to insufficient stocks, unsafe application of patch medicines and incomplete protocols for 'as and when' medicines.
- Recruitment processes were not effective to protect people because the provider failed to follow their own policies for safe staff recruitment. This put people at risk of receiving care and support from staff who may not be suitable.
- The systems for checking the health and safety of the service was not always effective. For example, we found window restrictors did not always meet the Health and Safety Executives standards as they could be easily overridden.

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

- Following our visit, the registered manager assured us they would be carrying out more frequent and robust checks to ensure staff were managing risk's associated with people's health and safety.
- The provider told us, "Our recording really needs improving, we would agree with you, but those staff work extremely hard to make sure people are getting the love and care they need. It is disheartening our records don't support this."
- 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 rating was also clearly 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 run care home and there was a clear dedication from staff and the management team to ensure people were being well cared for. One staff member told us, "I really love working here. It is a home from home and we treat people as if they are our own family."
- One healthcare professional provided positive feedback and told us, "The staff and management team are fantastic. It is one of the best homes I go to because it is so family oriented. There is a lot of love there and patients are treated like family." Another healthcare professional commented, "They are not brilliant at records, but the care manager and staff team know people inside out."

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. When incidents occurred, they ensured relevant external agencies and families were informed in line with the duty of candour. For example, records showed staff had forgotten to administer a lunch time round of medication recently. The registered manager had made a safeguarding referral, informed CQC and had written to family members where appropriate, to inform them of this error and the action taken to ensure people remained safe.
- Staff felt valued and supported. They told us the registered manager was approachable and they felt able to raise any concerns and felt they would be addressed.

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. Where concerns were raised, action was taken to make 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.
- Staff told us they had regular handover, supervision and team meetings to share important information about people and to discuss any ideas they may have to make improvements to the service.
- A health professional told us they have a good working relationship with the service. They told us, "I would say the service is well led. They act on things and if we suggest a GP appointment then it is always done. They are reactive and have had good outcomes for people."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always done all that was reasonably practicable to mitigate risk's to people's health and wellbeing.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems and processes had not always assessed, monitored or improved the quality and safety of the service</p>