

# Woodcote Hall Limited

# Woodcote Hall

## Inspection report

Woodcote  
Newport  
Shropshire  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Woodcote Hall is a residential care home providing personal care to up to 56 people. The service provides support to people living with dementia and mental health conditions in one adapted building. At the time of our inspection there were 36 people using the service.

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

At our last inspection, improvements were made to the monitoring of people's risks and preventing and controlling infection. However, we found concerns during this inspection and further improvements were required to help ensure people were protected from known risks to their health and safety and, to ensure improvements could be sustained.

People were not protected from risk of cross infection as staff were not wearing masks, and there was no risk assessment in place prior to them removing the use of masks. People did not always have required risk assessments in place for known risks, and where risk assessments were in place, these were not always being followed.

People's needs and choices were not always assessed and where they were, staff did not always follow their care plan. The service had some adaptations to meet people's needs, however further adaptations were required to meet people's needs.

Improvements made at our last inspection had not been completely embedded and sustained. This meant people's safety and wellbeing was placed at risk. Whilst the provider had identified areas for improvement, some concerns we found had not been highlighted and action had not been taken to mitigate risks to people.

Improvements had been made and people's medicines were now managed safely. Improvements were made to the process in place to ensure lessons were learnt when things went wrong, although we found one incident had missed management oversight. People were safeguarded from the risk of abuse, and they were supported by enough staff.

Improvements were made since our last inspection and people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported by staff who were trained to meet their needs. People were supported to eat and drink enough to ensure a healthy diet. The provider worked in partnership with professionals and organisations to meet people's needs.

Staff and relatives, we spoke with confirmed the manager was approachable. People's relatives confirmed they were kept informed of any updates or changes to their loved one's care.

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 and update

The last rating for this service was inadequate (published 14 July 2021) and there were breaches of regulation. At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

We received concerns in relation to the monitoring of people's risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. 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 changed from inadequate to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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 comprehensive inspection, by selecting the 'all reports' link for Woodcote Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and 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 return to the home to ensure they have complied with the enforcement actions taken by us. 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.

#### Special Measures

The overall rating for this service is 'Requires improvement'. However, one Key Question for this service has remained as 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Woodcote Hall

## 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

This inspection was carried out by two inspectors and one inspection manager.

#### Service and service type

Woodcote Hall 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.

Woodcote Hall is a care home without 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 the manager was in the process of registering with us.

#### Notice of inspection

This inspection was unannounced. We telephoned the provider from outside the home to find out the COVID-19 status in the home and discuss the infection, prevention and control measures in place.

### 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with one person who lived at the home and three relatives of people who lived at the home. We spoke with eight members of staff, which included the manager, area manager, senior staff and care assistants. We reviewed several records including people's care and medication records, audits, policies and procedures, staff files and staff training matrix.

# 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 inadequate. At this inspection the rating 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our previous inspection, the provider had achieved compliance in the areas we identified in a warning notice, including implementing risk assessments and ensuring risks to people were managed. However, the provider needed to embed and sustain the improvements to demonstrate consistent good practice over time. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- The provider had made improvements at our last inspection to help ensure people were protected from known risks to their health and safety. However, we found during this inspection people were being exposed to risks and further improvements were required to ensure risks to people were effectively mitigated.
- The provider was not working in line with government guidance and staff had stopped wearing face masks. The provider had not completed a risk assessment prior to stopping the use of masks and had not considered the risks to people once masks were removed. Following our inspection, the provider completed a risk assessment to outline the risk reduction strategies they were following but did not re-introduce the use of face masks.
- People did not have COVID-19 risk assessments in place in relation to any individual vulnerabilities they may have. This placed people at risk of harm as risks from COVID-19 were not individually assessed or mitigated.
- We reviewed an incident form which detailed how one person had accidentally acquired and ingested thickener. Although no serious harm had occurred the provider had not reviewed the information provided by staff to mitigate the risk of further incidents.
- The provider did not ensure all windows were kept safely open. We saw some windows were propped open with various items because the mechanisms in some windows were not working properly. When the items were removed, the window shut fast and this placed people at risk of potential harm.
- Staff did not always follow people's care plans to ensure risks regarding personal care were managed. We saw one person's care plan included the requirement for their fingernails to be kept short, clean and for them to be soaked. We observed this person with long, dirty nails and there was no record to show when this had been completed. We raised this with the management who confirmed they would ensure this person's nails were cut short and soaked.
- People's bowel monitoring charts were not always consistently completed. We saw regular gaps in several



people's records. This meant people's bowel risks were not monitored as required, which placed them at risk of harm.

We found this was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises. The manager had identified a concern in the level of cleaning and was supporting staff to increase this. The building was old, some areas had a strong malodour and required redecorating, the provider was in the process of refurbishments to help keep it clean.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider partly followed government guidance in relation to visiting. We saw relatives visiting during our inspection; however, visitors were not asked for evidence of a negative LFT test or encouraged to wear masks during their visit.

#### Using medicines safely

- At our last inspection we found medicines were not always managed safely. At this inspection we found improvements had been made and people now received their medicines safely and in line with prescribing instructions.
- People's medicines including topical creams and suppositories were safely stored. The clinic room was kept locked, clean and well organised.
- People had protocols in place to support the administration of 'as required' medicines. These provided staff with guidance and information for people's specific medicine requirements and ensured medicine was given when needed.

#### Learning lessons when things go wrong

- Improvements were made since our last inspection to ensure lessons were learnt when things went wrong. Staff followed an accident and incident reporting process and the management team had a system in place to review completed forms with actions taken to mitigate the risk of it happening again.
- Although the system had been put in place, it was not always effective. We found one incident had not been reviewed by the management, to ensure action was taken to mitigate the risk of it happening again.

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

- People were safeguarded from the risk of abuse.
- Staff received training to recognise and report potential harm or abuse and told us the process they followed if they had any concerns.
- People and their relatives confirmed people were safeguarded from the risk of abuse. One resident told us, "I feel very safe living here. The staff are very efficient and that makes me feel safe".

#### Staffing and recruitment

- People were supported by enough staff who spent time with them and supported them in a timely manner.
- Staff were safely recruited to ensure their suitability to work in the home and to support the people who

lived there. Staff files we reviewed included pre-employment checks and references.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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

At our last inspection the provider had failed to ensure capacity and best interest decisions were made in a way which protected people's human rights and followed current legislation. This was a breach of regulation 11 (Need for consent) 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 11.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had made improvements since our last inspection. People's capacity to make specific decisions was being assessed and best interest decisions were being made in a person-centred way. They now protected people's human rights and followed current legislation.
- People's care records now included decisions for various specific details including assessing key areas such as finances.
- Since being in post the manager had made DoLS applications and reviewed authorised applications to ensure they remained appropriately in place and any conditions were met.

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

- People's needs, and choices were not always assessed and where they were, staff did not always follow people's care plans to meet their needs.
- People's care plans were being reviewed and updated at the time of our inspection to include up to date assessments of people's needs and preferences.
- One person's care plan detailed their bed was required to be at the lowest setting, we observed their bed was set higher than the lowest setting. When we raised this, staff took action, although there was no explanation of why this person's care plan documented this was required, and we found no impact of harm.
- Assessments of people's diverse needs, such as religious, cultural, spiritual and social values were included in their care plan, however these were not fully completed.
- People had oral healthcare plans in place with guidance and information for staff, however there was no evidence of staff recording the care taking place. The manager had identified gaps in staff recording and planned to introduce an oral healthcare champion to support with this.
- Staff confirmed they knew people and knew their needs and required support. One staff member told us, "I have been given the opportunity to read people's risk assessments and care plans." People and their relatives also confirmed staff knew them and knew their needs. One relative told us, "Staff know [Person's name] needs, they also know their likes and dislikes."

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

- The service had some adaptations to meet people's needs.
- People could be safely supported with adaptations made to bathrooms and corridors where handrails were fixed to the walls to help them safely walk.
- Although there was some signage in place, the home was not fully adapted to support people living with dementia or visual difficulties to navigate around their home.
- The provider was in the process of refurbishing parts of the premises which required updating, including redecorating, and replacing carpets.

#### Staff support: induction, training, skills and experience

- People were supported by staff who were trained and had skills to support and meet people's needs.
- Staff received an induction into their role which they confirmed helped them understand their role. One staff member told us, "The two-week induction has helped me get to know the home and the residents and is a good refresher."
- The provider kept a record of staff completion of their induction training and mandatory training courses. Staff were prompted when any update courses were due.

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

- People were supported to eat and drink enough to ensure a healthy diet.
- People and their relatives confirmed people had enough to eat and drink, and staff were aware of any dietary needs people had. One relative told us their loved one ate well and asked for a banana and yogurt daily, which they had.
- People had positive experiences with meals and food choices. One person told us, "The food is very good, and we have a choice. I have a full English every morning." A relative confirmed their loved one enjoyed the food, and they recently attended a family day, where there was a choice of food. They told us, "I often eat lunch with [Person's name], it is very nice."

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

- The provider worked in partnership with professionals and organisations to help meet people's needs.
- People had input and regular reviews from district nurses and therapy teams, including speech and

language therapists (SaLTs) where required. This meant people's needs could be met consistently and in line with their healthcare assessments.

- People and their relatives confirmed people had access to healthcare services as and when required. One relative told us, "When [Person's name] mobility was affected, they contacted the physiotherapist and the occupational therapist."

# 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 inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the oversight and governance at the service had improved, however the provider needed to embed and sustain the improvements to demonstrate consistent good practice over time. 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. This is the third time the provider has been in breach of this regulation.

- At this inspection people's safety and wellbeing was placed at risk as quality systems were not effective in ensuring improvements made were effectively sustained.
- At our previous inspection we found improvements were made to ensure service users were protected against the risk of cross infection. These improvements had not been sustained and people were placed at continued risk of cross infection.
- The improvements made at our last inspection to ensure staff completed people's bowel monitoring charts had not been sustained. Whilst the manager had identified further recording in people's care files was required, they had not identified the gaps we found or taken action to ensure staff consistently completed records. This placed people at risk of harm as the management could not be sure effective monitoring of people's bowels was in place.
- The systems in place to monitor and mitigate environmental risks were not always effective. For example, the system had failed to identify windows were unsafely propped open and could be a risk to people.
- The systems in place to review incidents did not always identify risk assessments were not in place following incidents. We found one incident where a person had ingested thickener, and a risk assessment was not in place to lower reoccurrences and manage risks to the person. This placed the person at risk of harm.
- The systems in place to review people's care plans had failed to identify where care records were not being followed consistently. This meant risks associated with people's care were not always monitored as required, for example where we found the person's nails were long and dirty. The provider had also not identified where a person's bed was set at the wrong height according to their care plan. This could have placed the person at risk of harm.
- The provider has been in breach of this regulation at three consecutive inspections, this meant we could

not be assured they had effective systems to improve the quality of people's care and drive improvements. The continued breach meant the management team were not effectively identifying or addressing required changes to ensure people's safety.

This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff and relatives, we spoke with confirmed the manager was approachable. One relative told us, "The new management are focusing more on the residents, I have seen improvements under the new manager, [Person's name] is happier now, there is more to interest them."
- The area manager and manager were working towards the completion of an action plan, with timescales for identified improvements to be made. They completed regular audits to identify any required improvements and actions.

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

- People's relatives confirmed they were kept informed of any updates or changes to their loved one's care.
- One relative told us they could offer suggestions when communicating with staff, however they would appreciate the opportunity to complete a survey or questionnaire, as they felt they would be able to share ideas easier in a written format. The manager informed us they planned to introduce satisfaction surveys to gain relative feedback and make improvements to people's care.
- Staff were provided with the opportunity to share suggestions and make improvements to the home.

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

- Staff confirmed they received management support, and felt the new manager provided a positive environment for the people who lived at the home.
- People and their relatives confirmed the staff and management were better at meeting people's individual needs. One relative told us, their loved one was very religious, and they were working with the activity coordinator to arrange a visit with a person from the same faith to meet their cultural needs.

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 manager had introduced themselves to people and their relatives and was being open with them with regards to the management structure and with any planned changes.
- Staff were encouraged to be open and honest when things went wrong and identify learning to make improvements to the home.

Working in partnership with others

- The local authority confirmed further relationship building was required with the manager to ensure consistent communication to effectively meet people's needs.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not always protected from the risk of cross infection, environmental risks and known risks, and risk assessments were not always in place.

### The enforcement action we took:

We have issued a Warning Notice against the Provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Improvements made at our last inspection had not been sustained and people were placed at risk.

### The enforcement action we took:

We have issued a Warning Notice against the Provider.