

Hexon Limited

# Woodlands Nursing Home

## Inspection report

8-14 Primrose Valley Road  
Filey  
North Yorkshire  
YO14 9QR

Tel: 01723513545

Date of inspection visit:  
01 September 2021  
15 September 2021

Date of publication:  
06 December 2021

## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Inadequate** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Woodlands Nursing Home is a care home providing personal and nursing care to 20 people at the time of this inspection. The service can support up to 34 older people some of whom may be living with a dementia related condition.

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

Risks to people's health and wellbeing were not all in place and were not well managed. Some risk assessments had not been sufficiently assessed and mitigated and placed people at risk of harm.

Medicines were not well managed, and unsafe medicine practices put people at risk.

The providers recruitment process was not robust and did not follow safe practices. The provider was in the process of trying to recruit staff and whilst this was happening, they were relying heavily on agency staff. We found the checks for using agency staff needed to be more robust.

We were not assured the service was following safe infection control guidelines in relation to COVID-19.

Records were not always fully completed consistent or in place. Audits that took place did not highlight all the concerns found on the inspection day.

Accidents and incidents were starting to be reviewed monthly for any learning outcomes. However, the staff team were not informing the manager of all events.

Staff understood safeguarding procedures and how to report concerns.

Staff felt supported by the new manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was Good (published 22 April 2020)

### Why we inspected

The inspection was prompted in part due to concerns received about staff recruitment. A decision was made for us to inspect and examine those risks. This inspection took place on 1 September 2021.

We inspected and found there was a concern with staff recruitment, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We carried out a focused inspection of this service on 15 September 2021. This report only covers our

findings in relation to the key questions safe and well-led as we were mindful of the impact and added pressures of COVID-19 pandemic on the service.

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.

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 inadequate. This is based on the findings at this inspection.

We have found evidence the provider needs to make improvement. Please see the safe 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.

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

#### Enforcement

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

We have identified breaches in relation to assessing people's needs, risk management, medicines, staff recruitment and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request the provider sends us their service development plan outlining 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.

#### Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore 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 safe.

Details are in our safe findings below.

**Inadequate** ●

### **Is the service well-led?**

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Woodlands Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector on the first day and one inspector and a medicines inspector on the second day.

#### Service and service type

Woodlands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

The 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 who commission the service for some people who use the service and the Clinical Commissioning Group (CCG). We used all this information to plan our inspection. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and one relative. We spoke with seven members of staff including two area managers, the manager, clinical lead, care workers, domestic and agency worker.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at six staff files and a sample of agency staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We requested further information 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 good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

- Medicines were not always administered as prescribed,. One person who was prescribed a medicine for agitation and aggression was administered the medicine regularly rather than the prescribed dose of as required. We informed the local authority safeguarding team about this.
  - Records to support the safe administration of medicines were not always in place, and those in place were often contradictory. This placed people in the home at risk of medicines being administered incorrectly.
  - The clinic room required cleaning; the medicines trolleys were visibly dirty. The temporary medicines fridge was consistently showing a maximum temperature above the recommended range and no actions had been taken to ensure the medicines contained within the fridge would be safe to use in the interim. Due to the temperature concerns we asked the provider to dispose of the fridge medicines, as they could not guarantee their efficacy.
  - Medicines errors or near misses were not recorded or reported therefore no learning or action could take place.
  - Guidance to support staff in the safe use of when required medicines was not always in place and some contained incorrect information.
  - Information to support staff in the administration of medicines with variable doses were not in place and staff did not always record the dose administered.
  - The medicines available were not always labelled in line with the MAR chart, some medicines were available but were not prescribed.
  - The provider did not have a robust process in place to manage changes to medicines after prescriber visits.
- 
- Almost all people within the home were prescribed incontinence barrier creams. We could not be assured from records that these were being used correctly.
  - Blood glucose monitoring sheets were in place however some records did not state the recommended range. No care plans were available to support staff in what to do when the results were out of range.
  - The homes medicines policy was not specific to the home and lacked the detail to support staff in the safe management of medicines.

Medicines were not administered or managed safely. These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

### Assessing risk, safety monitoring and management

- People were exposed to risk of harm due to a lack of person-centred risk assessment. Risk assessments were either not completed, not accurate, not consistent or reflective of people's current needs, or detailed enough to guide staff on safely supporting people.



- One person's care plan stated they were on a level six bitesize diet and their room records stated they were on a pureed diet. On discussions with the manager we found the room records to be correct and they were on a pureed diet. There was no care plan or risk assessments to support staff on what a pureed diet consisted of. The food and fluid chart showed they were constantly provided with high risk foods, such as sandwiches, crisps and pies.
- People were at increased risk of pressure sores as care plans did not always reflect the support they required. One person required 2-hourly repositioning, but records indicated this had not always happened.
- Monitoring of weights was not consistent with the information contained in care plans. For example, we could not see evidence of weekly weights being recorded.
- We found no evidence to show night staff had completed a fire drill. One agency staff we spoke with said, "I have not been shown what to do [in the event of a fire] but I would do my best for the residents." One permanent member of staff said, "I can't remember when I last did a fire drill, it was months ago, I have never practiced an evacuation."

The provider had failed to ensure risks to people's health and safety had been assessed and done all that is practical to mitigate those risks. These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

#### Preventing and controlling infection

- There were shortfalls in relation to the management of infection and prevention control (IPC). Whilst staff had access to appropriate PPE they did not always wear or remove it properly. PPE was not always stored safely.
- Areas of the home needed to be deep cleaned and decluttered.
- We were not assured that the provider was preventing visitors from catching and spreading infections. We saw one healthcare professional coming into the home without any checks. On the first day of the inspection we had to encourage checks to take place on us.
- We were not assured that the provider was meeting shielding and social distancing rules.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- At the time of the inspection, we were not assured that the provider's infection prevention and control policy was up to date. The policy did not accurately reflect current government guidance. The policy was updated after the inspection and we were told staff had access to national guidance for reference about infection control practices.

Systems and processes were not effective to prevent the control and spread of infection. This was a breach of Regulation 12 (Safe care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was accessing testing for people using the service and staff.

#### Staffing and recruitment

- People were not protected against the employment of unsuitable staff. We found, for some staff, evidence of Disclosure and Barring Services (DBS) checks were missing, there were no references and no proof of ID.
- Staff expressed concerns via whistleblowing stating they were understaffed, there was a high turnover of staff and staff were having to leave people in bed due to lack of staff. One staff member we spoke with said, "We need more staff, we do have a staffing issue." One person we spoke with said, "Staff are very good, but there are not enough, something could happen like, one could choke to death as they [staff] are not here." A

relative said, "They [staff] are very attentive."

- The provider was in the process of trying to recruit staff and whilst this was happening were relying heavily on agency staff. We found the checks for using agency staff needed to be more robust.

These findings evidenced a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Learning lessons when things go wrong

- Incidents and accidents were starting to be recorded and reviewed, with follow up actions documented. However, processes were not consistent and fully embedded.

Systems and processes to safeguard people from the risk of abuse

- The providers systems did not always protect people from harm
- People we spoke with told us they felt safe.
- Staff understood the meaning of abuse. One staff member said, "If I think something is not right, I go straight to the manager, I would go further if they didn't sort it out."

# 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 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.

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

- Audit systems were not robust enough to identify the shortfalls we found. The medicines audit we were shown lacked detail, answers were not always consistent with our findings and the last pages had not been completed. Although some issues had been identified the action plan was not robust and did not provide assurance that actions had been taken to rectify issues.
- We identified a number of examples where the care plans and risk assessments did not fully reflect people's current needs.
- Records were not always fully completed, conflicting, not available to see or hard to find.
- There had been a significant lack of effective management over a considerable period of time. This had adversely impacted on the care people received. The new manager had been in post for about six weeks and was aware of the work needing to be done to improve the service. However, the provider needs to ensure that the area team and staff team, work with the new manager, keeping them involved and updated at all times.
- The provider had not taken sufficient action to ensure thorough checks took place on agency staff before they came to work at the service.

Systems were either not in place or robust enough to demonstrate risks to people's physical health were effectively monitored. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We did not see evidence that people were involved and engaged with the service. One person said, "It is awful, nothing happens, its empty, its much the same day after day."
- Staff meetings were now starting to take place again. A resident and relative meeting was planned for two weeks after the inspection.
- Staff we spoke with said they felt supported by the new manager. One staff member said, "[Managers name] is brilliant and supportive. They have been thrown in at the deep end but does their best."
- The new manager was planning a letter to relatives to introduce herself, along with a questionnaire to gather people's thoughts on the service.

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

- We found the new manager to be open and honest throughout both inspection days. They admitted they didn't have certain records we requested and knew they had a lot of work to do to get the improvements needed.
- The manager understood their role in terms of regulatory requirements. For example, notifying CQC of events, such as safeguarding's and serious incidents as required by law.

Continuous learning and improving care; Working in partnership with others

- The new manager was committed to improving the service. One staff member said, "All of us are doing our best to get Woodlands into a good place, I am very passionate about it, we need a nice team of staff."
- The management team were open and responsive to our inspection feedback.
- The service worked in partnership with health and social care professionals who were involved in people's care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Good governance systems or processes did not effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of people. Records were not always complete, consistent or not available. The provider did not ensure that agency workers were thoroughly checked before they came to work at the service. Regulation 17 (1) (2) (a) (b) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	People were at risk of harm due to the providers unsafe recruitment processes. Regulation 19 (1) (2) (4)

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
Treatment of disease, disorder or injury	The provider was putting people at risk of harm due to not assessing the risks to the health and safety of service users, not ensuring the proper and safe management of medicines and not following safe practices in controlling the risk of infection prevention and control. Regulation 12 (2) (a) (b) (g) (h)

### **The enforcement action we took:**

We have issued a warning notice and placed the service in special measures