

Woodcote Hall Limited

# Woodcote Hall

## Inspection report

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Date of inspection visit:  
31 August 2022

Date of publication:  
11 October 2022

## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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# 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 26 people using the service.

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

This was a targeted inspection that considered infection prevention and control, the management of risks and the governance of the home. Based on our inspection of these areas, the provider was no longer in breach of regulations relating to these areas.

People were kept safe from the risk of cross infection because the provider had embedded current government guidance relating to infection, prevention and control for COVID-19. Staff were wearing face masks and people had COVID-19 risk assessments in place which detailed any individual vulnerabilities they may have.

Systems were updated to ensure accident and incidents records were reviewed and action was taken to help mitigate identified risks to people. The provider had improved their governance systems to improve their oversight of the home. This helped to keep people safe.

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 requires improvement (published 9 August 2022) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this targeted inspection to check whether the warning notices we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We use targeted inspections to follow up on warning notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

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

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

# Woodcote Hall

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of the warning notices in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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

This inspection was carried out by one inspector 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.

#### 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 work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three members of staff including the manager, team leader and office manager. We reviewed a range of records, including two people's care records and a variety of records relating to the management of 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 our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

### 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 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.

- The provider had actioned the specific risks we identified in our warning notice. For example, at our previous inspection we identified one person had ingested thickener. A risk assessment had now been put in place to help mitigate the risk of further incidents. Staff also demonstrated their awareness of the risk control measures around the home. This helped to ensure people were protected from identified risks.
- Risks associated with the environment had been reviewed and actioned. The provider had ensured cupboards containing items people could mistakenly ingest had been safely locked.
- The windows kept unsafely open at our last inspection were now safely managed. The provider had checked all the windows around the home, removed items holding them open and they were in the process of fixing the ones identified as faulty. Where windows had not yet been fixed, these were kept safely shut and were not in use. We saw posters displayed instructing people, visitors and staff not to open them. This helped keep people safe.
- Risks associated with people's bowel monitoring were now safely managed. The provider had implemented a new bowel monitoring chart which staff were consistently completing. Senior staff were reviewing these records daily to ensure staff were completing them as required and monitoring any concerns. The manager was in the process of producing a bowel monitoring matrix to ensure further recording of monitoring was in place and any required actions were taken.

### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. The provider was following government guidance and staff were wearing face masks.
- We were assured that the provider was preventing visitors from catching and spreading infections. On the day of our inspection we were asked for proof of a negative test of COVID-19 on entering the home.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection. The provider ensured people now had risk assessments in place in relation to COVID-19 which considered any individual vulnerabilities they had.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The provider followed government guidance in relation to visiting.



# 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 this key question was rated inadequate. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

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 provider was not effectively identifying or addressing required changes to ensure people's safety. This was a breach of regulation 17 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 17.

- Since we issued the warning notice, the manager was working with the provider to update their systems and processes to make improvements and help ensure risks to people were effectively monitored and mitigated.
- The manager implemented daily 'flash' meetings where staff shared any concerns and were provided updates of people's needs. They included the discussion of a range of items and we saw where actions identified were completed and recorded. This helped ensure the monitoring of people's risks and improve management oversight of the service.
- The provider had introduced a new process to help ensure staff were supporting people and meeting their needs in line with their care plans. People were allocated a member of staff, who was required to read and sign their care plan. This was not yet implemented but would help ensure staff met people's identified needs and the provider could monitor where staff had not read their plan of care.
- The provider had updated IPC procedures to ensure they now met the current Government COVID-19 guidance in relation to wearing face masks.
- The systems in place to monitor and mitigate any environmental risks had been reviewed and updated. The manager completed checks on the service through daily walk rounds and completed a form to record the checks. Prior to our inspection the manager had identified the form in place required improving to include the documenting of any identified required actions. They were in the process of updating this form and sent us a copy of the new form following our inspection, which included a section for required actions.
- The provider had improved their system to review incidents to ensure action was taken following any accidents or incidents and risk assessments were put in place where required. Senior staff now shared details of any incidents and recorded it in the handover to ensure staff were aware. The manager confirmed

they check through the accident and incidents records to ensure they have reviewed and actioned each one.