

National Care Consortium Ltd

Woodlands Care Home

Inspection report

The Woodlands
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Driffield
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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Woodlands Care Home is a residential care home providing personal care to 42 people including people with dementia and mental health at the time of the inspection. The service can support up to 56 people.

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

People were at increased risk of harm, because accurate and up to date records of care and support had not always been maintained to ensure staff had access to person centred information to provide people with safe care and support.

People were at risk from not receiving high-quality person-centred care and support because governance and performance management was not always reliable and effective to ensure assessed risks were managed safely.

Staff had not been assessed or training evaluated to ensure they remained competent and trained to provide people with safe care and support in all situations according to people's individual needs.

Oversight of infection control practices failed to record, and action changes required to ensure two people's rooms remained free from unpleasant odours.

Accidents and incidents, including safeguarding concerns, were recorded. However, care plans had not always been updated to reduce the events happening again.

People were supported to enjoy activities and interests of their choosing.

People received good support to maintain a healthy balanced diet and, where appropriate, the provider worked closely with other health professionals to support people with their health and wellbeing.

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.

The registered provider worked within the principles of the Mental Capacity Act 2005 and was in the process of updating records to ensure people's capacity to consent was clearly recorded.

Staff ensured people received their medicines safely as prescribed.

People were supported by kind and caring staff, but the organisation and leadership of the service adversely effected the overall quality of the care people received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 17 November 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staff competence, record keeping, and a lack of management oversight to ensure people always received safe care and support. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well led sections of this full report. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have identified breaches in regulation 12 (Safe Care and Treatment) and regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Woodlands Care 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.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Woodlands Care Home 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 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. 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 five people who used the service and two relatives about their experience of the care

provided. We spoke with 11 members of staff including the registered manager, deputy manager, senior care workers, care workers, the chef, the housekeeper and the activities co-ordinator. We reviewed a range of records. This included six people's care records and associated medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training matrix, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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; Staffing and recruitment; Preventing and controlling infection; Learning lessons when things go wrong.

- Staff did not have enough information to provide safe care and support. People were at risk from receiving inconsistent or unsafe care because care plans and risk assessments had not all been reviewed and updated including where people's needs had changed.
- Staff did not have all the required skills, competence or experience to support people where they had been assessed as at risk from harm due to their behaviour. Where people showed signs of confusion resulting in challenging behaviour, staff performance was not robustly reviewed leaving both staff and people at risk from harm.
- Safety concerns were not always identified or responded to quickly enough. Systems and processes did not always capture this information for escalation and review to ensure preventative actions could be implemented.
- Staff were not confident in raising concerns. One staff member said, "We raise concerns, but they are not always actioned. The process isn't great."
- Checks to ensure people's rooms were always clean and hygienic were not completely effective. Unpleasant odours due to old furniture and a lack of opportunity to deep clean were apparent in two people's rooms throughout the inspection.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They commenced a review to ensure care records remained up to date and contacted the provider to investigate a revised training programme to ensure staff were confident to safely support people where their behaviours were assessed as challenging. Furniture was replaced in two people's rooms and one received a deep clean and re-decoration. The provider advised us they were reviewing how safety concerns were recorded and escalated to ensure they could respond without undue delay to keep everybody safe.

- Systems and processes were in place to ensure staff were recruited safely following best practice.
- Emergency plans were in place to ensure people were supported in the event of a fire. Regular checks and tests were made of fire-fighting equipment.
- Equipment including fire checks and utilities were certified safe, as required.

- Communal, dining and bathing areas around the home were clean and free from unpleasant odours.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to safeguard people from the risk of abuse. All staff had received training in this area and were clear about their responsibilities to report any concerns.
- The service had policies and procedures that were reflective of the local safeguarding authority reporting requirements; to guide staff and keep people safe.
- The registered manager was aware of their responsibility to report safeguarding concerns to the local safeguarding and to the CQC.
- People told us they felt safe from abuse and about who they were confident to raise any concerns with. One person told us, "I do feel safe and the staff are all very friendly."

Using medicines safely

- Medication was managed in line with best practice and people received their medicines, administered as prescribed. However, associated guidance for staff to follow was not always up to date where people received medicines to help manage their behaviour. This was updated during our inspection.
- Staff had received medicines training and the registered manager was due to complete observations to ensure they were competent and always followed best practice.

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 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.

Staff support: induction, training, skills and experience.

- People were at risk because staff training had not been reviewed to ensure it provided staff with the competencies they required to meet people's individual needs. One person said, "I am an outdoor person but depend on staff to help me get up and go outside. Some are okay at that, but I don't feel safe with others."
- All staff required further support and training in the management of actual or potential aggression. A staff member said, "We receive a lot of training and complete a lot of workbooks; this doesn't help in practical situations. We need a classroom-based training session that teaches management and intervention techniques to help us cope with escalating behaviour in a professional and safe manner."

The registered manager put together an action plan to check and record staff competencies to determine where further training could be provided. De-escalation training for staff to manage escalating behaviour was scheduled after our second visit to the home.

- Staff completed an induction to their role and received regular supervision and appraisals. A staff member said, "We have regular meetings, and we have opportunity to raise any issues or concerns; it's always a two-way conversation."
- The registered manager told us they operated an open-door policy and were always available to staff.

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

- People were at risk of receiving care which did not meet their needs; staff were updating care plans to include the full range of people's needs to provide guidance to staff on how those needs
- People were supported equally, according to any diverse needs.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation

of Liberty Safeguards (DoLS). We checked and found the service was working within the principles of the MCA.

- People's mental capacity had been assessed, and staff followed best practice guidance to record best interest decisions when needed.
- The registered manager was in the process of updating care records to ensure clear evidence of consent was robustly recorded including decisions made in people's best interest. For example, where bed rails were used to keep people safe from falling at night.
- People told us staff listened to them and respected their right to make decisions; people who could make informed choices had been asked if they consented to the support staff provided.

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

- Where required, people received support to maintain a healthy diet and fluid intake.
- People at risk of poor nutrition and dehydration were supported with referrals to health professionals. Resulting advice was actioned to meet their needs. However, checks had failed to ensure all associated daily records remained up to date to help evaluate the effectiveness of the care provided. The registered manager implemented a revised process to capture this information during the inspection.
- Staff were knowledgeable about people's individual dietary needs and preferences.
- People commented positively about their meal time arrangements. One person said, "The food here is very good. It is cooked on site, it's fresh with plenty of choice; fresh fruit, vegetables and a pudding."

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

- People had access to health care professionals and received regular assessments with their doctor when needed.
- Staff sought support when required and assisted people to access other healthcare services. A health professional told us, "Staff are pro-active at calling us in when people need help, for example with their skin management. Staff respond to our advice and we usually find people improve as required with their support."

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

- Some communal rooms were furnished and decorated to help engage and stimulate people with dementia and reduce their distress. However, we observed one person who became distressed after seeing a reflection in a communal area room window, and another person a reflection in a mirror in the passenger lift. The reflection had reminded them of their relatives. We discussed this with the registered manager who advised us they would introduce frosted window images to help prevent similar distressing situations.
- The lay out of the home promoted people's choice and independence. All areas were accessible where it was safe for people to do so and signage helped navigation.
- The home had an accessible entrance and outside spaces and garden areas with areas of interest for people including those with reduced mobility who required wheelchairs to mobilise.

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 inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff treated people with kindness and were caring. A staff member said, "We only treat people how we would want to be treated. We have daily challenges, but we always try and respect people's wishes."
- We observed staff treating people respectfully providing them with dignified care and support. Where people required emotional support and showed signs of distress staff made the time to offer re-assurance and to lend a listening ear.
- People told us staff were helpful and supportive but did not take over. One person said, "They are very good at helping me to wash and dress. I do what I can, and the staff are respectful of that. They are on hand to offer any other support I may need."
- People spoke positively about the service they received. One person said, "I am in a really good place living here. It's not my home but the staff are all so caring and supportive."

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

- People were supported to remain independent and make choices about their daily living. For example, what they wanted to eat and what they wanted to do each day. Comments included, "There are male or female staff, if you want a male staff to help with your wash then that is provided" and, "I am supported to live as I choose but the staff are on hand to help me with the things I can't do for myself."
- The provider made sure people had access and support to advocates where they needed impartial assistance to understand and make difficult decisions about their lives.
- People gave us mixed feedback when we asked them if they were involved in their care and support plans but confirmed they were supported to express their views. One person said, "I do get asked about my care and support; I am not sure about a care plan but then I am quite happy with everything at the moment." Another person said, "I am involved in all my care; I can make any changes like what I want to eat."
- Where care plans had been updated they included guidance for staff on how to communicate with people and share information in an accessible way.
- People were supported to maintain their independence; staff prompted people to complete tasks and were patient and unrushed in their approach.

Is the service responsive?

Our findings

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

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 people's needs were not always met.

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

- Staff did not have access to clear guidance to provide people with person centred support because care plans did not always reflect people's current needs.
- The service was not always responsive to people's on-going care needs because care plans had not always been reviewed and updated with people or their relatives as a result of incidents or accidents.
- Information was not available for staff to help them improve people's lives. The provider did not evaluate care records to ensure corrective actions and amendments could be implemented where people failed to achieve positive outcomes and goals.
- Life histories were recorded in detail to support staff to provide non-discriminatory care and support to people.
- Where people had any religious preferences, the provider told us they were supported to follow their faith.

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

- The provider employed a dedicated activities coordinator who was passionate and experienced in supporting people to enjoy their interests, hobbies and attend a variety of events and activities. During the inspection one communal area was turned into a cinema room with a large screen, an old film played, and snacks were available. People thoroughly enjoyed the event.
- Staff ensured where people choose to remain in their rooms they remained free from social isolation. A staff member told us, "Not everybody likes to socialise. We spend time chatting with people in their rooms about the news and what's going on."
- People were encouraged and supported to maintain meaningful relationships.

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 service identified people's information and communication needs by assessing them and this was recorded for staff to follow in care plans. Staff understood the Accessible Information Standard.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and procedure and staff understood how to support people to raise

any concerns or complaints.

- People told us they did not have cause for complaint but knew how to raise a concern. They said any concerns or complaints would be responded to appropriately. A member of staff said, "We generally deal with concerns as they happen, and we don't get many complaints. If we did then we would make sure they were documented and sorted out, so the person remained happy."

End of life care and support.

- The service supported people with their end of life care. A relative told us, "I am very happy with the care and support the staff have provided to my mum. She has been kept comfortable and all her wishes have been respected."
- Where people had agreed, care plans included information which recorded their preferences and choices for their end of life care and support. A staff member said, "We discuss this with people to support their choices and enable any wishes."
- The provider had a policy and procedure for staff to follow if people required care and support at the end of their lives.

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 Require 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People were at risk from not receiving high-quality person-centred care and support because governance and performance management was not always reliable and effective to ensure assessed risks were managed safely. For example, checks failed to ensure staff maintained accurate and person-centred records for people.

- Everybody spoke positively about how caring the manager and staff team were. However, we received mixed feedback from staff regarding opportunities to discuss best practice in a learning and supportive environment. The registered manager failed to implement a robust system to determine staff competencies in their role and to then implement required training to support people with all their needs and in all situations.

- Audits and checks to maintain and improve infection control had failed to identify and action concerns we found during the inspection.

- People received inconsistent care, because management missed opportunities to learn lessons and make improvements; accidents and incidents had been reviewed but care plans had not been adequately updated to prevent them happening again.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. 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.

The provider responded immediately during and after the inspection. They implemented some remedial actions during the inspection and implemented an action plan to respond to other areas of concerns.

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

- The service worked well with other organisations. They had good relationships with the local authority, healthcare services and worked with them to achieve good outcomes for people.

- The service had links with the local community including local churches. People were supported to attend community events where possible.

- The registered manager held monthly team meetings and meetings with residents. Topics and themes were discussed, and people were able to contribute their views to help improve the service they received.

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 provider was open and transparent in dealing with issues and concerns; they understood their responsibility to apologise and give feedback to people if things went wrong.

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 failed to ensure risk assessments relating to the health, safety and welfare of people using the service were updated and reviewed regularly or use the information to make required adjustments.</p> <p>Staff training was not effective for staff to have the skills and knowledge to meet people's needs all of the time.</p> <p>Infection control checks failed to ensure people's rooms remained free from unpleasant odours.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of monitoring information for people's care and support needs.</p> <p>Quality assurance systems were ineffective and failed to identify concerns within the service.</p>