

Deepdene Care Limited

Woodtown House

Inspection report

Alverdiscott Road
East-the-Water
Bideford
Devon
EX39 4PP

Tel: 01237470889
Website: www.deepdenecare.org

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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

Woodtown House is a nursing home in one adapted building providing personal and nursing care to 19 people with mental health difficulties at the time of the inspection. The service can support up to 22 people.

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

There were not enough staff to meet people's needs. In the two weeks prior to the inspection and including 17 June 2021 staff rotas showed staffing levels fell below the planned levels on six occasions during the day, on four occasions this was for full shifts and on two occasions this was for partial shifts. As a result, staff in other roles had to provide cover to ensure the safety of the service. This had an impact on people's ability to engage in meaningful occupations to aid their recovery, rehabilitation and physical and mental health well-being. People commented: "We sometimes cannot go out due to staffing levels." and "There are not enough staff here to see to everybody's needs. There is a lack of staff to do activities. The staffing ratios are not right. It is so frustrating."

Staff morale was low due to them feeling unable to provide people with therapeutic and holistic opportunities. Staff felt unable to adopt the home's ethos of recovery and rehabilitation. Staff were not supported through adequate supervision with constructive feedback on their performance.

Staffing issues impacted on the ability of the service to manage risk. Staff raised concerns about accessing key care and risk assessment documentation due to poor internet access at the home. Concerns were also raised in relation to agency staff access to key documents due to the IT issues which meant they did not have access to a summary of people's care and support needs which they could refer to quickly. This, impacted on staff ability to provide people with safe care and support in line with their specific needs. A staff member commented: "Risk assessments are on the care plans, but they are online, so if the internet is down you cannot see them."

Following our inspection, we asked several times from 22 June 2021, for information relating to care plans, risk assessments and progress notes from the home. We received this information on 7 July 2021. We were informed that issues with internet access meant, there had been difficulties sending the requested information. This time lag demonstrated that staff access to key information was compromised impacting on their ability to proactively support people in line with their individual needs in a safe way. The provider was aware of the need to improve internet access at the service, with actions being taken but currently unsuccessfully.

We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. They had not identified where damage to the fabric of the building made it difficult to clean effectively.

The service was unsafe and was not well-led as shown by two breaches of regulation linked to good

governance, and staffing.

The provider had not fully recognised the quality of the service had significantly deteriorated. Systems in place to monitor and review the quality of care and ensure the service was meeting people's needs safely were not adequate. This therefore put people at risk of unsafe care.

People said the service was not always well-led. There was a poor culture that did not engage with people, and staff, to deliver a person-centred, open, inclusive and empowering service. Staff said they felt the provider did not value them or their work, which was having a negative impact on their own physical and mental health well-being. The provider's statement of purpose aims, and objectives were not being followed.

There was no registered manager in post. A new manager had started on 3 June 2021 and was due to apply to register with the Care Quality Commission.

There were systems in place to safely monitor medicines from the point of ordering to administration.

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 21 January 2020).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about staffing levels being inadequate to safely meet people's care and support needs and the overall lack of governance of the service by the provider. A decision was made for us to inspect and examine those risks.

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

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 have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

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.

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 Woodtown House on our website at 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 safe care and treatment, staffing and good governance.

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 an action plan for 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.

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 ●

Woodtown House

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 two inspectors.

Service and service type

Woodtown House 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.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. This means 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

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection

We spent time observing the interactions between people and staff. We spoke with six people living at Woodtown House and seven members of staff, which included the new manager. We also toured the premises, looked at infection control practices and medicines management.

After the inspection

After our visit we sought feedback from health and social care professionals and staff to obtain their views of the service provided to people. We spoke with two additional staff and various health and social care professionals as part of a northern locality multidisciplinary meeting.

We also had a meeting with the provider to discuss the initial findings of our inspection.

We continued to seek clarification from the provider to validate evidence found. We looked at various documents including care plans, risk assessments, progress notes, staff rotas, policies and procedures and specific audits/reports relating to the quality and safety of the service to ensure people received safe care and support specific to their individual needs.

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.

Staffing and recruitment

- There were not always enough staff to meet people's needs.
- The provider had identified that staffing levels for Woodtown House should be one nurse Monday to Friday 9am – 5pm; one senior support worker and three day care support workers and at night one senior support worker and two night support workers. In addition, during the daytime there should be members of the management team, an activities coordinator five days a week, a cook and a cleaner and a maintenance person for five days per week. However, the manager, senior staff and staff told us that the planned staffing levels were not always sufficient to meet people's individual care and support needs.
- Staff commented: "There have been occasions with one senior and one support worker left with 18 residents" and "[Person's name] should have been on 30-minute observations following an admission to hospital. It was not possible to maintain the observations due to lack of staffing." Staff raised this with the management of the home, who in response said, "We are trying our best."
- In the two weeks prior to the inspection and including 17 June 2021 staff rotas showed staffing levels fell below the planned levels on six occasions during day shifts. This included four occasions where there was a full shift not covered and two occasions where shifts were only partially covered. As a result, staff in other roles had to provide cover to ensure the safety of the service. This had an impact on people's ability to engage in meaningful occupations to aid their recovery, rehabilitation and physical and mental health well-being. People commented: "We sometimes cannot go out due to staffing levels. They are lovely staff, but they can only do so much" and, "There are not enough staff here to see to everybody's needs. There is a lack of staff to do activities. The staffing ratios are not right. It is so frustrating."
- Internal audits for March, April and May 2021 demonstrated that a lack of activities had taken place. One comment cited in the audits stated: 'Trying to engage in different activities. However, due to the staffing deficit with unfamiliar staff this is proving difficult due to access to a vehicle (drivers). Ongoing issues with recruitment and short numbers are impacting on activities.'
- Staff morale was low due to them feeling unable to provide people with therapeutic and holistic opportunities. Staff felt unable to adopt the home's ethos of recovery and rehabilitation. Staff commented: "People get their medication, food and personal care, but that's all they are getting. It's not living, and I think most staff feel like that now" and "[Person's name] is the only person whose had recovery work this year and even he's not had what he should because he has not been able to attend the course 80% of the time as there were not enough staff to take him."
- The service acknowledged that staffing was an issue at the moment, with four support worker vacancies, one part time cook and one full time cleaner needed. Adverts were out for these positions.
- Staff were not adequately supported. Senior staff told us they did not have time to perform their roles to

ensure the overall management of the service, due to them having to provide cover to ensure the safety of the home. For example, staff supervisions were not being carried out on a regular basis. Internal audits confirmed that no supervisions had taken place in March, April and only 3 in May 2021.

There were not sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's needs which exposed people to the risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our inspection, a meeting was held on 28 June 2021 with the provider to discuss the initial findings of our inspection with regards to staffing concerns. The provider informed us that Deepdene Care Limited were now looking at how to mitigate the staffing shortages in the following ways: There were 10 interviews booked to take place over the next few weeks; for the last 12 weeks Deepdene Care Limited had been having weekly recruitment meetings with the deputy manager at Woodtown House; they had recruited four staff in the last six months; they had created a social media board which had proved fruitful in securing applications for vacancies and an increase in agency staff had also been sourced to help cover shortfalls at Woodtown House.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staffing issues impacted on the ability of the service to manage risk. An incident occurred on 28 May 2021 involving a person who had returned to the service intoxicated holding a butter knife to their side. At the time of incident there was a lack of staff to manage the situation without staff working beyond their hours to safeguard the person.
- People's individual risks were identified, and risk assessments were in place. For example, risk assessments for relapse indicators of a deterioration in mental health, alcohol consumption and accessing the local community. However, staff raised concerns about accessing key care and risk assessment documentation due to poor internet access at the home. Concerns were also raised with regards to agency staff not having access to key documents. Intermittent access to the internet meant they did not always have access to a summary of people's care and support needs which they could refer to quickly. This impacted on staff ability to provide people with safe care and support in line with their specific needs. A staff member commented: "Risk assessments are on the care plans, but they are online, so if the internet is down you cannot see them." The provider informed us that they were aware of the need to improve internet access at the service, with actions being taken but currently unsuccessfully.
- Following our inspection, the provider made print outs of care documents available to staff.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, when a person's physical or mental health needs had changed, their care plans and risk assessments had been updated and involvement of other health and social care professionals was requested in a timely way.□
- Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of

the premises.

The cleaning schedule had not been completed since 1 December 2020. The bathroom check sheet had not been completed since March 2021, nor in line with the instructions on the sheet. The fabric of the building did not enable staff to ensure it was properly clean and free from potential infection. For example, due to cracked floor tiles in two of the toilets.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- The service had made alerts to the local authority where appropriate.
- Whilst two new members of staff had yet to complete safeguarding training, they and other staff told us they knew how to recognise signs of abuse and were confident in reporting any concerns.

Using medicines safely

- There were systems in place to safely monitor medicines from the point of ordering to administration.
- Medicines were held securely, including medicines requiring extra security and there were audits in place to show they were managed correctly.
- Staff were trained before they administered medicines and regular audits were carried out to ensure staff practice was safe.
- The provider had recently asked for medicine competencies to be re-done using a new assessment and had asked for weekly audits to be provided for them by the home.
- There was a lack of information in service user files about how medicines should be administered in line with their preferences. However, the nurse knew people's preferences well and was aware that this should be recorded for staff to refer to. In addition, she was aware that photos of service users were required for their medicine's files.
- Staff reported a good working relationship with the local GP surgery.

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

- The service was not safe in all areas and was not well-led as shown by two breaches of regulation linked to good governance and staffing.
- The provider had not fully recognised the quality of the service had significantly deteriorated. Systems in place to monitor and review the quality of care and ensure the service was meeting people's needs safely were not adequate. This therefore put people at risk of unsafe care.
- There were systems and processes in place to audit the quality and safety of the service both at home and provider level. However, actions were not taken to rectify issues as identified during our inspection. For example, with regards to staffing issues compromising safety, the ability to meet people's individual physical and mental health well-being to aid their recovery and rehabilitation, environmental issues and staff support. These issues had also been raised with the provider via internal audits carried out in March, April and May 2021 but had not been addressed.
- We were informed that provider level visits did not take place between January and April 2021 due to Covid-19 restrictions. During this time, we were told that remote weekly meetings took place between the provider and the home. We received some evidence of these meetings taking place at times in May and early June 2021. Provider level visits recommenced on 26 May 2021. Areas requiring actions to be carried out had been identified, such as staff supervisions and appraisals, environment issues to be addressed, infection control practices to be strengthened and improvements to people's access to activities to aid their recovery and rehabilitation.
- The provider had failed to ensure infection control was well managed in the home. For example, they had not identified where damage to the building made it difficult to clean effectively. They had not identified that cleaning schedules had not always been completed.
- The premises were not adequately maintained to ensure it was safe, provided a homely feel for people living at the home and enable staff to ensure it was properly clean and free from potential infection. People regularly raised environmental issues about the home and what needed to improve. For example, the resident's kitchen and general wear and tear around the building and furnishings. Internal audits for March, April and May 2021 showed these issues were raised with the provider but had not been addressed.
- In addition, these same issues and others with regards to the need for a new dining room and bathrooms and improvements needed to the overall decoration of the home had been raised by people living at

Woodtown House via a satisfaction survey carried out in June 2020. These issues were still outstanding.

- Staff were not given honest feedback about how they were performing and where improvements were needed. Staff felt unsupported by the organisation as they had not received regular one to one supervision. This meant there was not a consistent approach to support staff members' well-being, training and competency.
- Staff told us that poor internet connection impacted on their ability to access people's care plans. Poor internet connection also caused difficulty in the provider sending information to us as part of the inspection. Following our inspection, we requested care plans, risk assessments and progress notes from the home. We made our request on several occasions from 22 June 2021. We received the information on 7 July 2021. The provider told us the delay was due to issues with the internet connection. The provider was aware of the need to improve internet access at the service, with actions being taken but currently unsuccessfully.
- People said the service was not always well-led due to the culture of not engaging people, and staff in a vision of being person-centred, open, inclusive and empowering. Staff said they felt the provider did not value them or their work.
- The provider's statement of purpose aims, and objectives were not being followed. It stated: 'To provide an environment enabling rehabilitation and recovery to take place within a caring, supportive and homely environment. To promote individual independence through safe and achievable steps towards having a more independent lifestyle and service users should expect to have support and assistance in their development and progress in their recovery and rehabilitation which is ensured and encouraged by a team of appropriately and professionally trained, experienced and caring staff providing 24 hour care.'
- There was no registered manager in post. A new manager had started on 3 June 2021 and was due to register with the Care Quality Commission.

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

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

- Poor communication between the provider and the home left staff feeling undervalued, which was having a negative impact on their own physical and mental health well-being.
- During resident meetings people were engaged and shared their ideas for change and improvements. For example, activities were routinely raised by people as an issue due to staffing levels having an impact on the service' ability to meet people's preferences for meaningful occupations to aid their physical and mental health well-being. Thus, impacting on their individual recovery and rehabilitation.
- Staff did not feel listened to and communication was poor between the home and the provider. Staff felt there was a 'void' between the home and the provider, they said they felt unable to go to the provider with a problem. This did not demonstrate a positive culture which was open and inclusive, despite the service' whistleblowing policy encouraging this. The provider's whistleblowing policy stated: The whistleblowing policy is designed to reassure you that it is safe and acceptable to speak up and to enable you to raise any concern you may have...'
- Staff said they remained in post because of their love for their job and their relationship with other staff members and people living at the home. Staff commented: "I am completely demoralised by the company, not the home. I have stayed out of loyalty to the residents. Staff are unable to perform at their best" and "The residents are the only reason I come in. I am committed to them because they've seen so many people (staff) come and go."

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

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; Working in partnership with others; Continuous learning and improving care

- The service had previously worked with the Local Authority to improve the quality of care. Where they identified something had gone wrong, they had notified both CQC and the Local Authority.
- At a recent multidisciplinary meeting, health and social care professionals felt there were concerns about staffing levels and resilience within the service. It was felt that professionals were getting differing information and messages from the home itself and the provider which was concerning. Involvement in a formal process was needed to improve the management of the service.