

Woodcote Hall Limited

Woodcote Hall

Inspection report

Woodcote
Newport
Shropshire
TF10 9BW

Tel: 01952691383

Date of inspection visit:
21 July 2021

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23 August 2021

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Woodcote Hall is a residential care home providing personal and nursing care to a maximum of 56 people.

Woodcote Hall is a large building set in a rural location. The home has mainly single rooms, but a number of shared rooms are available. People have access to communal and outside spaces. The home supports a high number of people living with dementia and mental health conditions.

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

This was a targeted inspection which considered risk management, infection prevention and control and the governance of the home. Based on our inspection of these areas, we judge the provider has met the warning notices we issued in respect of these areas.

The assessment of risk to people's health, safety and welfare had been reviewed and updated to help ensure they were kept safe.

People were kept safe from the risk of cross infection because staff followed current best practice. The provider had embedded current government guidance relating to infection, prevention and control for COVID-19 into all areas of the home.

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

Rating at last inspection

The last rating for this service was inadequate (published 14 July 2021).

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice 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 inadequate.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific 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 until we 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?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

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 at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

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 Notice 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 completed by one inspector.

Service and service type

Woodcote Hall 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 registered with the Care Quality Commission, however they are no longer employed by the provider. 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

This inspection was unannounced. However, we gave short notice of the inspection from the car park outside the home. We needed to know of the COVID-19 status in the home and discuss the infection prevention and control measures in place prior to us entering the home.

What we did before the 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 reviewed information we had received about the service since the last inspection. We have kept in contact with the local authority and have received feedback from them and community NHS teams. We used all of this information to plan our inspection.

During the inspection

We spoke with five members of staff including the manager and care staff.

We reviewed a range of records. This included three people's care records. We looked at a variety of records relating to the management of the service, including policies and procedures.

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 inadequate. We have not changed the rating of this key question as we have only looked at the part of the key question we had specific concerns about.

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 all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- The specific risks we identified in the warning notice had been dealt with. This helped to ensure people were protected from known risks to their health and safety such as slips from inappropriate footwear.
- The provider had taken action to review and update people's risk assessments which reduced the potential for harm.
- The provider had introduced new fluid monitoring charts to help ensure people's daily fluid intake was monitored and actions taken when needed. A new system gave responsibility to senior staff and managers to oversee the daily records and make sure all staff understood the importance of accurate recording and monitoring.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely.
- Staff practice for infection prevention and control (IPC) practice was improved throughout the home. Staff wore appropriate personal protective equipment (PPE) in line with current Government COVID-19 guidance and demonstrated good hand hygiene. This helped to protect people from any potential cross infection from staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- People were further protected against the risk of cross infection because wheelchairs and hoists were now cleaned between uses and slings were stored safely. The oversight of this cleaning had improved through the introduction of staff champions who monitored infection control and wheelchair cleanliness.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured 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.

Although the provider has achieved compliance in the areas we identified in the warning notice, they remain in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the provider needs to embed and sustain the improvements to demonstrate consistent good practice over time.

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 inadequate. We have not changed the rating of this key question as we have only looked at the part of the key question we have specific concerns about.

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 all of the 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

- After we had issued the warning notices to the provider they had utilised their own senior managers to work at the home. This had improved the oversight and governance at Woodcote Hall. A new manager was in post who is being supported by the provider's senior management team.
- The local authority and local NHS community teams had provided support, guidance and training to staff at the home. This has helped to increase staff's understanding of supporting people's health, safety and welfare.
- A new handover system had been introduced where the manager has to sign off the handover record to ensure all tasks allocated to staff were completed. This will help to ensure care is given as planned and risk to people is continually monitored.
- People's care records were in the process of being rewritten to ensure they were up to date and fit for purpose. Immediately after our inspection, senior managers had prioritised people's records to ensure they contained the correct information for staff.
- The provider had updated IPC policies and procedures to ensure they now meet the current Government COVID-19 guidance.
- Systems relating to monitoring people for symptoms of COVID-19 and how people would isolate in the event of an outbreak had been reviewed and updated. These new systems helped to keep people safe from the risk of COVID-19.
- Feedback from staff was positive and they welcomed the extra responsibilities they were offered, such as being infection control champions. One staff member told us staff have pride in what they're doing now.
- Staff told us the new manager was honest about what they had to do, as a home, to improve the service. Staff told us they felt supported and involved in the changes which had already taken place and were still happening. One staff member told us they had been supported with the extra responsibilities they had. They said their knowledge had improved because the manager and one of the senior managers had explained things to them, rather than just being told what to do.

Although the provider has achieved compliance in the areas we identified in the warning notice, they remain in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the provider needs to embed and sustain the improvements to demonstrate consistent

good practice over time.