

Methodist Homes Woodlands

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Woodlands is an extra care service. The service provides personal care to older people who live in their own apartments in a modern building. At the time of our inspection there were 14 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider's quality assurance system was not effective and had not led to actions to improve the service or mitigate risks. People's care records did not reflect their current needs or risks to their well-being. Some records, including staff recruitment and training records, had significant gaps which had not been identified or acted upon.

People and relatives said they felt safe and comfortable when staff were supporting them. There were enough staff to cover most visits and agency staff were used as a contingency to cover gaps. Safeguarding processes were in place.

People and relatives described the service as "warm, friendly and welcoming". They had confidence in staff's abilities and competence.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

There had been no manager at the service for several months and the provider was actively trying to recruit one. Staff worked hard to promote a positive, teamworking approach but were concerned about the impact of the lack of management oversight.

People and relatives said there was good communication between the senior staff and people who used the service. External professionals said they found making contact with the service was sometimes difficult.

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 23 July 2018).

Why we inspected

We carried out this inspection due to the length of time since the last inspection.

This report only covers our findings in relation to the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodlands on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to managing risk and effective governance at this inspection.

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 governance. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe 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

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with a person who uses the service, 4 relatives and a friend. We spoke with 4 staff including 2 care team leaders, a support worker and the area manager. We sent a survey to 4 staff and received 1 response.

We reviewed a range of records. This included 5 people's care records including medicine records. We looked at 3 staff files in relation to recruitment. We also viewed a variety of records relating to the management of the service, including audits, 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant there was limited assurance about some aspects of the service.

Assessing risk, safety monitoring and management

- The provider's system for assessing, managing or reviewing individual risks to people had not been followed.
- In some cases, significant needs had not been risk assessed. For example, daily records showed some people having distressed reactions (including aggressive behaviours towards others), diabetes, declining to eat and declining medication. These risks to their wellbeing had not been assessed or set out in a risk management plan to prevent harm occurring.
- In discussions, some regular staff were knowledgeable about people's individual needs but there were no clear strategies or guidance to show all staff, including new or agency staff, how risks could be mitigated. This could lead to people receiving inconsistent or incorrect support, for example, when supporting someone with distress. One staff member commented, "We don't get much support or guidance to manage [person's] behavioural needs."

The provider's systems for managing people's individual risks was not effective. This contributed to a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had recruitment processes but these had not always been followed. In a small number of cases, full checks had not always been completed to ensure all staff were suitable to work with vulnerable people prior to their appointment.
- Staff training records indicated that some staff had not completed essential training in safe working practices or their learning had expired. For example, none of the staff had completed training in fire evacuation, including lone-workers who carried out overnight duties, and most had not completed food safety training.

The provider's failure to demonstrate the competency and skills of staff contributed to a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider aimed to provide enough staff on duty to make sure people received the assistance they needed at the right times. People and relatives said there were enough staff to meet their visits. They told us, "Yes, they stay long enough and they always do all that is required for me" and "Staff have never missed a visit."

Using medicines safely

- Overall, medicines were managed safely. People controlled their own medicines unless care assessments identified they needed some support.
- People who were supported with medicines said this was done in a safe way. One person commented, "What they do well is that they always give me my pills correctly and on time and go out of their way to come and look for me if needs be."
- Medicine records were checked by care team leaders each month and an audit form was completed. However, some recording shortfalls had not been identified by the audit.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place to protect the people who used the service.
- People and relatives said people felt safe receiving the service from staff. They said, "[My parent] is safe with her carers, they are excellent with her" and "They make [person] feel safe by the way they put them at ease and talk politely to them."
- Staff and managers understood their responsibility to safeguard people. Any potential concerns were reported appropriately. The training for some staff in safeguarding had expired.

Preventing and controlling infection; learning lessons when things go wrong

- The provider's infection prevention and control policy was up to date.
- People and relatives said they had no concerns about control of infection. One person commented, "They wear gloves and masks when necessary."
- The provider had an electronic system in place for staff to report accidents and incidents. The area manager oversaw these reports. This helped to identify anyone who was in need of a referral to healthcare professionals.

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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management had been inconsistent and management systems did not always support effective governance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The provider had quality assurance systems to manage risk and monitor quality. However, these were not fully effective because actions had not been completed and not demonstrably reviewed by the provider for completeness. For example, shortfalls to care records identified in an audit in 2022 had still not been addressed.
- Risk assessments were not in place for known areas of risk. Care records were not always up to date and did not provide clear guidance for staff. Medication audits had not identified some shortfalls to medicines records. Anomalies in staff personnel recruitment records and gaps in training had not been identified or acted upon.
- The service is required to have a registered manager as a condition of registration. The service had not had a registered manager since May 2023. Two care team leaders were providing supervisory support to the staff team whilst the provider advertised for a new manager.
- Staff described their concern that the long-standing lack of effective management oversight had led to a noticeable decline in compliance with required standards. They had raised this concern with the provider.

The provider's governance systems were not always effective and actions had not always been completed to ensure improvement. This contributed to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The area manager described plans for staff to review all care records and in future have these set out on an electronic management system. However, these actions had not yet commenced and care plans remained out of date at the time of this inspection.

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

- The service promoted a friendly, open and positive culture where people's independence was respected and supported. People and relatives described the service as "warm, friendly and welcoming".
- Overall, people and relatives were complimentary about the way it was run despite the lack of manager. Their comments included, "[Care team leaders] are always ready to speak with you and help if they can" and "The office has been a bit of a shambles recently but most of the staff seem happy and 90% of them are super."
- The provider's values were displayed around staff areas and staff were committed to supporting

teamwork and a positive staff culture.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 promoted some opportunities for people, relatives and staff to feedback on the running of the service, such as meetings, surveys and staff supervision.
- Most people and relatives could not all recall receiving a survey but all felt they would be able to raise any comments. One person commented, "[Office staff] are always ready to speak with you and help if they can."
- External professionals commented that they found contact with the service to be difficult. During the inspection, we found telephone contact was difficult although the service did respond to emails quickly.

Working in partnership with others

- Staff worked in collaboration with other health and social care professionals to support the people who used the service.
- People's spiritual needs were supported by a chaplain who provided pastoral support to people.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's safety and well-being had not always been assessed, monitored or mitigated. Records did not always accurately reflect people's current needs.</p> <p>Records did not demonstrate that staff were competent and skilled to carry out their roles.</p> <p>Regulation 12(2)(a)(b)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes in place to monitor the quality and safety of the service were not always effective and did not lead to corrective actions or improvement.</p> <p>Regulation 17(2)</p>