

Woodhall Care Services Ltd

# Woodhall Care Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection of Woodhall Care Services Ltd took place between 16 July and 2 August 2018 and was announced. We gave the provider 24 hours' notice of the inspection visit to ensure someone would be in the office. This was the first inspection of the service since the service moved to a new location in August 2017.

Woodhall Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to both older people, adults, young people, people with learning and profound disabilities and people at the end of their life. Not everyone using Woodhall Care Services Ltd receives regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection, 180 people were receiving personal care from the service.

A registered manager was in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff knew how to recognise and report any concerns about people's safety and welfare. However, risks to people's health and safety were not always assessed to help protect people from harm.

We found medicines were not always managed in a safe way. In particular, recording of actual medicines administered and topical medication.

People were provided with care and support by staff who were trained. Staff were skilled and competent to meet the needs of people. Staff told us they had received induction and training relevant to their roles. Staff demonstrated a sound awareness of infection control procedures.

There were enough staff deployed to ensure people received care. Safe recruitment procedures were followed to help ensure staff were of suitable character to work with vulnerable people.

Care records required further detail so staff knew what support to offer people. Care records did not always include information about people's preferences, likes and dislikes.

The service was compliant with the requirements of the Mental Capacity Act (MCA) 2005 consent was sought before care and support was offered.

People said staff were kind and caring and treated them well. We saw positive relationships had developed

between people and staff. People mostly received care from the same staff members. This allowed people and staff to become familiar with one another and it supported the staff to provide consistent care to people.

The service worked in partnership with other agencies including health professionals to help ensure people's needs were met. People's healthcare needs were assessed and plans of care put in place.

A complaints procedure was in place, which enabled people to raise any concerns or complaints about the care or support they received. However, more work was required around documenting actions taken and whether people were happy with outcomes.

Staff told us they felt supported in their roles and their views were listened to through supervision and team meetings.

People using the service, relatives and staff we spoke with were positive about the management team. Staff said the registered manager was approachable and supportive.

We found the providers quality monitoring systems were not always working as well as they should be. Some of the concerns we found at our inspection should have been identified through a robust system of checks.

We found two breaches of regulations in relation to medicines, safe care and treatment and good governance. We are considering the appropriate regulatory response to our findings.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

People received their medicines. However, improvements were required around documentation.

There were enough staff available to meet people's needs.

The provider followed robust recruitment procedures.

Staff knew how to recognise and report concerns about people's safety and welfare.

### Is the service effective?

**Good** 

The service was effective.

Documentation for nutrition and hydration required improvement.

The service was working in accordance with the requirements of the Mental Capacity Act. This helped to protect and promote people's rights.

Consent was obtained from people before care was provided.

People's healthcare needs were met. The service worked alongside a range of health care professionals.

Staff received the training they needed to deliver effective person-centred care safely.

### Is the service caring?

**Good** 

The service was caring.

Staff knew people well and knew what care they needed.

People provided positive feedback about the standard of care, telling us staff treated them with dignity and respect.

People were comfortable in the presence of staff and good relationships had developed.

### **Is the service responsive?**

The service was not always responsive.

People's needs were assessed. However, more detail was required in care plans to make them more person-centred.

Care records and people's assessed needs were regularly reviewed.

People knew how to make a complaint if they needed to.

**Requires Improvement** ●

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

The service was not always well led.

People were very complimentary about the service and everyone we spoke with said they would recommend it.

People, relatives and staff told us they felt the provider was approachable and acted quickly in response to any concerns or issues.

Improvements were needed to the processes for checking the quality and safety of the services provided.

**Requires Improvement** ●

# Woodhall Care Services Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place between 16 July and 2 August 2018 and was announced. We gave the provider 24 hours' notice of the inspection visit because the registered manager may have been out of the office supporting staff or meeting people who use the service. We needed to be sure that they would be in. On 16 July 2018, we made phone calls to people to ask them about the quality of care they received. On 24 July 2018, we visited the provider's office to look at care related documentation and to speak with the registered manager of the service. Between 1 and 2 August 2018, we interviewed care staff on the telephone.

The inspection was carried out by one adult social care inspector and two assistant adult social care inspectors.

Before the inspection, we reviewed the information we held about the provider such as notifications and information people had shared with us. We also spoke with the local authority commissioning and safeguarding teams to obtain their views on the service. We reviewed the information on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with eight people who used the service and eight relatives. We spoke with six care workers, the registered manager and the nominated individual. We looked at ten people's care records and records relating to the management of the service, including staff training records, audits and meeting minutes.

# Is the service safe?

## Our findings

We concluded from reviewing service documents that the service was not always safe.

Medicines administration records (MARs) were completed which provided assurance people were receiving their medicines as prescribed. However, the MAR stated D Box and did not list which medicines were to be administered. People did not have a medicines profile in place. A medicines profile provides information to staff about the medicines people were prescribed, the reasons why and possible side effects of prescribed medicines. Without this being in place staff were unable to check against other documentation the medicines they were to administer were as correct. If someone was displaying any signs of illness they would not be able to identify if this was in relation to the medication the person was taking. Therefore, there was not a complete record of medicine support provided.

Staff received medicines training and had their competency to administer medicines assessed.

The administration of topical medicines such as prescribed creams was not always recorded in a consistent way. MARs did not always contain details of topical medicines and people's care records did not always contain enough information to advise staff of where and when topical creams should be applied. For example, one person's daily records evidenced staff applied cream to a particular area, whilst other staff applied this to a different area. The care records did not detail which creams had been applied or which were required to be applied at any given visit. This meant the care record did not provide evidence the person was getting their medicines as prescribed.

Our discussions with the nominated individual and registered manager led us to conclude the service had a good understanding of medicines management and what was required to further improve their system. This gave us assurance the shortfalls in the documentation would be addressed.

The provider was unable to demonstrate they consistently followed safe medicine procedures listed in their own medication policy and the latest best practice. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the service had a recruitment policy in place. We checked six staff recruitment files. Appropriate checks such as references and Disclosure and Barring Service (DBS) were obtained prior to employment. All of the staff files we checked demonstrated that the correct procedures were being followed.

Safeguarding policies were in place and staff had been trained to recognise and report signs of abuse. We saw appropriate safeguarding concerns had been raised with the local authority or the CQC. The registered manager was aware of their responsibility to make safeguarding notifications when required.

Most people we spoke with told us they felt safe with staff. One person told us, "oh yes, everything is fine". However, one person told us, "sort of yes. There's a few that are a bit clumsy. One lady set her headscarf on fire. I have had things broken". The manager was aware of this and discussions had taken place with staff.

An environmental risk assessment had been completed for each house that staff visited to carry out care duties or provide support to people. These were carried out before care commenced, and were regularly updated. This ensured that staff were able to identify any potential risks in the person's home that could have an impact on staff carrying out their duties, or on the person themselves.

Assessments were mostly in place to mitigate risks to people's health and safety which included those for moving and handling, epilepsy, environment and use of the bath/shower. These provided information to staff on how to deliver care, although these needed to be more tailored to people's needs. For example, one person's needs assessment stated they lived with epilepsy. There was no care plan or risk assessment to reduce the risks associated with this. Another person had a specific health condition highlighted in the needs assessment however this was not mentioned within the care plan. We spoke to the manager on the day of inspection and she told us this would be rectified. When we spoke to staff they were fully aware of people's needs as they work with the same people on a regular basis. As people had a stable staff team we were assured the persons needs would be met whilst the work was being completed.

Accidents and incidents were recorded. The management promoted open discussions with staff about incidents, accidents and near misses. However, more work was required to demonstrate that investigations were thorough and comprehensive and lessons learned were reflected on and communicated. We spoke with the nominated person and registered manager who assured us full details would be documented in future.

Daily records of care demonstrated there were sufficient staff to provide care. They evidenced that calls consistently took place and staff largely attended at appropriate times each day, indicating there were enough staff deployed. However, people who used the service and their relatives had mixed views. One person told us "No, they are all different every time". However, another person told us, "Yes there is [enough staff deployed], sometimes [my relative] could do with two".

In one person's records, we identified staff were not always staying for the correct length of time. They were sometimes only remaining with the person for 15 minutes when the care visit was meant to last for 30 minutes. We spoke with the registered manager who told us that they would investigate this and speak to the staff involved. There were no missed calls recorded by the service.

Staff told us they had received training around infection control and they had access to personal protective equipment (PPE) such as gloves and aprons and knew how to make arrangements to obtain this.



# Is the service effective?

## Our findings

We concluded from reviewing service documents that the service was effective.

We saw people's needs were assessed prior to commencement of the service to ensure the service could meet their needs.

Where the service supported people with their dietary needs, these needs were assessed and recorded in people's care plans. However, people's dietary preferences were not recorded. The daily notes we reviewed demonstrated staff supported people with meals, drinks and snacks where this was part of the person's assessed care needs.

However, where people's care records showed that they were at risk of malnutrition or dehydration staff were not recording in detail what meals and drinks had been provided to them. For example, one person's file showed they were at risk of malnutrition and staff were required to record what the person had eaten. In the records we checked, staff had only recorded what food had been provided to the person but not what they had eaten. This meant that the person's risk of malnutrition was not being appropriately monitored. We spoke to the manager at the time of the inspection who told us they would amend the sheet for staff to record what had actually been eaten when they arrive at the next visit.

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.

Care records showed that where people had capacity they had consented to their plans of care. Where people lacked capacity, we saw relatives had been involved in decisions as part of a best interest process. Staff told us they asked consent when carrying out personal care. People we spoke with told us staff asked for their consent before providing care and they respected their choices.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedure for a domiciliary care agency to deprive a person of their liberty requires an application to be made to the Court of Protection. We found no applications had been required. We spoke with staff to gain their understanding of MCA and deprivation of liberty. Staff were able to explain how this could impact on the people they were caring for.

Where staff were concerned about people's health or had noted a change we saw they made referrals to health professionals. This showed the service worked with other agencies to ensure people were supported to meet their health care needs. People told us that, when needed, staff would phone the doctor.

A training matrix was in place which indicated what training staff had completed and when refresher

training was required. Staff received training and updates in a range of subjects including safeguarding, moving and handling, Mental Capacity Act (MCA), dementia, food hygiene and infection control. New staff completed the Care Certificate. This is a government-recognised training scheme, designed to equip staff new to care with the required skills for the role. We looked at staff training records and saw training was up to date or booked and records indicated when training was due. Training was provided using a mixture of on-line training, face to face sessions and practical sessions.

New staff received a two-day induction programme which included initial training. Staff shadowed an experienced staff member for a number of shifts, dependent upon their experience. Most staff said the induction was good. One staff member told us, "I started at the end of August last year and had an induction. I had online training, training in the office and shadowed in client's homes. Yes, I had enough training to do the role". Another staff member told us, "Yes, a couple of days training which covered everything and then shadowing shifts as well".

People we spoke with felt staff were adequately trained. Comments included "I don't know any other training. I must say yes", "Yes, I think so. One occasion the carer took a night bag off and put another one on and forgot to open the button. I don't think this would happen again" and "Yes, well I know what they do for me is ok.

Staff received supervision, appraisals and spot checks of their practice. This included checking they arrived at the person's home on time, stayed for the correct amount of time, completed the required tasks and treated the person with dignity and respect. This provided a support mechanism and allowed the service to monitor staff performance. We asked staff if they received supervision and if they felt supported. One staff member told us, "Yes definitely". Other comments included, "Yes, they are (supportive). Issues are noted and something is done about them. Yes, regularly" and "Yes, it gives a chance to discuss things".

The service was proactive in keeping update with best practice guidance. For example, the registered manager attended provider meetings and training delivered by and in conjunction with the local authority.

## Is the service caring?

### Our findings

We concluded from reviewing people's feedback and service documents that the service was caring.

Overall people were very positive about the staff at Woodall Care Service Ltd. They said staff were kind and friendly and treated them well. One person told us, "I've no complaints everybody has been so good and kind. I can't fault anybody. If I didn't like anything I would say so. I think it's marvellous the way I'm looked after. I'm over the moon with it all. Sometimes I feel like saying you sit down and I'll look after you". Another person told us, "Yes, they are kind and caring. They are really helpful, they offer advice. They treat [person] how I would expect". Other comments included, "Yes they are. I think [staff] is pretty gentle and makes sure [person] is sat in the lounge when finished. [Staff] says a cheery goodbye and when she will see us next" and "Yes, they are kind and caring. They are really helpful, they offer advice. They treat [person] how I would expect".

The service was organised into teams based on geographic location. This helped improve the continuity of care workers. We looked at daily records of care, which showed people had a core group of care workers; this helped ensure good relationships developed between them. People we spoke with confirmed this. One person told us "There's about five that rotate. One is brilliant, she will go out of her way to help me". Another person told us "Same ones come at a certain time, they always come". Other comments included, "More or less, it changes a little bit", "It's always the same staff" and "It's mostly the same staff".

Staff were able to explain how they communicated with people who found it difficult to communicate their needs, as they visited them regularly and had got to know them well. One staff member told us, "I think I know them quite well. They are my usual clients. I get the same clients all the time. We get to know more about them as we are working with them". Another staff member told us, "I know her quite well now. It's what I have grown to know. I know if she has deteriorated. She has a daughter and a granddaughter who tell us her needs as well".

We asked people if staff treated them with respect and dignity. Comments included, "Yes, [staff] say, oh you look very smart today", "oh yeh", "yes" and "Yes they do, they are a good lot. Everything is done in a private way." One staff member told us, "If washing and helping with the toilet I make sure they are covered, shut the doors, shut the curtains and keep it very private." Another staff member told us, "We have to make sure curtains are closed, be friendly, don't laugh."

Care plans focused on improving and/or maintaining people's independence, highlighting the tasks they could do for themselves and maintaining links with the community wherever possible. People confirmed they had been involved in writing their care plan. One person told us, "I did a new care plan with the manager." The person stated that their input was listened to as staff now assist them to the toilet more often.

We saw people's views and opinions were listened to by the service. People received a telephone monitoring call and the service had just sent out the annual satisfaction survey to people who use the

service and their relatives. We saw the feedback received was positive.

Staff we spoke with were positive about their role. They told us they enjoyed working with the people they supported which gave them lots of satisfaction. Staff told us they would be happy for their own family members to receive care from staff at Woodall Care Services Ltd. Comments included, "Oh yes, definitely. I wouldn't be working in this company if I didn't feel that way" and "Yes, very happy".

We saw the provider had policies and procedures in relation to protecting people's confidential information. This showed they placed importance on ensuring people's rights to confidentiality, were respected. All confidential records and reports relating to people's care and support were securely stored in locked cupboards to ensure confidentiality was maintained. Staff told us they received training around confidentiality. One staff told us, "If I see something in the home, I wouldn't talk about it. It's their home. I wouldn't talk about one client to another". Other comments included, "Well we keep everything private unless we need to tell anything to the supervisor" and "Always make sure clients information is kept private. It should be kept between myself and the manager."

The registered manager told us where possible they matched care staff according to the background of people they supported, such as those whose first language was not English. This demonstrated the service was responsive to the diverse needs of people who used the service and worked within the framework of the Equality Act 2010.

Staff had received training in equality and diversity and the service had an equality and diversity policy in place.

## Is the service responsive?

### Our findings

We concluded from reviewing service documents that the service was not always responsive.

People's needs were assessed and care plans formulated to meet these needs. However, the information about the care and support staff needed to provide at each visit required more detail. We saw care records stated that people needed to be supported to be independent. However, there was no information recorded about how staff could promote this.

Care plans were not always person centred and did not contain information about people's preferences and how they wanted their care to be delivered. It's important that people's opinions are recorded to show they are an equal partner in planning their care and staff will act on what people want. One person's plan explained that the person needed support with personal care. However, there was no detail on how this should be completed. Staff cannot always assume, however, that a person will tell them what they want. Therefore, the person was at risk of receiving care which was not centred around their needs and wishes. After discussion with the registered manager we were confident that detail would be added to the plans.

Care delivered was person-centred, and was delivered by staff who knew people well. The manager explained to us that some people did not have family to support them to medical appointments, or they had limited English. The service was very flexible with call times so they could support people to attend appointments outside their usual care visit schedule. Call times were also amended for when the district nurse visited, this ensured that co-ordinated care was provided. This also showed the service worked with other agencies to ensure people were supported to meet their health care needs.

Care records were reviewed with changes made where required. For example, we saw one person had required additional care calls and their care schedule was amended accordingly. We saw people were asked if they were satisfied with the care and support they received. Family members were also contacted for additional input.

Where staff were concerned about people's health or had noted a change, we saw they made referrals to relevant health professionals.

People we spoke with told us they knew who to complain to. We asked people if they had complained. One person told us, "Yes only a minor one". The person told us they were happy that this was resolved. Another person told us, "No, I hope I don't need to. We have a booklet with the number and email". Other comments included, "Rang management once asking about wet room being left wet. I asked for them to make sure its dry and safe. Since then it's been done". "No, they are good for me, everything is ok, they are helping me".

The registered manager recorded complaints. However, the service needed to improve documentation of actions taken, and whether people were satisfied with the outcome.

A number of compliments had been received, including praise for staff and the care they had provided to people at the end of their life. Comments included, "Just a line to say very many thanks for the help and care given to [person] during her last days. Especially [staff] who, because of [person's] dementia, had great difficulty in getting into the house and helping her. [Person], right to the end, believed there was nothing wrong with her and just wanted helpers, us included, to just go away. Again, many thanks".

The registered manager informed us they were not currently providing care for people at the end of life. However, they have cared for people at the end of life, and would work alongside family and professionals to meet people's needs and wishes.

# Is the service well-led?

## Our findings

We concluded from reviewing service documents that the service was not always well led.

There were some audits and quality assurance processes in place to drive improvements to the service. However, there were none in place for area such as call logs, daily notes, service user surveys, complaints, accidents and incidents. However, there was a development plan in place which the service used to continually improve. Areas such as assessing and improving service user surveys, communication policies and addressing any issues or concerns that are raised had already been highlighted on the plan.

Throughout the inspection, we found the provider's governance and record keeping systems had not been operated effectively. For example, concerns we identified with medicines administration records should have been identified through a robust system of checks.

Robust governance and quality assurance processes should have ensured the service was compliant with Regulations. This was a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the day of inspection, the registered manager was present at the office base along with the nominated individual. Both the registered manager and nominated individual were open to ideas for improvements to the service during our inspection. It was clear they both knew the care and support needs of the people who used the service.

Staff we spoke with were very positive about the management team, telling us they were approachable and supported them well. Comments included, "definitely, yes", "Yes, they respond to concerns", "Yes, definitely. If any issues, I send a message to the manager on the group chat, they respond straight away" and "Yes, they are approachable and fair. They are quite flexible".

We asked relatives their views of the management team. They told us, "sometimes the manager comes, asks if everything is ok and checks if the carers are coming on time", "She [manager] came and introduced herself to me and my daughter", "Yes, she [manager] listens" and "Fairly approachable".

The service regularly contacted people to gain their views of the service as well as sending out an annual survey. Following the previous survey where people had said the form was too lengthy and complicated, the service changed the format. People's views about the service were mainly positive.

The registered manager and staff worked in partnership with other agencies such as district nurses, the learning disability team, GP's and social workers to ensure the best outcomes for people.

Staff competency to administer medicines was regularly assessed to help monitor and improve the medicines management system. Staff received spot checks on their practice. This looked at a range of areas including how they interacted with people, whether they completed care and support tasks correctly and if

they were of appropriate appearance. This helped ensure staff worked to consistent high standards.

Staff meetings were held regularly. The staff meeting in March 2018, was held as two separate sessions so more staff could attend. Meetings covered a variety of relevant issues such as, introductions of new staff, call monitoring, the care certificate, record keeping, staff appearance and MAR charts. The meeting minutes contained an action log with tasks assigned to individuals with a date for completion.



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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were not in place to ensure proper and safe management of medicines;
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not robust to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services)