

Bupa Care Homes (ANS) Limited

Woodend Care Home

Inspection report

Bradgate Road
Altrincham
Cheshire
WA14 4QU

Tel: 01619295127

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17 December 2019

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Woodend Care Home is a care home providing personal and nursing care to 72 younger and older adults and people living with dementia. The service can support up to 78 people.

The accommodation is over four floors. One floor provides dementia care with the remaining three floors providing nursing and residential care.

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

Medicines were not always managed safely. The unsafe management of medicines had been highlighted in the last four inspections. There were mixed responses on staffing levels although there had been an increase in staffing since the last inspection. Risks were assessed and explored. The safety of the premises was monitored. Staff were recruited safely.

The provider had audits in place to monitor and improve the service, however, the audits had not identified the repeated concerns we found with the safe management of medicines. The home had worked with the Clinical Commissioning Group and local authority to improve after the last inspection and a home improvement plan was in place, however, the safety of medicines was still at risk.

There was a lack of support with oral care and some people did not have oral care, care plans in place. We could not be assured every person in the home was receiving appropriate support with oral hygiene.

Care plans were in place but did not identify a lack of information about a serious health concern for one person. Information about the assistance people received with personal care was not always clearly recorded. We observed activities were not always completed with people during our inspection, however, there was an activity timetable and there was mixed feedback about the activities available. People were supported to remain at the home at the end of their life

People were supported to access health and social care professionals in a timely manner. An assessment of needs was completed prior to people moving into the service to ensure the home could meet the person needs. People received a varied and nutritional diet. Meal times were relaxed, and support was given to those who needed it.

People and relatives were kind and caring and we observed some kind interactions from staff to people living in the home. Staff could describe how to support people's privacy and dignity and described how to give person-centred care.

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

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

Rating at last inspection and update The last rating for this service was requires improvement (published 24 December 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the safe management of medicines and the leadership of the home at this inspection.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Woodend Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, a medicines inspector, an assistant inspector and an Expert by Experience on the first day of inspection. One inspector, a medicines inspector and an assistant inspector returned for the second day of inspection.

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

Woodend Care Home 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

During the inspection, we spoke with the registered manager, the regional manager, the quality manager, the clinical lead, a nurse, a senior carer and four care workers. We spoke with 12 people who lived at the home and eight relatives.

We viewed seven peoples care files and associated care plans and risk assessments. We reviewed five recruitment records of new staff members and information relating to the training, induction and supervision of staff. We viewed documents relating to the management and the safety of the home and audits to monitor and improve the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We met with the provider to seek assurance about the management and leadership in the home and the safe management of medicines.



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 requires improvement. At this inspection this key question has now deteriorated to inadequate.

This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection the provider had not ensured people were protected against risks associated with unsafe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not managed safely which put people at risk of harm.
- Some people missed some doses of their prescribed medicines as they were out of stock.
- Some medicines were not being administered following guidance. For example, not being given at the correct time or a topical patch being applied to the wrong part of the body.
- People were given doses of some of their medicines too close together or at the wrong times because nurses failed to follow the prescribers' and manufacturers' instructions properly.
- Information was missing or inaccurate to assist staff in thickening people's drinks safely.
- One person's change of dose of medicine was poorly managed, and they were at risk of being given both the old and new dose together. The records failed to show that they were given the correct dose.
- Stocks of out of date medicines were at risk of being administered as they were stored with in date medicines. Controlled drugs were at risk of being administered when they were also out of date.
- There were gaps in medication records and we could not be assured all medicines have been given as prescribed.
- Waste and unwanted medicines were not stored safely in line with current guidance.

We found no evidence that people had been harmed, however, this placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed actions taken to improve the management of medicines and were working with a new pharmacist and the local authority medicines optimisation team to improve the management of medicines.

Staffing and recruitment

At our last inspection, we found the staff members were visibly stretched and this had not been identified by the provider. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staffing levels were satisfactory and calculated using a dependency tool. Staffing levels had improved since the last inspection, but we received mixed comments about the visibility and availability of staff. Some people told us, "I have not noticed any shortage of staff."; "The staff seem to be the same staff coming in"; "I think they are short of staff most of the time and waiting can take a while" and "I'll go out [of my room] to get staff attention, otherwise no one will come into my room."
- Staff did appear to be visibly busy, and we had to intervene to support people on two occasions while the communal lounge was unmonitored by staff. On raising this with the registered manager, they assured us, there wasn't a risk to the individuals concerned.
- Staff were satisfied with staffing levels and told us, "Its good, we've got a good core team that's been here a long time"; "Yeah, its fine, if someone is poorly, we will pick up after each other" and "It's okay, sometimes we don't get a break and we are very busy."
- Agency staff were used to cover some shifts, in particular night nurses, however, the provider aimed to ensure the agency staff were regular and were aware of the needs of people living at the home.
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

Assessing risk, safety monitoring and management

- Risks were assessed and processes in place to control and mitigate risk.
 - People and staff told us they received regular checks while they were in their rooms, however this was not recorded.
 - The safety of the premises was monitored and attended by internal and external contractors.
- Systems and processes to safeguard people from the risk of abuse
- Everyone we spoke with felt safe while living at the home. People and staff felt confident and knew who to report any safeguarding concerns to.
 - Any concerns had been reported appropriately and actions taken to safeguard any vulnerable adult.
 - Staff received regular training to enhance their knowledge on safeguarding vulnerable adults. They told us, "I would look for signs like abnormal bruising or being withdrawn and report it."

Preventing and controlling infection

- The home was clean, and a regular team of housekeeping staff were delegated to the home.
- We noted a strong smell in the entrance to the ground floor, however, we were assured the home will be going under a programme of refurbishment following the inspection.
- People told us they found the home to be clean and said, "The place is kept clean. Cleaners are here every morning."

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded on a computerised system which was reviewed by

the senior management team.

- An analysis of accidents and incidents was regularly completed to highlight patterns and themes and reduce the risk of a similar accident or incident occurring again.



Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People did not always receive the support they needed to live a healthy life.
- Some people were not always supported to attend to their oral hygiene. We raised this on the day of inspection and action was immediately taken to rectify the concern. Staff told us, "We do try [to attend to oral care], you have to be flexible and try your best and come back [when people refuse]."
- People were supported to access other health and social care services to enable them to remain as healthy as possible. One person told us, "I saw a physio on Tuesday, I rest my leg on a footstool and do exercises and I have recently seen the doctor." A GP visited weekly to review people.
- Where there were concerns with people's health and wellbeing, any referrals needed to health and social care professionals were completed in a timely manner.

Staff support: induction, training, skills and experience

- Staff received training to enable them to fulfil their job role. However, there was gaps for staff receiving training in oral care. Following the inspection, we saw this had been actioned.
- Training was regular, and staff felt it was appropriate for their role. One staff member said, "It's not too bad, we have lots of knowledge checks."
- Staff received an induction to the service based on the Care Certificate which is a set of agreed standards care workers adhere to.
- Regular supervision was given to staff and group supervision. Staff felt this was beneficial.
- Staff working at the home had a mixture of paid and life experience to support vulnerable people and people living with dementia.

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

- The home was a large, purpose-built building set over four floors. Each floor was accessible via a stairwell or passenger lift.
- Bedrooms were accessible and were personalised to people's tastes.
- Some work had been completed to enhance the floor supporting people with dementia, to be more dementia friendly. This included using stickers on bedroom doors to make them look like front doors and a post office counter.

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

- Assessments of people's needs were completed prior to moving into the home. The information fed into care plans and highlighted key areas of support.

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

- People were supported to eat a healthy and nutritious diet.
- Various diets were catered for at the home including halal, vegetarian and specialised diet such as soft or blended diet.
- People told us they enjoyed the food at the home and choices were varied. Comments included, "The food is nice here, its homemade." and "The food is variable, you can have choice." Meals times had a relaxed atmosphere.
- Staff were able to describe how they supported individuals in the home with eating and drinking and what risks people presented. Staff told us, "The meal times are good, we have time to support people" and "[Name] has six scoops of fluid thickener per 200mls." We found this information to be correct.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The home was working within the principles of the MCA and people had their capacity assessed and where appropriate, referrals were made to the local authority to deprive a person of their liberty.
- Where people lacked capacity, care and support was agreed in people's best interests.
- Staff gained consent from people before delivering any personal care.
- Staff were able to describe the principles of the MCA and where any restrictions were in place for people.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Support was given to ensure people had their privacy, dignity and independence respected. However, we did find occasions when people had not always been prompted or supported with daily mouth care which did not promote independence and was undignified.
- We observed people being supported to mobilise with equipment and staff offering reassurance for their safety and people being supported to eat and drink in a dignified manner.
- Staff told us they always knocked on people's doors before entering and ensured people were informed about the personal care they were about to deliver. One staff said, "I think about how I want my parents to be cared for and ensure the care I give is dignified."

Ensuring people are well treated and supported; respecting equality and diversity

- People felt well cared for and were treated kindly by the staff team. People said, "The staff are very nice" and "The staff are smashing." A relative told us, "[Name] is well looked after, I have called in at different times and I have no concerns, they are content."
- We observed kind interactions between staff and people living at the home and staff were friendly. It was clear staff knew people well and jokes were shared with each other and conversations followed. One staff member told us, "I know them [people] very well. I see more of the people in the home than I do of my family."
- People were treated as individuals and staff could describe people's needs. One staff member described in detail how to support a person in times of distress and this was also confirmed in the care plan.

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

- People, relatives and health professionals were involved in regularly reviewing the care and support each person required. People were supported to make decisions in relation to medical treatment and end of life care and where the person could not understand, a decision was made and agreed in the persons best

interests.

- One person had been able to move their pet cat in to the home with them. This had enabled the person to settled and other people had contributed to the decision.



Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

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

- Care plans were in place to support people, however, we found one care plan lacked clarity around a serious medical condition and staff could not provide us with the correct information to support this person if they became unwell. Following the inspection, we found the care plan had been updated and clearly displayed the action to take should the person become unwell.
- Some of the information around people's daily personal hygiene routines was not always clearly recorded. For example, it was not always clear how often people had been supported to have baths, showers and receive assistance with oral care. Following on from the inspection, the provider told us this was in the process of being reviewed with staff to ensure clear documentation was used. We did not find people had not received support with personal care and this was a recording error.
- People and their families had been involved in care planning and life stories had been developed and were used to develop conversations with people. Likes, dislikes, personal preferences and aspirations were recorded in care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a range of activities planned each week across the home, but we found people were sometimes left in communal areas or bedrooms for periods of time without stimulation.
- We received mixed feedback from people about activities which included, "There is some activity almost every day, like sing songs and story reading" and "I feel a bit bored, there is not too much going on."
- There was information recorded in care files in relation to activity preferences and what people enjoyed partaking in. It was not clear how this information fed into the activity timetable to ensure there was something for everyone to enjoy.
- Staff told us, "Its better now we have got a third activity coordinator, they go around and do pampering" and "We have introduced individuals going out on trips and in the evening, we have music and nibbles."

- Cultural needs such as religious preferences were recorded, and people were supported to receive visits from leaders of different faiths.

End of life care and support

- People were successfully supported to remain at the home at the end of their life and the home had links with health professionals to ensure end of life care was dignified and peaceful.
- Some people had end of life care plans in place and had made decisions for the home to support when the time came. This included having visits from religious clergy to ensuring family members were notified.
- Some people's care plans required further work to ensure their end of life preferences had been reflected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available for people throughout the home in different formats including large print and pictorial.
- Information was available in care plans for the help people needed to effectively communicate

Improving care quality in response to complaints or concerns

- Concerns and complaints were listened to and responded to. People knew how to raise a complaint and felt confident in doing so.
- Outcomes from complaints were shared for wider learning.



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 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; Continuous learning and improve care

At our last inspection the management of medicines had not improved and there were concerns with staffing levels and the home needing to become more dementia friendly. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 in relation to governance of medicines.

- The home has been rated as requires improvement at the last four inspections and there have been concerns with the safe management of medicines at each inspection which internal audits have not flagged. Following this inspection, we met with the provider to seek assurances around medicines management and an action plan was received to improve this area.
- A senior management team had been supporting the home to improve and to address previous breaches of regulations. A home improvement plan was in place, but we continued to find shortfalls
- The home was being supported by the Clinical Commissioning Group (CCG) to assist with the audit of medicines and although some concerns had been identified, there had been a lack of effective improvements to ensure the management of medicines was safe.
- Audits to monitor and improve the overall service were in place and actions were taken when the audits highlighted an improvement needed to be made. However, care plan audits had not highlighted the shortfalls in some care plans and daily notes or the concerns we raised for lack of support with oral care.
- The home used a regular agency for staff support, however, not every agency worker received an induction to the service. The registered manager told us, this was because the agency worked alongside more experienced members of staff however, all staff working in a care home need to be aware of each person's

needs and the policies and procedures within the home to ensure people are kept safe.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager, the provider and the senior management team understood their responsibilities under the registration with the Care Quality Commission. A new senior manager was in place at the home and had identified and made some improvements and we have received their assurances, the home will improve, and an action plan has been shared with us for areas for improvement and by when.

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

- Incidents needing to be notified to CQC and the local authority had been sent in a timely manner.
- Throughout our inspection, we found the senior management team to be honest and transparent and wants to improve the home for the people living at Woodend Care Home.

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

- People, relatives and staff were able to give feedback on the home and the management of the service. The most recent staff survey found half of the respondents were happy working at the home. The results from the residents and relatives survey had not yet been analysed.
- Feedback from people and relatives during the inspection was positive with lots of comments about the kindness of staff.
- Regular staff, resident and relative meetings were held to share information.

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

- People and staff found the registered manager and senior management team to be open and could go to them with any concerns.
- All staff we spoke with told us continuity of care was vital for supporting people living at the home. Staff said, "[Person centred-care], its individual, what goes for one person, doesn't go for another"; You have got to get to know people and how they will react" and "It's how you approach people."

Working in partnership with others

- The home worked with the local authority and the CCG to improve and meet statutory requirements.
- The provider had recognised the difficulty in recruiting nurses into care home and was working with an agency to improve this.

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines continued not to be safely managed across the home which put people at risk of harm.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Audits to monitor and improve the service did not highlight the findings with medicines during our inspections. Audits had not highlighted concerns with a lack of support with oral hygiene and missed entries in daily notes for personal care. The home has been rated as 'requires improvement' for the previous four consecutive inspections and had not improved to a rating of good.

The enforcement action we took:

Warning notice