

HC-One Oval Limited

Woodlands View Care Home

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 View Care Home is a care home providing accommodation for up to 120 people older people, some of whom are living with dementia. At the time of the inspection there were 52 people living at the home.

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

Infection control practice was not always robust. This was in relation to using the appropriate Personal Protective Equipment (PPE) if people were isolating and ensuring risk assessments were in place when needed. Training relating to infection control and COVID-19 had been delivered. Staff knew how to reduce the risk of transmission of COVID-19.

Governance systems were in place to monitor the service and identify concerns. These were used regularly. However, the issues relating to infection control practice had not been identified.

People felt safe and told us the staff were kind and friendly. Relatives felt the staff team were good and the management team ran the home appropriately. People's safety and welfare was monitored. If an incident or concern arose, the management team identified and resolved it. Incident, events and unexplained injuries were recorded and investigated. Where needed, incidents were reported appropriately. Medicines were managed safely, and these were checked through an audit system.

Records were reviewed to help ensure people's needs had been met. Staffing was monitored and call bells audited to ensure staffing numbers were effective. Some staff felt that staffing needed to be increased to enable them to spend more time with people, chatting and reassuring them. However, they said care needs were able to be met.

Staff felt they had received enough training and support to do their role and found the leadership of the management team to be effective. The recruitment process was robust, including all required checks to help ensure staff employed were fit to work in a care setting.

Rating at last inspection

The last rating for this service was Requires Improvement (published 14 January 2020).

Why we inspected

This was a planned inspection based on our ongoing monitoring of the service. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

Please see the safe section of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodlands View Care Home on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

Woodlands View Care Home

Detailed findings

Background to this inspection

The inspection

This was a focused inspection based on our ongoing monitoring of the service. We will assess all of the key questions at the next comprehensive inspection of the service.

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 undertaken by four inspectors 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

Woodlands View 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 who was 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 was an unannounced inspection.

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 professionals who work with the service. We did not request a 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. We had requested information from the provider prior to the inspection and this information was used as part of the inspection plan.

During the inspection

We spoke with nine members of staff and the registered manager. We spoke with six people who used the service and received feedback from eight relatives. We received feedback from a visiting health care professional. We contacted the local authority for their feedback.

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.

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 Requires Improvement. At this inspection we found that the rating has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were somewhat assured that the provider was admitting people safely to the service. However, one person who was in isolation had their bedroom door open. There was no risk assessment and management plan in place to ensure risks to others were controlled. Following the inspection, we were told this was now in place.
- We were not assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. We observed staff support people who were in isolation without using eye protection which was not in line with the provider's policy. We also saw a staff member carrying out COVID-19 testing without the required eye protection. In addition, one staff member was seen going into an isolation room without donning and doffing PPE as required and they planned to continue to serve lunch until we intervened. Following the inspection, we were told that appropriate eye protection was in place and supervision sessions were given to all staff involved.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. This was because staff were not consistently following the provider's policies and safe practice.

However, due to the risks and safe infection control practice not always being followed, this was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

- People told us they felt safe. Relatives also told us they felt people were safe. One relative said, "They're definitely safe, they're always there with them and there's good security." Another relative said, "[Person's] very safe, the staff are wonderful."

- Staff told us that the management team were around the home checking staff were working safely.
- People had individual risk assessments. Staff were aware of people's individual risks. A visiting health professional told us that staff made referrals appropriately and followed their guidance.
- Staff told us they had attended fire training and fire drills. They felt confident in what to do in the event of a fire. Records showed that staff had attended fire drills.
- Where people had a history of falls, we saw that there were actions taken to help reduce the risk of a reoccurrence. Analysis of falls, events and incidents was completed to help ensure any themes and trends were investigated.
- Pressure care was managed safely. Records showed that people were supported to reposition, cream was applied and pressure relieving equipment was in place and checked.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents were reported to us when needed and to the local authority safeguarding team.
- Staff were aware of what signs of abuse to look out for and how to report any concerns they had within the home. One staff member said, "There is info here everywhere! The numbers to contact and the people to speak to should we have any concerns."

Using medicines safely

- There were effective systems in place to promote safe management of medicines.
- Records were accurately maintained for medicines and they were stored securely.
- Medicine audits were completed, and staff training was carried out.
- A sample of medicines checked showed that the quantities matched the records held.

Staffing and recruitment

- People told us they staff were around when they needed them. One person said, "I feel safe and I have no complaints." Relatives did not raise any concerns about staffing. One relative said, "There seems to be enough staff." Another relative told us they felt it would be beneficial to have additional staff to reduce staff being so busy and allow them extra time to spend chatting with people.
- Staff gave mixed views about staffing levels. Staff told us that basic care needs were able to be met but other areas such as sitting with someone to give reassurance or have a chat was not possible. One staff member said, "There's not enough time to give emotional care to residents, hard to find a spare five minutes." Other staff told us that the dependency needs of people meant that most needed two staff. This meant when they were supporting people with personal care, often there were no staff around to support others in communal areas or spend time with those cared for in bed.
- On two of the units, staff were observed to be able to meet people's needs in timely way.
- On the third unit, we found that one staff member was carrying out the required COVID-19 testing and this meant there was less staff available to support people. In addition, a medical emergency occurred, and this meant that staff were needed to support this person, whilst others in need of using the toilet had to wait. A new staff member, who was on their second day of induction, needed to assist someone who had been waiting over 30 minutes in soiled clothes as no other staff were available.
- The registered manager told us that an additional staff member would normally be on duty when COVID-19 testing was being carried out. However, on the day of inspection it was not possible, and they chose not to add any infection risk by using an agency staff member.

While we did not observe a negative impact on people in relation to staffing levels, we recommend that the provider reviews deployment of staff and ensures that when tasks such as COVID-19 testing is carried out, additional staffing is planned for to ensure there is no impact on people's care and emotional needs.

- Call bells were monitored to check they were responded to promptly.
- Staff told us training and supervisions were ongoing. The training records showed that training was up to date.
- The recruitment process included the appropriate checks to help ensure those employed were fit to work in a care setting.

Learning lessons when things go wrong

- Staff meetings included information about events and updates that staff needed to be aware of. For example, the call bell response times were audited, and the findings were shared with staff at meetings, discussing expectations and what was acceptable.
- Feedback about inspections by the CQC and the local authority was also shared, this included areas that needed to be reviewed or changes needed.
- Staff felt the management team kept them informed and they had enough information to carry out their roles well.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- At the last inspection Well led was rated as requires improvement. At this inspection we found that improvements had been made with the management and governance systems. However, we found shortfalls relating to infection control which meant there was a breach of regulation.
- The management team had shared information relating to COVID-19 infection control guidance and practice with staff and provided training. There had been regular checks to ensure the correct action was being taken. However, on the day of inspection we identified some shortfalls in relation to safe infection prevention and control. The learning from the provider's other locations had not been used to embed safe practice. The systems in place had not ensured that staff worked safely consistently.

We recommend that the provider reviews, and if needed, implement additional governance and monitoring systems in relation to infection control to ensure that staff are working in accordance with their policy and safe practice.

- People and their relatives told us they were happy with the care they received. One person said, "All good, they look after me well." Another person said, "No complaint about the home. I feel safe and happy here. I do not find faults with staff or the care."
- We saw that throughout the visit people were treated with dignity and respect. Staff spoke kindly to people and had positive relationships with them. People were heard laughing and joking with staff.
- People were offered choices; staff took time in explaining things and on one unit, tried to get them involved in activities.
- There was a log of complaints and a record of responding and monitoring these. This also included any lessons learned and actions. Relatives told us complaints were responded to.
- People's feedback was recorded at team meetings and an action plan put in place, if needed, to ensure this was followed up. Meetings notes showed examples of actions being taken.
- Staff told us that a member of the management team was always available and responsive to issues. They felt confident to go to them with any concerns. One staff member said, "I feel confident in my unit manager, I have little to do with senior management."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and 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

- Relatives told us that they felt the management team were open and shared information with them. One relative said, "I normally deal with [administrator] who is honest friendly and kind.' Another relative said, "I know who the manager is but have only met her once. I know most of the staff, I know [administrator] in the office. [Unit manager and carer] on [unit name] are always smiling. I think all of them are approachable."
- Relatives comments about the management team were mixed, but most felt the service was run well. One relative said, "'I know [registered manager] by name, I met her once at the beginning. I had contact with her when I was worried about [person] isolating, but I have tended to email more. She is good when you're trying to sort stuff out but is not very visible as a manager, not milling around."
- There was a service improvement plan. This included all areas identified through internal monitoring and feedback from professionals.
- There were audits across all key areas of the home. For example, falls, care plans, fire safety and medicines. Where any shortfalls were found, an action plan was developed.
- Care plans included clear information to help guide staff. Staff all knew people well. Care plans and daily records were reviewed regularly to ensure staff were meeting people's needs and records were accurate.
- The management team provided guidance and support for staff.

Working in partnership with others

- The registered manager was in contact the local authority and engaged with CQC to support the inspection and help identify any shortfalls. Following the inspection visit a member of the provider's management team updated us on action already taken following our verbal feedback.
- During the pandemic the provider had been working with Public Health England to help ensure they were up to date with guidance.
- The management team was open to feedback and wanted to use this to improve and develop the service further.

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
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	The provider had not ensured that staff worked in a way that promoted consistent and safe infection prevention and control.