

Woodhall Care Services Ltd

# Woodhall Care Services Ltd

## Inspection report

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18 August 2020  
19 August 2020  
20 August 2020  
09 September 2020

Date of publication:  
02 October 2020

## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

# Summary of findings

## Overall summary

### About the service

Woodhall Care Services 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 older adults and younger disabled people. At the time of the inspection the service was providing personal care to 120 people.

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

People were happy with the support they received with their medication. One person told us, "The staff are really good and friendly." Another said, "I believe the staff to be nice and caring people. The staff care for me and offer to help me out." People told us the staff wore appropriate personal protective equipment (PPE) when administering their medication and caring for them.

Medicines were managed safely. Significant improvements had been made to medicine management. This was supported by effective oversight and auditing systems which identified and addressed issues in a timely manner. There was clear information about when and how to administer medicines and creams.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 25 September 2019) and there was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This was a targeted inspection and therefore the rating has not changed.

### Why we inspected

This was a planned inspection based on the previous rating.

We carried out an announced comprehensive inspection of this service on 28 August 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve medication management and governance.

We undertook this targeted inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

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

**Inspected but not rated**

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

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

**Inspected but not rated**

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## **Detailed findings**

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had made improvements in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

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

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 August 2020 and ended on 9 September 2020. We visited the office location on 9 September 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 sought feedback from the local authority and commissioning teams in Bradford. We used all this

information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and 12 relatives about their experience of the care provided, particularly focusing on the management of medicines. We spoke with eight members of staff including the nominated individual, registered manager, senior care workers, care workers and the medication administration officer. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's medication care records and cross checking a sample of staff training, competency checks, supervision and spot check documentation in 17 staff records with the information on the provider's matrix. We reviewed the medication policy and procedures and management audits.

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

The purpose of this inspection was to check whether the provider had made improvements in relation to medicines management. We will assess all of the key question at the next comprehensive inspection of the service.

### Using medicines safely

At our last inspection, although there was no evidence people had been harmed, we found systems were either not in place or robust enough to demonstrate medicines were managed safely. This was a breach of Regulation 17 (Good Governance) 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 17.

- People were happy with the support they received with their medication. One person told us, "The staff are really good and friendly." Another said, "I believe the staff to be nice and caring people. The staff care for me and offer to help me out." People told us the staff wore appropriate personal protective equipment (PPE) when administering their medication and caring for them.
- People were encouraged to be independent and involved with their care. One relative explained how a member of care staff involved their family member with their medicines and included them in counting and checking their medicines.
- The provider had introduced a new electronic medication administration system since the last inspection. People's medication profiles and electronic medication administration records (EMARs) were clear, up to date and contained detailed information.
- Where people required support with the application of creams, there were clear instructions and body maps about when and where to apply creams.
- We found some 'as required' medicine protocols were not detailed. However, the provider confirmed people who were receiving medication on an 'as required' basis were able to tell care staff when they required this. This was not clearly stated in their care plans. The provider took immediate action at the time of inspection to ensure all relevant information was included within the protocols. The registered manager had a clear understanding that if people lacked capacity a greater level of detail would be required in the 'as required' protocols.
- The provider had a clear process in place to ensure staff were trained and competent in the administration of medication.
- All staff told us the new EMAR system worked really well. One member of staff member said, "The new

system is really good. It is much easier. It can do changes straight away." Another told us, "The new system is much better. It is all updated straight away. Any problems you let the office know."



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

The purpose of this inspection was to check whether medication quality audits were robust and effective. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection we found improvements in the systems of governance and quality assurance, however the concerns identified about medication administration had not been identified through audits. This was a continued breach of Regulation 17 (Good Governance) 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 17.

- People were complimentary about the care they received. One person told us, "The management team resolve issues straight away." Another person commented, "If there ever was any problem I would be onto management. None at all so far, all excellent."
- Staff were supported by the management team and said they were able to raise any issues or concerns. One member of staff said, "The management care. It is a good company. I love going to work. I enjoy seeing clients." Another told us, "We work as a team. I'm really happy working with the company." One staff member commented, "They are good managers. They help and support. You can call them anytime."
- Since the last inspection an additional role, medication administration officer, had been created to ensure additional oversight of medicines and to identify and address issues in real-time.
- Daily and monthly medication audits were undertaken. They effectively identified issues and ensured they were addressed promptly. Medication audits were also analysed on a monthly basis to ensure any identified areas for improvement were actioned. The audits also helped to identify staff that needed further support.
- We highlighted it would be beneficial if all action taken as a result of audits was clearly recorded. This provides an audit trail and clearly demonstrates issues identified have been actioned.
- The provider was very positive about the improvements in medicines management. They felt assured the system in place was robust and identified issues promptly. The checks were carried out remotely which had been particularly effective in the COVID-19 period.