

Woodland Care Home Limited

Woodland 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

Woodland Care Home is a residential care home which provides personal care and accommodation for older people and is located in Oldham, Greater Manchester. The home is registered to care for up to 18 people. At the time of this inspection, there were 16 people living at the home.

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

Medicines were not managed safely and we identified similar concerns to those found at our last inspection of the service in 2021. Staff displayed a good understanding of safeguarding and whistleblowing, although some said they didn't always feel comfortable reporting concerns due to a fear of repercussion. We also received feedback about a poor culture amongst the staff team.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. The policies and systems in the service did not always support practice. We saw people's movements around the service were restricted at times.

Record keeping needed to be improved, particularly regarding oral hygiene and some care plans were not always updated when people's needs changed.

The service has a poor regulatory history with the Care Quality Commission (CQC) and has been in breach of regulations at the previous four inspections with the overall ratings being inadequate and requires improvement on three occasions. Warning notices were served at our last inspection in April 2021, although due to the concerns we identified regarding medication, these had not been met.

Staff wore personal protective equipment (PPE) throughout the inspection and lateral flow testing was carried out. There were enough staff to care for people safely and correct recruitment procedures were followed. Regular checks of the building and equipment were carried out to ensure they were safe to use.

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 8 June 2021). 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 not enough improvement had been made and the provider remained in breach of certain regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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 COVID-19 and other infection outbreaks effectively.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

Enforcement and Recommendations

We have identified breaches in relation to people's safety, consent and leadership of the service.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

The overall rating for the service is requires improvement. This is based on the findings from this inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

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?

Not all aspects of the service were safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

Not all aspects of the service were well-led.

Details are in our safe findings below.

Requires Improvement ●

Woodland 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 Health and Social Care Act 2008.

Inspection team

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

Service and service type

Woodland Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced, however we informed the staff team we would be returning to the service to complete the remainder of the inspection.

We visited the service on 29 April and 3 May 2022. Further inspection activity was completed via telephone and by email, including speaking with people who used the service, relatives and reviewing additional evidence and information sent to us by the provider.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from professionals who worked with the service, including Oldham local authority. The provider was asked to complete a provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke to five people who used the service, four relatives and five members of staff to obtain their feedback about the service.

We reviewed a range of records. This included five people's care records, a selection of medicine administration records and three staff's recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found following our site visits.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question remains 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.

Using medicines safely

At the last inspection, the provider had failed to ensure people received safe care and treatment. This was a breach of regulation 12 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 always managed safely. The service did not have the correct equipment to accurately measure one person's liquid oral medicine. This person did not have enough of this medicine in stock and had missed doses of this medicine on two days.
- The medicines for another person could not be accounted for meaning they missed a dosage and did not receive it as prescribed.
- Some people did not receive their prescribed food supplements for managing weight loss due to the service running out of stock.
- People were at risk of receiving their medicines incorrectly. Handwritten Medicines Administration Records charts (MAR) were not always fully completed. One MAR chart did not have the correct identifying information and three MAR charts did not include directions on how to give medicines correctly. Allergies were also missing from the charts.
- Time specific medicines given 'when required' were not always recorded accurately, to make sure there was sufficient time between doses.

We found no evidence that people had been harmed. However, medicines management was not safe which put people at risk of harm. This demonstrates a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicine training and competencies had been completed by all staff administering medicines in the home.
- Medicines that needed to be given covertly (hidden in food or drink) were given safely and appropriate paperwork was in place.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- A safeguarding policy and procedure was in place and staff said they received training. Staff displayed a good understanding of safeguarding, whistleblowing and how to report concerns, although some said they

didn't always feel comfortable reporting concerns of a safeguarding nature due to a fear of repercussion. We spoke with the local safeguarding team at Oldham Council about these concerns so they could be investigated further.

- People and relatives told us they felt safe with the care they received. A relative said, "[Person] has been there a number of years and we've never had any problems." Another relative added, "I think so. (Person) has never had an issue and has not said they aren't happy."
- A log of any accidents and incidents was maintained, along with details about any actions taken to prevent re-occurrence.

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

- We found the service was not always working within the principles of the MCA and we there were instances where people's movements within the service were restricted. For example, the removal of mobility equipment if people were at risk of falls. Another person was told to remain seated on several occasions when they wanted to walk around the home.

We found no evidence that people had been harmed, however this was a breach of regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We raised these concerns with the registered manager who said they would make arrangements for the relevant mental capacity assessments and best interest discussions to be put in place due to these people lacking capacity to make their own decisions.
- Appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were recruited safely with appropriate checks carried out before commencing employment. This included holding interviews, carrying out disclosure barring service checks and requesting references.
- A dependency tool was used to determine staffing levels and weekly rotas were in place. There were two care staff working at the service at night and four during the day, plus the deputy manager. Although staff reported it could be difficult during busier periods, they were able to meet people's needs with the current staffing levels. One member of staff said, "It can depend how certain people are on certain days but we manage to get things done."

Assessing risk, safety monitoring and management;

- People had a range of risk assessments in place which covered areas such as falls, skin, nutrition and moving and handling. Where any risks were identified, control measures were implemented to keep people safe.
- Relatives spoken with during the inspection said they felt risks were well-managed. One relative said, "(Person) had a fall only once, but no harm was done. They always keep on top with weight loss." Another

relative added, "(Person) has had a couple of falls and was losing weight but it's steady now. They are monitoring it."

- Regular checks of the building and equipment were carried out including gas, electrical installation, hoists and the lift.

Preventing and controlling infection

- 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 admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- 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 was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visits at the service were being carried out within government guidance and relatives with told us about the measures in place. One relative said, "Every time I go there, I have to have a test in the doorway."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question remains 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.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection, the provider had failed to ensure there was good governance at the service. This was a breach of regulation 17 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.

- The service has a poor regulatory history with CQC and has been in breach of regulations at the previous four inspections with the overall rating being inadequate and requires improvement on three occasions. Warning notices were served at our last inspection in April 2021, although due to the concerns we identified regarding medication, these had not been met.
- A range of audits were carried out which covered areas such as the environment, medication, kitchen, infection control and care plans. The audits carried out were not effective however, as the most recent medication audit, carried out around the time of our inspection had scored 100%.
- Mental capacity assessments/best interests discussions were not always arranged when restrictive practices were carried out. The service were unaware these needed to be completed.
- Care plans were not always updated when there were changes to people's care needs. For example, one person's care plan stated they could attend to their own hearing aids, although staff needed to do this for them. Their care plan also stated they needed a pressure relieving cushion, although this was no longer required. Another person's care plan said they could brush their teeth independently, although staff now needed to provide this support.
- The recording of people's oral hygiene care was also inconsistent and not always documented twice a day to demonstrate this was being carried out.

Systems were either not in place or robust enough to demonstrate governance systems were effective. This was a breach of regulation 17 (Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to involve people, relatives and staff in how the service was run. This included the use of satisfaction surveys to obtain feedback and meetings with staff and people living at the home.
- 'Staff discussions' were held so managers could speak with staff about any concerns regarding their work

and regular supervisions and appraisals took place.

- The deputy manager also completed daily walkarounds of the service to monitor standards within the home.

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

- Not all of the staff team spoke of a positive culture within the home. Some staff said there were often clashes and disagreements amongst each other which meant working together could be difficult which did not promote a good culture.
- Both people living at the service and relatives provided positive feedback about the care at the service which enabled good outcomes for people. A relative said, "I am more than happy with the care being provided." Another relative said, "From what I've seen, they're very good."

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

- The provider was also the registered manager, and they understood their role and were aware of their responsibility to submit statutory notifications.
- Staff felt the service was well-led. One member of staff said, "All fine from my point of view and the managers are supportive and approachable." Another member of staff said, "The current manager is working very hard, is always there and is supportive."
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We could see this was displayed both at the home, although a website was not in use.

Working in partnership with others;

- The service worked in partnership with a range of different healthcare professionals to ensure people received the care they required. This included social workers from the local authority, GP practices and district nurses.
- Referrals were made to other health professionals as required such as speech and language therapy (SALT), dieticians and the falls service if there were concerns about people's care.