

Leicestershire County Care Limited

Woodmarket House

Inspection report

Woodmarket
Lutterworth
Leicestershire
LE17 4BZ

Tel: 01455552678

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06 February 2020

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19 March 2020

Ratings

Overall rating for this service	Requires Improvement ●
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Is the service safe?	Requires Improvement ●
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Is the service well-led?	Requires Improvement ●
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Summary of findings

Overall summary

Woodmarket House is a residential care home providing personal care to 29 people at the time of the inspection. The service can support up to 42 people.

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

The provider and the registered manager had taken steps to improve the service and ensured people received safer care. An action plan to address the warning notice carried out by CQC had been implemented. All the requirements of the warning notice had been met.

The systems and processes to identify, record and investigate incidents had been improved. The registered manager reviewed all incidents and implemented preventative measures to keep people safe.

Staffing numbers had increased and there were enough staff with the right skills to meet people's needs. Contingency plans were in place to replace staff when they were absent from work with short notice.

Improvements had been made to the management of medicines. Stock control had improved and this meant people were not without their prescribed medicines. People had their medicines reviewed to ensure they were effective. Records were accurate and up to date.

Staff understood their responsibilities to protect people from abuse and avoidable harm. People and staff felt confident any concerns would be listened to and addressed appropriately.

The decoration and maintenance of the premises continued to require improvements. There was an action plan in place but there were no clear timescales for when the work would be completed.

People and staff had confidence in their managers and felt supported. People and staff were engaged and involved in developing the service. Changes to day to day routines were made to suit the needs of people who used the service.

Rating at last inspection

The last rating for this service was requires improvement (published November 2019) when there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Following our last inspection, we served a warning notice on the provider. We required them to be compliant with Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 29 November 2019.

Why we inspected

This was a focused inspection based on the warning notice we served on the provider following our last

inspection. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused 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 care and well-led. The overall rating for the service has not changed following this focused inspection and remains requires improvement. This is because we have not assessed all areas of the key questions. The rating for the key question 'safe' has improved from 'inadequate' to 'requires improvement' because the provider was able to demonstrate they had become compliant with this regulation.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodmarket House on our website at www.cqc.org.uk.

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 consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Details are in our well-led findings below.

Requires Improvement ●

Woodmarket House

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 was carried out by two inspectors.

Service and service type

Woodmarket House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We spoke with three people who used the service about their experience of the care provided. We spoke

with seven members of staff including the area manager, registered manager and five care assistants. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had made improvements to safety and risk assessments since our last inspection. However, we found two safety concerns which had not been identified. The window restrictor in one person's room was not properly fixed to the window. There was a trailing electrical lead in one person's room which presented a trip hazard.
- Since our last inspection there had been a reduction in the number of accidents and incidents.
- Weekly incident and accident reports were reviewed by senior managers.
- Analysis was carried out to find out why the accident occurred and what could be put in place to reduce further risk. This included thorough, questioning and objective investigations.
- Action taken included the use of assistive technologies such as motion sensors. This meant staff would be alerted when the person was mobile and at risk of falling.
- Staff consulted other healthcare professionals such as the person's doctor. This led to changes to prescribed medicines resulting in positive outcomes for the person because it reduced the risk and incidence of falling.
- All staff had attended training about falls management.
- Staff were provided with a work station in the communal lounge so they could attend to their record keeping while also being available to people and monitoring their safety.
- Senior care staff had attended positive behaviour training. This meant they could manage people's distressed behaviour with minimal restrictions on their choices and freedom.
- Staff understood the things that triggered distress and knew how to offer reassurance and promote safety.
- Staff knew about nutritional risk and people's individual daily food and fluid targets. They took action when these were not met to ensure that people had enough to eat and drink.

Staffing and recruitment

- Staffing numbers and skill mix were sufficient to meet people's needs.
- People and staff felt there were enough staff to meet people's needs and keep them safe.
- A member of care staff said about staffing, "Yes before we were struggling but now there are loads of new starters and its made it a lot easier."
- People said staff had time to spend with them. We saw staff spending time with people and offering people choices, they were unhurried and interacting in a positive way.
- Since our last inspection the provider had secured a contract with a second agency staff provider. This meant staff were more easily replaced in the case of short notice staff absences.

- Staff were recruited in a safe way because checks were carried out with previous employers and with the 'disclosure and barring service' to check if there was any reasons or criminal convictions that would make the employee unsuitable for the role.

We found the provider to have met the requirements of the warning notice we served in relation to regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Since our last inspection, improvements had been made to the management of medicines.
- A new assistant manager had been employed and was taking the lead role in medicine management at the service.
- People had their medicines reviewed to ensure they remained effective and changes were made where required. One person had the amount of medicines prescribed reduced and this resulted in better outcomes and quality of life.
- People told us they received their medicines at the right time and in a safe way.
- Staff knew about people who had chronic pain and were prescribed analgesia. They knew how to support people and request medicine when this was required.
- There were policies and procedures in place for the safe management of medicines.
- Staff had received training and had their competency checked.
- Records were maintained for the receipt, administration and return of medicines and these were accurate and up to date.
- Protocols were in place for medicines that were prescribed 'as required'. This meant staff understood when these medicines should be given and in what circumstances.
- Medicines were stored securely and staff checked daily that storage temperatures were in line with manufactures requirements.
- Weekly audits were carried out to check that people had received their medicines and in the right way. Medicine audits identified shortfalls and action plans were developed accordingly.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were confident staff would support them if they had any concerns.
- Staff were able to describe the correct action they would take if they suspected abuse.
- The provider had policies about safeguarding people from abuse. Staff knew how to recognise the signs of abuse and knew how to report. They felt confident their manager would listen to any concerns and take action.

Preventing and controlling infection

- People told us they were happy with the cleanliness of the home.
- People's rooms and communal areas were clean. The cleaning staff followed daily cleaning schedules.
- Staff had access to all the personal protective equipment they required such as gloves and aprons.

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 this key question 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.

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

- Since our last inspection, improvements had been made to quality monitoring and audits at the service. However, there were several ongoing premises and maintenance issues that required attention and improvement.
- The external windows and internal glass partitions in the reception area were dirty and smeared.
- Many of the doors to people's bedrooms and in the corridors were scratched and scuffed.
- There was water damage to the ceiling tiles in the reception area.
- Maintenance work had been carried out in a downstairs bathroom, this had not been completed and there was wooden panelling which required replacing.
- The flooring in the medicines room was marked and scuffed and required replacement.
- There was damp on the walls in two people's rooms.
- Some window frames required replacing.
- The area manager told us there was a new property management team who would be addressing all of these maintenance issues but there were no definite timescales in place at the time of our visit.
- Audits had been carried out by an independent quality assessor contacted by the provider. An action plan had been developed and many of the action point had been implemented.
- For example the audit had identified that the meal time experience required improvement. Action had been taken and this resulted in an improved meal time experience for people.
- At lunch time we saw that staff took their time and interacted with people in a positive and respectful way. People were offered hand wipes to clean their hands before lunch. People were offered a choice of food and drink. A table rota had been introduced to make sure the same people were not always served first or last.
- The action plan regarding mealtime experience developed from the audit had been fully implemented.

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

- Meetings were held so that people could be engaged in developing the service.
- In response to what people said at the last meeting, changes had been made to the timings of meals.
- Condiments were made available on the table at every meal.
- People said they were concerned they did not know staff names since some new staff had been employed. In response, staff were developing a staff photograph board and name badges had been ordered.

- Some people requested not to be woken for time specific medicines and staff made changes to accommodate this.
- Staff meetings were also held. Meeting records showed that staff were asked for their suggestions and feedback. The provider and staff values were discussed as well as people's expectations.
- Mini learning sessions had been introduced so that the registered manager could explain the reasons for and importance of certain working practices and policies such as food and fluid monitoring and whistle blowing.

Continuous learning and improving care

- The registered manager attended 'managers' meetings with managers from the provider's other homes. This provided opportunities to learn from each other and make improvements. They discussed any issues with staff and took action where this was required.
- Improvements required were discussed with staff in team meetings and at handover meetings. Theme of the month communications were used to highlight current issues with staff. The most recent theme of the month was about infection control and the corona virus.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and community nursing teams to ensure that people received joined-up care.
- Information was shared with appropriate professionals.