

Woodland Care Home Limited

Woodland Care Home

Inspection report

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Oldham
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Date of inspection visit:
03 February 2020
06 February 2020
10 February 2020

Date of publication:
24 March 2020

Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service:

Woodland Care Home located in Oldham and is operated by Woodland Care Home Limited. The home is registered with the Care Quality Commission (CQC) to provide care for up to 18 people. There were 17 people living at the home at the time of the inspection, some of whom had mental health needs.

People's experience of using this service:

Medication was not always stored, recorded and administered safely. Potential risks within the home were not well managed and safeguarding allegations were not referred for further investigation to the local authority. Accident and incident forms were not always completed where incidents had taken place. People did not always have the right equipment to help keep them safe and robust infection control procedures were not always used. We identified concerns regarding fire safety and made a referral to Greater Manchester Fire and Rescue Service.

We have made a recommendation regarding night time staffing arrangements and updates to the environment.

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 support consistently good practice.

Staff supervisions did not take place as frequently as described in the policy and procedure and staff had not received all the necessary training to support them in their role. This included mental health and deprivation of liberty safeguards (DoLS)/mental capacity act (MCA). Where people had received visits from other health care professionals, this was not always clearly documented in care plans.

Inconsistent information was recorded in people's care plans and not all care plans were in place. There were no activities taking place during our inspection we observed people sat in lounge areas for long periods without interaction and stimulation from staff. The feedback we received from people was that activities could be improved.

There was a lack of oversight at the home from both the registered manager and provider. A robust auditing system was not in place, particularly regarding the concerns identified during this inspection. We had concerns regarding the storage of confidential information and seeking and acting on feedback from the relevant persons in the carrying on of the regulated activity.

Statutory notifications were also not submitted where allegations of abuse had occurred. We are following this up outside of the inspection process.

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

Rating at last inspection:

The last inspection at Woodland Care Home was in December 2017. The overall rating was Good.

Why we inspected:

The inspection was carried out in response to whistleblowing information we had received about the home. A decision was made for us to inspect and examine any risks.

Follow up:

We will continue to monitor information and intelligence we receive about the service and will return to re-inspect in line with our inspection timescales. However, if any information of concern is received, we may inspect sooner.

Breaches of the regulations and enforcement:

We identified breaches regarding need for consent, safe care and treatment, safeguarding people from abuse and improper treatment, good governance and staffing.

Full information about CQC's regulatory response to the breaches found during this inspection is added to reports after any representations and appeals have been concluded.

Special Measures

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?

Not all aspects of the service were effective

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

Not all aspects of the service were 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 ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, an expert by experience and a specialist advisor who looked at medicines management practices within the home. An Expert by Experience is someone with personal experience of caring for people with similar needs to those living at Woodland Care Home.

Service and service type:

Woodland Care Home 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 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:

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also reviewed information from two whistle-blowers which prompted our inspection.

On this occasion, we had not asked the service to complete 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 contacted Oldham local authority for feedback about the service in advance of our inspection, as well as attending a strategy meeting to review information of concern raised regarding the home.

During the inspection we spoke with the registered manager, provider, seven care staff, 11 people who used the service and four relatives. Documentation reviewed included seven care plans, three staff personnel files, six medicine administration records (MARs) and other records about the management of the service to help inform our inspection judgements.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. 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:

- Medicines were not managed safely. The storage of controlled drugs did not meet legal requirements. A small red box was used which was not secured to the wall meaning there was a risk it could be removed from the home. The controlled drugs register contained a number of discrepancies and blank pages.
- Medicines such as creams, which required cold storage were stored at room temperature. Insulin was stored in a food fridge which was not locked. The temperature recordings of the medication fridge was inconsistent. People did not have their creams applied as prescribed.
- MARs were not always well maintained. For example, when inhalers were not given, there was no reason documented on the MAR to explain why.
- Exact administration times were not recorded where people were receiving medicines which required a specific time gap between doses. Information was not available to guide staff in how and when to administer 'as required' medicines.
- We saw staff giving people their medicines in pots, leaving it with them and not checking to ensure it had been taken. We observed staff signing the MAR stating a person had refused their eye drops, yet when asked, they were happy to take them as required.

Assessing risk, safety monitoring and management; Preventing and controlling infection:

- Risks within the home were not well managed. This included missing window restrictors in ground floor lounge areas meaning there was a risk people could abscond or leave the building in an unsafe way. Previous incidents of this nature had occurred. Health and Safety Executive (HSE) guidance recommends windows should be restricted to an opening of 100 millimetres or less.
- We had concerns regarding fire safety. Some people frequently smoked in their bedrooms, although, appropriate risk assessments were not completed to manage these risks. There had previously been incidents where a mattress had been burnt, lit cigarettes had been left in a bin and attempts made to deliberately set off the fire alarms. Fire doors were held open by inappropriate means such as with chairs and door wedges. We made a referral to Greater Manchester Fire and Rescue Service after the inspection.
- Hazardous chemicals such as white spirit, which looked very similar to bottles of water, were not stored securely and could be accessed easily, potentially placing people at risk.
- The kitchen area was not always secure, particularly early in the morning where potential risks such as sharp knives and a boiling hot water dispenser could be accessed. There had been a previous incident at the home where a person living at the home threatened to harm a member of staff with a knife.
- People were able to use kettles in their bedroom to promote independence, however, risk assessments had not been completed to manage the risks of burns and scalds.
- People did not always have the necessary equipment in place to keep them safe, particularly when in bed.

Following an assessment, one person required the use of a specialist chair, bed bumpers and a crash mat due to previous safety risks when in bed. This had not been provided. They also had bed rails in use, although, these had not been properly risk assessed and they had recently tried to climb over them and got their legs stuck in the frames.

- We observed some poor practices regarding infection control. This included heavily stained arm chairs and the use of hand towels, nail brushes and bars of soap in bedrooms. Not all bins in the home were foot operated, meaning people may have to touch them after washing their hands.

The concerns regarding medication, infection control and risk management meant there had been a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment.

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

- People and their relatives told us they felt the service was safe, although, there were a number of safeguarding concerns which had occurred that had not been reported for further investigation. These included allegations of financial and sexual abuse, as well as verbal and physical altercations between people living at the home.
- Where people were found with unexplained bruising, further exploration around the cause was not completed and staff had not treated these as safeguarding concerns. There was also a lack of oversight from management to check these types of concerns were being reported.
- Staff confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how they would report concerns. However, it became apparent one member of staff was aware of allegations of abuse that had taken place, yet had taken no further action to help keep people safe.
- Systems were not always in place for when things went wrong. Accidents and incidents were recorded on forms, however, when reading people's daily cares notes, it became apparent other incidents had taken place, some of a serious nature, which were not clearly documented.
- Policies and procedures were in place regarding safeguarding people from abuse. The Oldham local authority procedure was on display near to the main entrance, however, over half of this document was missing and could not be located.

This meant there had been a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safeguarding people from abuse and improper treatment. This was because systems and processes were not established and operated effectively to prevent abuse of service users.

Staffing and recruitment:

- There were enough staff to care for people safely, although, we were informed there was not always a member of staff on duty at night who was trained to give people medication if they needed it, such as for pain relief. We were told by the provider and registered manager that in such scenarios, on call arrangements were in place where a trained member of staff could come into the home to administer any pain relief as needed. We did not find any evidence this process was not followed.
- Staff were recruited safely and we found all relevant checks had been carried out prior to them commencing their employment.

We recommend the home review the current staffing levels at night to ensure there is adequate cover to administer medication to people safely.

Is the service effective?

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

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the deprivation of liberty safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Best interest meetings and decision specific capacity assessments were not completed as required where people lacked the capacity to make their own choices and decisions. The ones in place were generic and only considered people's wider decision making capabilities.
- We identified several areas of restrictive practice where the best interest and decision specific capacity assessment process had not been followed. This was in relation to the use of sensor mats, bed rails and covert medication (added to people's food where they may be refusing to take it).
- DoLS applications were submitted to the local authority as required where people were assessed as lacking the capacity regarding their care and support. Staff understood when DoLS were required and under what circumstances.

This meant there had been a breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to need for consent. This was because care and treatment of service users was not always provided with the necessary consent.

Staff support: induction, training, skills and experience:

- A training matrix showed the different courses staff had completed, although, this did not cover some topics which would be relevant to the people living at the home. For instance, despite the home caring for

people with mental health needs, no mental health training had been provided and this was confirmed by staff.

- Although DoLS and MCA training had been completed, staff reported concerns to us about their abilities to undertake capacity assessments and felt more training was needed.
- Some staff were also unsure about the requirements of the MCA. For example, one member of staff stated it was about people's mobility needs. We had also seen evidence of restrictive practices within the home which were not identified.
- Although, safeguarding training had been delivered, we identified concerns regarding the ability of staff to recognise and report signs and symptoms of financial, sexual and verbal abuse. Although, incidents of this nature had occurred, they had not been reported as safeguarding concerns by staff.
- Staff told us they did receive supervision as part of their ongoing development, however, the home's policy and procedure stated each staff member would receive eight supervision sessions per year. Staff confirmed with us they were not this frequent and records to support this were not available.
- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role.

This meant there had been a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Staffing. This was because staff did not always receive such appropriate training and supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs:

- People received visits and attended appointments with other services such as opticians and chiropodists as needed. Although, details of their visits were not always clearly documented in care plans despite there being a section to record this information.
- Adaptations to the environment to meet people's needs were very limited. Some people's bedroom doors had their name on in very small hand writing, whilst some did not have their name on at all. This could make it difficult for people with sight issues to locate their bedroom easily. Corridor areas, particularly upstairs, were bland in colour, giving it a dated appearance.

We recommend the service consults best practice guidance about how to modernise and update the environment to ensure it is suitable to meet the needs of people living at the home.

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

- The care and support people needed from staff had been captured as part of the initial assessment process and was recorded within care plans. Background information was collated for each person and provided an overview of their life history.

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

- Staff supported people to eat and drink at meal times as required, although, many people living at the home were independent in this area.
- At the time of the inspection there was nobody at high risk of choking who may need their food in a different consistency. The home had previously worked closely with the speech and language therapy team regarding one person's swallowing abilities.
- People's weight was monitored. Where people had lost weight, they had been appropriately referred to other health care professionals, such as the dietician service for further advice. Supplement drinks were then

provided and we saw people received these as required.

- People told us they received enough to eat and drink and gave positive feedback about the quality of food.

Is the service caring?

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People spoke positively about the standard of care and support provided. One person said, "It is a nice place here. We are fortunate to have good staff." Another person said, "Staff are considerate and conscientious." A third person added, "Staff are always reassuring and always smiling."
- Feedback from family members and relatives was also positive. One relative said to us, "I brought my wife here as I couldn't cope looking after her on my own at home. She has since received brilliant care." Another relative said, "If it were not for staff who are hardworking and caring, I could have long time ago taken my mum to live elsewhere." A third relative also told us, "The staff are loving and compassionate."
- Staff who worked at Woodland Care Home were described as kind and caring by people and their relatives. One person said, "We are lucky to be here, the staff are good people." A relative also said, "The staff always have a way with my aunt. Her mood is changeable, but staff cope very well with her."

Respecting and promoting people's privacy, dignity, independence and equality and diversity:

- People and relatives told us staff always treated them with dignity and respect. We saw toilet doors were closed when in use, as were people's bedroom doors and windows when they were asleep. However, we observed some people's underwear was left on display outside their bedroom door on hand rails which could compromise their dignity. We provided this feedback to the registered manager.
- People's independence was promoted, with several people able to go out into the community on their own. Some people were also able to manage certain aspects of their care on their own. One person said, "Even though I am far away from my family, in here I have the privilege of independence. I do what I want and when I want to do it without restriction."
- People's equality, diversity and human rights needs were fully taken into account and detailed in their care plan.

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

- Reviews of people's care took place and these ensured people had the opportunity to make any changes to the care they received and make a contribution.
- Residents meetings also took place, giving people the opportunity to say if they were happy with how their care and support was progressing. One person said, "When I know there is a meeting, I attend. They normally consist of staff asking about how we feel."

Is the service responsive?

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 meet people's needs, preferences, interests and give them choice and control;
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.

- People had communication care plans in place, however, they did not always provide details about people's sight, hearing and sensory equipment they may require such as glasses, or hearing aids. This meant staff would not have access to appropriate information about people's communication requirements.
- One person needed to wear glasses as part of their assessed needs, although, staff said they were not currently being worn because the person took them off and damaged them. None of this information had been recorded in their communication care plan.
- Each person had their own care and support plan in place which covered other areas such as personal care, eating and drinking, mobility and elimination. Some of these plans lacked important information about people's care, particularly regarding nail care, skin integrity and the support people may need to clean their teeth/dentures.

This meant there had been a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good Governance. This was because a complete and contemporaneous record in respect of each service user was not always maintained.

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 were no activities taking place for people during the inspection and we observed people sitting for long periods in lounge areas, with little interaction from staff. People said trips and outings were not as frequent as they once had been.
- The lack of stimulation for people was reflected in some of the comments we received from people. One person said, "There is not much to do. It is mostly quiet hence you see some people are sleeping in the TV room." Another person said, "There isn't a lot of entertainment. I can't remember when last we had someone giving a singing entertainment." A relative added, "People could do with some stimulation."
- We saw records and photographs of past activities which had taken place at the home including draughts, dominoes. One to one activities had also taken place with people who chose to stay in their bedrooms.

Improving care quality in response to complaints or concerns:

- Appropriate systems were in place to manage complaints, with responses sent where people had been unhappy with the service provided. However, as mentioned in the 'Safe' domain of this report, where people had made complaints about money going missing, this was not referred to the local safeguarding team for further investigation.
- A complaints policy and procedure was available and was displayed near to the main entrance of the home.
- People knew how to provide feedback about the care they received and said they felt comfortable speaking with the registered manager.

End of life care and support:

- Nobody was in receipt of end of life care at the time of the inspection. People had specific end of life care plans in place, although, staff respected if this was not yet something people wanted to discuss.

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 good. At this inspection this key question has deteriorated to inadequate. Leaders and the culture they created did not promote high-quality, person-centred care.

Managers and staff being clear about their roles, understanding quality performance, risks, regulatory requirements; Continuous learning and improving care; 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:

- There was a lack of oversight from both the registered manager and provider to ensure regulatory requirements were met.
- During the inspection we identified concerns regarding fire safety, medication, risk management, safeguarding people from abuse, infection control, MCA, staff supervision/training and the storage of confidential information. There were no audits in place covering these areas to ensure standards were being maintained. There were no competency checks done to ensure staff gave people their medication safely.
- Confidential information was not stored securely. Documentation such as old care plans and staff recruitment/supervision information was kept in a room which was not secure. The upstairs office, where current staff files were located, was left unattended. The computer screen was left turned on, with the screen not locked when not in use.
- Satisfaction surveys had not been sent for some time, with the last ones being sent to staff, relatives and visiting professionals in 2017.
- Statutory notifications were not submitted to CQC as required. For instance, we identified a number of safeguarding concerns and allegations which had occurred but had not been reported to us. We are following this up outside the inspection process.

This meant there had been a breach of regulation 17 (2) (a and d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good Governance.

There had also been a breach of regulation 18 of Care Quality Commission (Registration) Regulations 2009 regarding Notification of other incidents.

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

- Staff told us they liked working for the service, with good teamwork throughout. However, some staff reported being shouted at if things were not done correctly.
- Staff said the culture at the home was improving but had not been good previously.
- We received positive feedback about the management and leadership in the service. Staff said they felt well supported and could approach management with any concerns.

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

- Staff meetings took place in the service which gave staff an opportunity to discuss work and improve the service people received. Staff said these took place regularly and they felt able to discuss any areas of concern and improvements.
- A range of policies were available, as well as a statement of purpose and staff handbook. This ensured people who used the service and staff had access to important information about procedures within the service.

Working in partnership with others:

- The service had developed a number of links within the local community and worked in partnership with different organisations to improve the support people required. We observed different health care professionals visiting during the inspection to assist people with their care.