

Woodfields Residential Carehome

Woodfields Residential Home

Inspection report

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Date of inspection visit:
19 January 2021
01 February 2021

Date of publication:
05 March 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Woodfields Residential Home is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. The service can support up to 17 people. Woodfields Residential Home accommodates people in one adapted building, most of whom were living with dementia.

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

Since our previous inspection improvement had been made at the home. However, further improvement was needed in some areas.

Improvements to the management of medicines had been made, but further improvements were needed to ensure the accuracy of medicine records. The provider had Processes in place to assess and manage risks to people, however we found one occasion where the process was not effective. People were supported by enough staff who were trained to recognise and report potential harm or abuse. Effective infection and control procedures were in place. Lessons were learnt when things went wrong.

The provider had made improvement to the personalisation of people's care. People's communication needs were met. People were supported to maintain relationships to avoid social isolation. Complaints or concerns were reviewed and acted on. Since our previous inspection, improvement had been made to include people's end of life wishes.

The provider had made some improvements since our previous inspection to the quality assurance processes. However, further improvements were still required to ensure errors were identified and acted on. Staff demonstrated a shared culture that was positive and person-centred. People were engaged and involved in the service. Continuous learning was encouraged to improve people's experiences of care. Staff worked in partnership with other health professionals.

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 07 March 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. During this inspection improvements were made however the provider was still in breach of regulation.

Why we inspected

We received concerns in relation to infection control and people's safety. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe section of this full report.

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.

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

Enforcement

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 to hold providers to account where it is necessary for us to do so.

At this inspection we have identified a continued breach in relation to the provider's governance systems, in ensuring continuous improvement is made for the safety of people.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Woodfields Residential 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 Care Act 2014.

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

Day one of the inspection was carried out by one inspector and an inspection manager. Day two was carried out by one inspector.

Service and service type

Woodfields Residential 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 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, however we telephoned the provider from outside the home because of the risks associated with Covid-19. This was because we needed to know the Covid-19 status in the home and discuss the infection, prevention and control measures in place.

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. The provider was not asked to complete a provider information return prior to this inspection. 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. We used all of this information to plan our inspection.

During the inspection

We completed our site visit on 19 January 2021 and made phone calls on 1 February 2021. We spoke with seven members of staff including the registered manager, senior carers, care assistants, and the cook. We reviewed a range of records, this included three people's care plans and multiple medicine 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 this key question 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.

Using medicines safely

- At our previous two inspections we found people's medicines were not always managed safely. At this inspection we found although some improvement had been made, further improvements were still required.
- People's medicine administration records were completed by staff. However, staff had not completed people's medicine records when they applied topical medicines and they did not record where on the person's body medicine patches had been applied. This meant the provider could not be sure that the creams had been applied.
- The provider had made improvement to protocols for people's 'as required' medicines. However, this was not consistent for everyone who had been admitted since our previous inspection. When discussed, the registered manager told us they would ensure protocols were in place. This was to provide staff with the process to follow for medicines prescribed on an 'as required' basis.

Assessing risk, safety monitoring and management

- People's health risks were not always mitigated by staff taking the required action. One person's records showed they had not had their bowels open for seven days. Their records did not specify when staff were to contact the GP when the person had not had their bowels open. The registered manager took action to take to address these errors during the inspection.
- However, the provider did have some processes in place to assess and manage risks to people, including risks in relation to eating and drinking, mobility and environmental risks.
- The provider ensured people's environment was safe by completing regular health and safety checks. There was also information for staff to support people in the event of a fire including pictures of equipment needed to safely evacuate people on people's bedroom doors.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to recognise and report potential harm or abuse. Staff we spoke with understood how to protect people from harm and what action to take if they had concerns.
- The Registered Manager was aware of their responsibilities and took action to keep people safe when concerns were raised. This helped to ensure people were protected from the risks of abuse and discrimination.

Staffing and recruitment

- At our previous inspection we found employment references were not always obtained from staff members previous employers. At this inspection we found in the staff files we looked at, previous

employment references were now received. This ensured safe recruitment procedures were completed prior to staff employment.

- People were supported by enough staff. Staff told us they always tried to support people in a timely manner, and we observed staff meeting people's needs.

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 mostly assured that the provider was promoting safety through the layout and hygiene practices of the premises. The registered manager told us the carpets on the upstairs landing and bathrooms were not easy to clean, therefore they were replacing them with non-slippery floors and were waiting for a quote to complete the works. There was also a leak in the home, but this was being repaired at the time of our inspection.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider ensured accidents or incidents were recorded and reviewed to help identify any trends. Actions were taken to reduce the risk of them happening again.
- One staff member told us if someone had a fall, they looked at how to reduce the risk of it happening again and the learning was shared with staff.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Since the last inspection the provider had improved the responsiveness of people's care. People received care which was personal to them and met their needs. Staff understood people's needs and preferences. For example, one resident was vegan and requested vegetarian food, this was discussed with their family who confirmed they previously ate a vegetarian diet, therefore they could have what they requested.

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.

- The provider understood the AIS. People's communication needs were assessed and documented in their care plan. Information was available in accessible formats, such as larger prints, for those who required it.
- The registered manager ensured communication needs were met for a person living at the home whose first language was not English. Staff had internal support from a team member and accessed external support from a health professional who spoke the same language.

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

- At our previous inspection, people had a lack of activities to take part in. During this inspection we did not observe any activities, however, staff told us activities were offered considering difficulties during the current pandemic. Staff told us some people spent their time in one of the communal areas described as the 'quiet room', where people had the opportunity to draw or complete crosswords at their leisure. One staff member told us people were supported with chair aerobics, if they chose to join in. People were also supported with communicating with their relatives through telephone and video calls whilst visits were not taking place.
- The registered manager knew what hobbies and interest people had. Staff told us these were offered to people and staff supported them to participate when they wanted to.

Improving care quality in response to complaints or concerns

- The registered manager reviewed and acted on any complaints or concerns however, none had been received in the previous four months.
- The registered manager held resident meetings to provide people with an opportunity to raise any complaints or concerns for the registered manager to investigate and address.

End of life care and support

- Since our previous inspection, improvements have been made to the consideration of people's end of life wishes. People's care plans contained their wishes and preferences during their final days and following their death. At the time of our inspection no one was receiving end of life care.

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

At our last inspection the provider had failed to ensure the safe management of medicines and processes in place were ineffective in identifying improvements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection whilst improvements were made the provider was still in breach of regulation 17.

- There were two managers registered with us who shared the role of registered manager, one of whom was at this inspection, the other who was also the provider of the home. The registered managers were in post at our previous two inspections where we found medicines were not always managed safely. During this inspection although improvements had been made, the systems in place to monitor the administration of medicines were not effective.
- The registered manager told us that it was the responsibility of the care staff to record the administration of some medicines however they were not completing this. No action had been taken to ensure a system was in place to ensure the administration of all medicines were recorded. This meant that the provider could not be sure all medicines were being given at the correct times and in the correct way.
- Our previous inspection found quality assurance audits were not always completed by either registered manager but were passed to senior members of staff to complete. At this inspection we again found some audits were completed by senior staff and were not always effective in identifying errors. As our previous inspection highlighted, again medicine audits had not identified issues we found at this inspection with medicine protocols and the recording of topical medicine. Therefore, improvements to the service were not always identified or actioned.
- The systems in place had also failed to identify errors in the recording of people's bowel charts, this meant there was a risk to people's health and improvements were not identified.

We found no evidence that people had been harmed however, despite systems being in place the management of medicine was not consistently effective. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their responsibility to notify us of specific events which happened at the home. However, we found one incident where we had not been informed. The registered manager told us they considered it as an isolated incident as other notifiable incidents were submitted accordingly.
- We found some audits were effective in identifying errors. For example, a falls monitoring audit completed through 2020 identified those who required a high risk falls profile and further intervention and support. The registered managers were updated on the outcomes of these audits and had a good oversight of the people living in the home.
- People's records, such as care plans and policies were regularly reviewed to ensure staff were up to date with how to meet people's needs.
- Staff were supported through regular supervision and informally through day to day practice. One staff member told us, "If you do not understand something, the manager will go through things again, they are always there."

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

- Staff demonstrated a shared culture which was positive and person-centred. People were supported by staff who knew them and respected them and their home.
- Staff told us the registered manager provided consistent support and was approachable, with one staff member describing the communication from managers as "brilliant".

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

- The provider investigated incidents and actions were identified to improve people's care. Staff told us they received updates and shared information through a communication book which was used daily.
- Staff told us they were encouraged to be open and honest and do the right thing whilst seeking support when they required it.

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

- The provider held resident and staff meetings which provided people with the opportunity to share their views.
- From a recent resident meeting we saw people were asked if they wanted anything different in relation to food, activities, drinks or care. For example, one person requested chocolate and it was recorded in the meeting minutes to be ordered.

Continuous learning and improving care

- During team meetings staff were reminded of processes to follow to improve care. For example, at one meeting staff were reminded to sign medicine records.
- Staff told us the registered manager sought their ideas to make improvements to the home. One staff member told us, "Anything that needs improving, the manager is all for it."

Working in partnership with others

- Staff worked in partnership with other health professionals to ensure people received the care they required. These included the local authority safeguarding team, GPs and other healthcare professionals.
- During the pandemic the registered manager also sought advice and guidance from the infection prevention and control lead at the local NHS trust.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance systems failed to ensure continuous improvement in the quality and safety of care for people.

The enforcement action we took:

We issued a Warning Notice which required the provider to be compliant by a specific date.