

Woodland Care Home Limited

Woodland Care Home

Inspection report

69 Queens Road
Oldham
Lancashire
OL8 2BA

Tel: 01616249344

Date of inspection visit:
16 September 2020
30 September 2020

Date of publication:
11 November 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

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 located in Oldham, Greater Manchester 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, some of whom are living with dementia and have mental health needs.

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

Further improvements were required to ensure people received their medication safely. Limited progress had been made to the environment to make it suitable for people living with dementia, who may not be able to orientate to their surroundings effectively. A new electronic care planning system had been introduced since our last inspection, however, we found certain care plans did not always provide sufficient detail about the care and support people needed. Auditing and governance systems had improved since our last inspection. However, these could be improved further to ensure the concerns found during this inspection were identified in a timely way.

People living at the home and their relatives told us the home was a safe place for people to live. Staff demonstrated a good understanding about how to safeguard people from the risk of abuse, with allegations of abuse submitted to the local authority when needed. Staff recruitment procedures were robust and there were enough staff to care for people safely.

The premises were well maintained, with regular servicing checks of equipment and the building carried out. Staff wore personal protective equipment (PPE) when delivering care and the home was seen to be clean and tidy.

Staff told us they received enough training and supervision to support them in their roles. People received enough to eat and drink, with appropriate referrals made to other health professionals as needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Complaints were handled appropriately and we received positive feedback about the activities at the home.

The home had a new manager in post who had worked at Woodland Care Home for approximately six weeks at the time of our inspection. The feedback we received was positive regarding the changes they made since taking up the role. The current staff team spoke of a positive culture at the home, with good team work throughout.

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 Inadequate (Published 24 March 2020) and the home has been in special measures since this date. During this inspection the service demonstrated that improvements have been made. The service is no longer rated as inadequate overall, or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service between in February 2020. Breaches of legal requirements were found regarding need for consent, safe care and treatment, safeguarding people from abuse and improper treatment, good governance and staffing. The provider completed an action plan after the last inspection to show what they would do and by when to ensure they were compliant with the regulations.

Following this inspection, we issued a notice of proposal (NOP) to cancel the registration of both the provider and registered manager. Due to the Covid-19 pandemic however, this was withdrawn and we worked closely with the provider who demonstrated sufficient action had been taken to make the necessary improvements.

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, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion (Caring) were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

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

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led 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 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

This inspection was carried out by two inspectors, a pharmacist 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 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.

At the time of the inspection, the home did not have a registered manager who was registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The home manager had applied to register with us at the time of our inspection.

Notice of inspection

We gave a short period of notice regarding the inspection. This was because we needed to discuss the safety of people, staff and inspectors with reference to COVID-19.

Inspection activity started on 16 September 2020 and ended on 29 September 2020. We visited the home on

16 and 18 September 2020 as part of a site visit. Further inspection activity was completed via telephone and by email, including speaking with people living at the home, relatives and reviewing additional evidence and information sent to us by the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Oldham local authority. 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.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We also spoke with six members of staff including the home manager and five care staff.

We reviewed a range of records. This included six people's care records and a selection of medication administration records (MAR). We also looked at three staff files to check staff were recruited safely. A variety of other records relating to the management of the service were also taken into account as part of the inspection.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, including quality assurance documentation and staff training 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 Inadequate. At this inspection, this key questions has now improved to Requires Improvement.

At our last inspection the provider did not have safe systems in place regarding medication and risk management, particularly in relation to fire safety, the safety of equipment and infection control. This was a breach of regulation 12 (Safe Care and Treatment) 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.

Using medicines safely

- At our last inspection, we identified concerns with controlled drugs, the storage and application of people's skin creams and staff not always observing people taking their medicines to ensure it was taken safely. We found some of these issues had been addressed, although identified other areas of concern.
- People's inhalers were not always stored safely in the original pharmacy labelled containers.
- People's medicines were not always administered safely. For example, systems for making sure enough time was left between repeated doses of medicines with a minimum dose interval were not robust. Records did not always clearly show the actual time when these medicines were administered. The correct equipment was not used for measuring small doses of liquid medicines. Records for the application of creams were not completed by the person who applied them.
- People's individual needs and preferences for taking medicines were not recorded. Protocols described in the home's policy to support the safe administration of 'when required' medicines were not used.
- Medicines administration records did not always support and evidence that people medicines had been administered correctly. For example, two records showed that more doses of medicine had been given than had been received into the home.
- The required controlled drugs records were not always completed to evidence the safe handling of these medicines.

This meant there was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.

- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

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

- At our last inspection, we identified concerns regarding fire safety, infection control, risk management and the safety of equipment. We found appropriate action had now been taken to address these concerns.
- Overall, we found the home to be clean and tidy, however, the carpet on the main staircase was still old and dirty and would benefit from being replaced. The home manager told us plans were in place for this to be done.
- All bathrooms were now equipped with necessary facilities such as paper towels, liquid soap and foot operated pedal bins.
- Appropriate checks had been carried out to ensure the building and equipment were safe to use. This included gas safety, electrical installation, hoists and the lift.
- Checks of firefighting equipment had been carried out and improvements had been made to fire doors. A full fire risk assessment had been carried out.
- At our previous inspection we had identified concerns regarding the safety of the kitchen where there was easy access to items such as sharp knives. We found the kitchen was always secure when checked. Risks relating to burns, scalds and people smoking on the premises had also not been put in place.
- Other risk assessments within people's care plans included skin integrity, use of the stairs, choking, falls and malnutrition. Each risk assessment provided detail about how risks needed to be mitigated.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection, we found allegations of abuse were not always referred to the local authority for further investigation. This had improved and we found a monthly log was now submitted to Oldham Council, detailing any allegations of abuse, or incidents that had taken place and any further action required.
- Staff had received safeguarding training and had an understanding about abuse and how to report any concerns. A safeguarding policy and procedure was in place and was displayed near to the entrance of the home.
- Both people living at home and relatives told us they felt the service was safe. One person said, "I love living here. I feel very safe and could not wish for better care." A relative added, "My brother is very happy here and I am as well. He is very safe because staff are around."

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were carried out to protect people from the risk of unsuitable staff working at the home.
- There were enough staff working at the home to care for people safely. We observed staff supporting people during the day and did not see anybody waiting for assistance.
- The feedback we received was that staffing levels were sufficient. One member of staff said, "The current manager is good at making sure there are enough staff on. Staffing is sufficient for now and the managers listen if we need more on." Another member of staff said, "There are enough staff during the day and we

manage to meet people's needs."

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 Requires Improvement. At this inspection, this key question remained the same.

Adapting service, design, decoration to meet people's needs

- At the last inspection, we made a recommendation about making improvements to the environment and consider making adaptations to make it more dementia friendly for people living at the home.
- Limited progress had been made in this area. Bedroom doors were still not personalised and there was no signage around the building which could make it difficult for people to find their way around the home. The carpets and decoration around the home had a dated appearance.

As at our previous inspection, we recommend the home review best practice guidance about how to improve the environment for people who may be living with dementia. We raised this issue with the home manager, who told us plans would be put in place to make changes to the environment.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider did not have appropriate systems in place to ensure decision specific capacity assessments and best interest meetings were held where people were unable to make their own choices and decisions. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Mental Capacity Assessments and best interest meetings were completed where restrictions may be in place such as leaving the building, crushing medication, or restricting access to people's cigarettes and lighters.

- DoLS applications were submitted to the local authority as appropriate.

We found improvements had been and the service was no longer in breach of regulation 11.

Staff support: induction, training, skills and experience

At our last inspection, staff did not always receive the necessary training and supervision to support them in their role effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements had been and the service was no longer in breach of regulation 18.

- At the last inspection, we had concerns about the knowledge of staff regarding the mental capacity act and safeguarding. Mental Health training had also not been undertaken, despite several people living at the home having mental health care needs. We found these courses had now been completed.
- Staff told us they received enough training to support them in their roles. One member of staff said, "I have been given enough training. There is a mixture of both practical and online training available." Another member of staff said, "More than enough [training] available and I find it quite intense too."
- Staff told us they received supervision as part of their ongoing development and we saw records of these taking place within staff files.
- An induction programme was provided to staff when they first commenced employment to ensure staff had an understanding of what was required within their roles. Staff who had not worked in care previously also completed the care certificate to ensure they had the correct skills to carry out their role.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People received visits and attended appointments with other services including opticians and chiropodists as needed. Details of their visits were not always clearly documented in care plans and contact details for people's healthcare professionals were also not always detailed in their care plan.

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

- People told us they received enough to eat and drink and gave positive feedback about the quality of food. One person told us, "The food is very good." A relative also added, "He has put on weight here. When he was at home, he was very slim but he has put on a stone so the food must be good."
- People were offered a choice of food at meal times if they did not want what was on the menu, although, the pictorial food menu did not correspond with what was being served on the day of inspection.
- People at risk of choking and aspiration received the correct consistency of food and drink.
- People's weights were being monitored. Appropriate referrals to dieticians had been made when people had lost weight. Supplement drinks were provided when required and people's nutritional intake was being recorded.

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

- Pre-admission assessments had been completed when people first moved into the home. These documented people's likes and dislikes and contained useful information to help the service deliver person centred care.
- Referrals had been made to other agencies including dermatologists and dieticians as necessary.

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 remained the same. This meant people's needs may not always be met.

At our last inspection the provider did not have appropriate systems in place to ensure people's care plans contained enough detail about the care and support people required. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the service was still in breach regarding this regulation.

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.

- The home had introduced a new electronic care planning system which staff could update using an app on their mobile phone. Care plans provided details about people's likes, dislikes, daily routines and hobbies/interests.
- At the time of the inspection, nobody needed their information presenting to them in a different format in order to assist them with communication. People had communication care plans in place, however, they did not always provide details about people's sensory requirements such as hearing, sight and verbal speech.
- Some of the other areas covered included personal care, eating and drinking, mobility and elimination. Some of these plans lacked important information about people's care, particularly regarding people's level of mental capacity and the support people may need to clean their teeth/dentures.

This meant there was a continued 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

- At our last inspection, there was a lack of activities taking place and this was reflected in the feedback we received from people living at the home.
- People's feedback about activities was positive, with records also maintained by staff about previous activities people had taken part in. One person said, "They do have a lot of activities going on if you want to join in and the staff will always have a chat." A relative added, "Activities do take place yes such as card

games and playing draughts. He does have one to one [time with staff] as he loves reading too."

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.
- 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 manager. One person told us, "The manager is very good and if I had to complain I would speak to her, but nothing to moan about here."

End of life care and support

- Nobody was in receipt of end of life care at the time of the inspection. Some people had specific end of life care plans in place. 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 as Inadequate. At this inspection, this key questions has now improved to Requires Improvement.

At our last inspection, we identified concerns regarding governance systems, seeking feedback to improve the quality of service and storage of confidential information. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the service was still in breach regarding this regulation.

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

- At the last inspection, appropriate systems were not always in place to seek and act on feedback to improve the quality of service. Since then, surveys had been sent to staff, residents and relatives to gather their views about their experiences of the home. Both staff and residents/relatives' meetings had also taken place to share and receive feedback about the home to drive improvements.
- The safe storage of confidential information had also previously been an area of concern, however, we found the main office was now secured at all times to ensure private information about staff and people living at the home could not easily be accessed. We spoke with the home manager about ensuring the office notice board could not be seen through the window where confidential information was displayed. The home manager told us this would be covered up to ensure general data protection regulations (GDPR) were adhered to.
- Regulatory requirements of the service include submitting statutory notifications to CQC about incidents such as deaths and serious injuries. Ratings from the previous inspection also need to be displayed. We found the service was meeting these requirements.
- At our last inspection, there was a lack of oversight from management within the home to ensure regulatory requirements were met, with limited governance systems and auditing systems in place.
- We saw evidence of some audits and quality assurance checks done since our last inspection, however these had not always taken place consistently. For example, there were gaps in monthly audits for areas such as hand hygiene, the kitchen and checks of mattresses.
- Provider level audits were now been carried out and some had been completed by the home manager, although some of these had not been completed consistently since our last inspection. We found further improvements were required to governance systems to make sure they were effective in identifying the concerns from this inspection regarding medication, the environment and care plans.

This meant there was a continued breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good Governance. This was because appropriate systems were not always in place to monitor the quality of service effectively.

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

- Since our last inspection, a new manager had been employed in August 2020. They had applied to CQC to be the registered manager of the home, which was in progress at the time of our inspection.
- We received positive feedback from everybody we spoke with about management and leadership at the home. A person living at the home said, "Management and leadership is good now and the new manager knows what she is doing. I can go to the manager and things get sorted, no messing. Very professional, very organised and gets things done." A relative also added, "The new manager here is very good. She will keep me updated on any issues arising and I have been involved in the care plan. The manager will telephone me frequently to update me on any concerns."
- Staff told us there was a positive culture at the home, with good team work throughout. One member of staff said, "From my point of view it is a good place to work. There is good team work." Another member of staff said, "I think things have improved and it is a much better place to work."

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

- Systems were in place to involve people using the service, relatives and staff in how the home was run. This included the use of satisfaction surveys and resident/relative meetings so that feedback could be sought and used to make improvements.
- Newsletters were sent to people living at the home and relatives to keep them informed of what was going on at the home. WhatsApp messaging was also used for the staff team when sharing information and any updates.

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 and registered manager understood the requirements and their responsibilities under the duty of candour.

Working in partnership with others

- The manager worked in partnership with a number of other agencies in the Oldham area, including social workers, district nurses and mental health professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate systems were not always in place to ensure the safe management of medication.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems were not always in place to ensure contemporaneous records were maintained and that the quality of service was being monitored effectively.