

Midland Healthcare Limited

Woodlands Care and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Woodlands Care and Nursing Home is a care home providing personal and nursing care, providing support for up to 50 people. On the day of inspection 15 people were living at the service. Some people were living with dementia and some had complex needs. The service is built over two floors and bedrooms are accessed by both a lift and stairs. Communal areas are spaced throughout the service. There have been a number of recent improvements to the building that include a new decked area off of the main lounge and improvements to a conservatory adjacent to the main dining room.

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

At our last inspection, concerns with medicines management were identified. At this inspection the administration and recording of medicines was improved. Following the last inspection, the service made improvements to infection prevention and control (IPC) procedures, the building was observed to be clean and hygienic and care staff were observed to follow national guidance as related to IPC. Risk assessments for people who exhibit behaviours that challenge was improved from the prior inspection and people were better monitored to keep them and others safe. An action plan was developed by the registered manager to address shortcomings in service delivery at the previous inspection. We determined the areas for improvement outlined in the previous inspection had been addressed.

We observed environmental improvements designed to keep people safe and improve their daily lives. Systems to monitor health and safety in the service were more robust. There was improved recording of accidents and incidents and to the home's complaint procedure. Assessment and monitoring of risk and additional audits had been implemented. Systems and processes were improved from our last inspection, however there had not been enough progress to embed improved practices for staff, specifically around recording. We have made a recommendation to the provider regarding the need to improve their recording practices.

Policies and procedures were in place to provide guidance and expectations for staff on a variety of topics. The safeguarding and whistleblowing policies did not contain detailed instructions for staff to follow. We have made a recommendation to the provider to include practical information in these policies for staff to follow should they have a concern.

There were an adequate number of staff available to support people to remain safe and to meet their needs. The registered manager monitored staff performance to ensure they worked effectively and responded to people's needs promptly. Staff received training relevant to their roles. Recruitment was underway to hire additional nursing staff for the service. Staff rotas were organised to ensure a good skills mix existed on all shifts. For some nurse-led tasks there was a reliance on outside health partners to assist the service. We have made a recommendation to the provider that all nurses employed by the service receive relevant training and competency checks.

There was a vision and strategy to progress the care and support offer for people. Staff felt the management of the home was heading in a positive direction and thought the registered manager was approachable and would respond to any concerns. The registered manager had increased audits and checks throughout the service, however all actions resulting from these were not followed through. We have made a recommendation to the provider to ensure that all actions resulting from audits and checks are completed.

The registered manager engaged people to help design their personal spaces and considered their individual needs in this process. There was evidence of partnership working with partner agencies. In response to the coronavirus pandemic plans had been developed to create safer spaces for people, a safer workplace for staff and a visiting process for relatives and 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) At the last inspection the service was rated Requires Improvement (report published 22 April 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had made improvements in behavioural management, medicines management and IPC practice and was no longer in breach of Regulation 12: Safe care and treatment. There was sufficient progress to resolve a breach of Regulation 15: Premises and Equipment. Sufficient improvement had been made to remove the breach of Regulation 17: Good Governance.

The service remains rated Requires Improvement. This service has been rated Requires Improvement for the last five consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating. 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.

We carried out an unannounced comprehensive inspection of this service on 20 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, their premises and equipment and good governance.

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 of Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion 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.

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

We have found evidence that the provider needs to make improvements and have made recommendations. Please see the Safe and Well-Led sections of the full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Woodlands Care and Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this focused inspection on the Key Questions of Safe and Well-Led 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

The inspection was carried out by two inspectors. An additional inspector and assistant inspector supported the inspection remotely and made telephone calls to staff, relatives and professionals and considered information sent by the provider.

Service and service type

Woodlands Care and Nursing 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.

Notice of inspection

This inspection was announced. We gave the provider 24-hours-notice prior to arrival at the service. This was to ensure we were able to work with the registered manager to identify any potential risks associated with coronavirus and put measures in place to manage them.

What we did before the inspection

We reviewed information we had received about the service and information provided by the service since the last inspection. We sought feedback from the local authority and clinical commissioning group. 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 us key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection. We took the information we had into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke briefly with several people who lived at the service and observed some staff support and interaction with people in communal areas. We reviewed a range of records. This included parts of five people's care plans and parts of eight people's medicines records. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We spoke with nine members of staff, including the registered manager, area manager, nurse, senior care staff, care staff and a chef.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care recording, handover documents and daily logs. We spoke with four professionals who work with the service.



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. There had been improvements in this key question from the previous inspection.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) 2014 was also documented in relation to outstanding works and hazards in the service environment. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 – safe care and treatment and Regulation 15 – premises and equipment.

- Recording of accidents and incidents by the registered manager was in place and evidence of analysis of trends in relation to falls prevention was in place. Recording in other areas wasn't always complete or accurate in daily logs, handover documents and records relating to contact by healthcare professionals. This placed people at risk of harm.

We recommend that the provider take action to improve the quality and detail of staff recording as it relates to daily care logs, handover information, accidents and incidents and contact by healthcare professionals.

- Risk assessments relating to behavioural management were in place for people who required them. These risk assessments included personalised plans to assist staff to mitigate risk. A staff member said, "We use behavioural charts – we generally know how to support a resident if they are agitated and respond. We always try to divert people if they become distressed away from things we know are their individual stressors such as loud noises or a busy environment."
- Health and safety monitoring, monthly checks and audits were conducted to ensure the environment was safe for people. Fire safety and call bell systems had been upgraded.
- The provider had additionally undertaken numerous improvements to the environment and structure to ensure it was safe for people and staff. Routine checks of the building and equipment were current. More improvements to the premises were underway at the time of inspection.
- Staff we spoke to were aware where people required support to reduce the risk of avoidable harm, such as a falls risk or risk of choking. Risk assessments were included in care plans to provide staff with guidance to keep people safe.
- Staff told us they had access to people's care plans and risk assessments. A staff member said, "We can access these if we need to. We mainly get our information at handover meetings. Day and night staff share

information and can add comments on care-related issues."

Systems and processes to safeguard people from the risk of abuse

- A safeguarding policy was in place but lacked detail on steps staff should take if they suspected abuse. Most staff we spoke with told us they would report any concerns to the registered manager or to outside authorities as required. All staff reported to have received safeguarding training.

We recommend that the provider ensure their safeguarding and whistleblowing policies contain guidance to outline specific actions staff should take if they suspect abuse or if they wish to make an anonymous report regarding concerns they have about the service.

- The registered manager was clear on their responsibilities to report safeguarding matters to the local authority. There was evidence that safeguarding investigations had taken place where abuse was suspected.
- Some staff had received additional training on working with behaviours that challenge and other staff were scheduled to attend a future course. The training was designed to give staff strategies to work with people living with dementia or ill mental health in a safe and effective way.

Staffing and recruitment

- There were a suitable number of staff employed and scheduled to safely meet the needs of people. Staff rotas included a mix of experienced and newer staff to ensure a safer service. A staff member told us, "I think there are sufficient numbers for the number of residents we have. I suppose that will be tested when we have more residents. I would definitely let management know if it wasn't sufficient. I am confident I would be listened to by the manager or the provider."
- The provider followed safe recruitment practices and ensured that all appropriate checks and references were in place prior to the commencement of new staff members.
- There was a reliance on agency nursing staff to cover some shifts, however the service used exclusive staffing agencies and booked the same staff where possible to ensure continuity. All staff were provided with an induction. Agency staff were provided with an overview of the service and received the support of permanent staff to ensure safe care was delivered to people.

Using medicines safely

- Medicines administration and recording were improved from the prior inspection. There were minor anomalies related to record-keeping found, however there was no significant impact to people using the service.
- The registered manager had increased their periodic audits of Medicines Administration Records (MAR) to reduce recording errors and this practice had reduced the frequency of errors.
- People received their medicines as prescribed and at appropriate times. Protocols were in place with staff guidance for people prescribed medicines to be used 'as and when', such as pain relief.
- Processes for the receipt, storage and return or disposal of medicines were in place. Where medicines required storage at certain temperatures, equipment was in place for proper storage.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. A robust visiting protocol and procedure was in place to minimise risk to people, staff and visitors to the service.
- We were assured that the provider was meeting shielding and social distancing rules. Where social distancing wasn't possible these situations had been risk assessed appropriately.

- We were assured that the provider was admitting people safely to the service. People who were being newly admitted to the service were subject to temperature checks, a coronavirus test and an observation and isolation period.
- We were assured that care staff were using PPE effectively and safely and observed good practice during the inspection. We observed not all of the provider's leadership team were wearing PPE as recommended in current national guidance during the inspection. We followed up with the provider to ensure they were aware of current guidance and their responsibility to follow their own IPC policy at all times whilst inside the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. A cleaning schedule ensured good coverage of frequently touched surfaces and areas of the service where social distancing was difficult.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. An isolation zone had been created for any cases of infection to lessen the risk of spread within the service.
- We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach. This guidance was in reference to the proper use of PPE and about the safe use of cooling fans.

Learning lessons when things go wrong

- A safeguarding investigation commenced regarding two residents who routinely refused their medicines. This was not acted on promptly in line with the provider's medicines policy through a referral to the GP. Several staff received extra training, performance improvement plans and referral to professional bodies as a result of the investigation. Additional audits by the registered manager following this incident had contributed to improved medicines management within the service.
- Where deficiencies in staff training have been identified, the registered manager has brought about additional training such as positive behaviour support to ensure people's needs can be met.
- The provider had acknowledged the need to improve the building and environment to keep people, staff and visitors safe. They have acted upon deficiencies recorded in a previous inspection in a timely manner, despite the limitations of the coronavirus lockdown restrictions.

We could not improve the rating for Woodlands Care and Nursing Home from Requires Improvement because to do so requires consistent good practice over time. We will continue to review this with the registered manager and provider to ensure timely progress.

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 question has now improved to Requires Improvement. 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.

At our last inspection systems were not in place to demonstrate good governance was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17(3) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17(3).

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

- The registered manager had improved their oversight of the complaints and accidents and incidents processes from the prior inspection. The infection prevention and control (IPC) procedures and environmental quality checks were improved. This improved oversight of the service promoted safety for people, staff and visitors.
- The registered manager understood their regulatory responsibility to notify the CQC of serious incidents, injuries, deaths or any other events that could affect service delivery. The registered manager kept in contact with CQC and other partners and submitted timely notifications.
- Staff understood their roles and how to provide a good standard of care. A staff member told us, "Care is responsive to peoples' needs, it is definitely much improved. People are getting the right care now. It's better led than it has been for a long time. It's much better but is still a work in progress."
- The provider carried out regular quality monitoring of the service. Since our last inspection the registered manager had begun to conduct additional audits and spot-checks across the service. Where outstanding issues were identified, we found that these were not always followed through. This meant that people did not always receive their required support in a timely way.

We recommend that actions resulting from audits are better recorded by the registered manager to ensure that these are appropriately followed through.

Continuous learning and improving care

- Health and social care partners had informed us prior to the inspection of concerns about medicines management, managerial oversight and quality monitoring and a lack of competency checks for nurse-led tasks. The registered manager had taken steps to address these concerns, however nurse competencies was an area requiring further improvement.

We recommend all nurses employed at the service are provided with training and required competency

checks to allow them to complete all nurse-led tasks within the service

- The registered manager had started a 'resident of the day' programme which allowed for a thorough review of one person's care plans, dietary plans, activities, equipment, and personal living space each day. Any changes to people's plans were communicated to staff.
- The registered manager exhibited a willingness to listen to concerns raised at the previous inspection and to follow an action plan to resolve these concerns. Although improvements were noted in some areas, these improved practices needed time to be embedded to ensure they could be sustained.
- The provider and registered manager met on a monthly basis to discuss accidents and incidents within the service. These meetings included an analysis of incidents involving falls to look at trends and to develop ways to reduce falls where possible.

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

- The provider and registered manager had involved people in designing and decorating their personal spaces and had improved the overall environment for people and staff. Staff were positive about the improvements to the service and felt it was moving in the right direction.
- Staff felt comfortable approaching the registered manager. A staff member told us, "The registered manager is more open with staff and says thank you a lot. This is important for care staff. They seem to appreciate a lot more what we do. They show concern and interest for staff and residents."

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 registered manager understood their responsibility to inform CQC, health and social care authorities about any serious incidents at the service. We saw evidence that the registered manager had investigated concerns and had made the appropriate regulatory notifications.
- We observed evidence to show the registered manager contacted relatives of people to make them aware of any accidents or incidents, to discuss the causes and outcomes in a transparent way. One relative told us the registered manager had contacted them to discuss an incident involving their loved one. They felt positive about how the home dealt with it and had no other concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- During the recent coronavirus lockdown, the registered manager and staff engaged with relatives of people and professionals through mainly virtual means to minimise risk to people and to share information. In-person visiting was introduced for garden visits and has been developed to safely take place in winter months in a designated space within the building.
- People and staff who were most vulnerable to becoming ill with coronavirus were specifically risk assessed to ensure risk to them was minimised. A staff member said, "I've doubled up with PPE because of my caring responsibilities and own health, the manager made sure I've taken all precautions as an 'at-risk' person."
- Staff told us they received supervision and appraisals from the registered manager and senior care staff. A staff member told us, "We have supervisions now. This has improved. The registered manager has set up a regular programme."
- We saw plans for the decoration of people's rooms due to commence soon. People had chosen the colour schemes for their rooms. A 'front door' with a letterbox and room number will follow this colour scheme to help people recognise their room by colour. Improvements to the garden area with new decking and garden access for some rooms is underway.

- The registered manager and staff worked together with other professionals and agencies, including the GP and community health services to ensure people received the care and support they required. Where people required specialist referrals, we observed these were made.