

Woodcross Limited

# Woodcross Healthcare Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Woodcross Healthcare Services is a residential care home, providing regulated activities of personal and nursing care up to 44 people. The service provides support to people who have a diagnosis of mental health needs. At the time of our inspection there were 35 people using the service.

Woodcross Health care service is a two-storey home where bedrooms are across 2 floors. Bedrooms are a selection of shared bedrooms and individual bedrooms. There was plenty of space for people living in the home to be able to have time on their own or be with others who live there.

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

People who had sore skin areas did not have the appropriate monitoring in place to observe any deterioration or improvement in the area effected.

Peoples care plans stated they were to have skin checks daily, however, it was not documented or evidenced this was taking place.

People who had constipation did not have a management plan in place to prevent them from further harm or health impacts.

Not all risks had been identified or risk assessed. This had the potential to put people at the risk of harm.

Care plan guidelines did not always provide the most up to date information. People with eating and drinking needs had the wrong information documented in their care plans. This presented a risk that people may be given the wrong food, causing a choking risk.

The home needed an update in decoration and the environment was not always clean. Some walls in the house and cushion covers were stained and dirty.

Staff interacted well with people and people told us they felt comfortable and safe.

People and staff had noticed the positive improvements since new management had started. Improvements were seen and the culture in the home was open and friendly.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was Good (Published 10 August 2017). This is the first inspection of this service under the new provider.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

You can see what action we have asked the provider to take at the end of this full report.

The provider took action during the inspection to mitigate the risks we identified during this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodcross Healthcare services on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We have identified breaches in relation to regulation 12 (Safe care and treatment) and regulation 17 (Good governance) at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### 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** ●

# Woodcross Healthcare Services

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector, 1 specialist adviser who was a nurse and 1 Expert by Experience who completed calls to relatives remotely. 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

Woodcross Healthcare Services is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Woodcross Healthcare Services is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, there was a home manager who is going through the application process to become a CQC registered manager.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 6 people who used the service and 10 relatives to ask about their experience of the care provided. Some people were unable to tell us their experience of their life in the home, therefore we observed how the staff interacted with people in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 5 members of staff, including care staff, nursing staff, the home manager and deputy manager. We reviewed a range of records. This included 7 people's care records and all medicine records in the home. We also reviewed the process used for staff recruitment, records in relation to training and supervision, records relating to the management of the home and a range of policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection with the previous provider, we rated this key question Good. The rating for this key question at this inspection has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management , Using medicines safely

- Risks were not always assessed or identified for people and did not always take into consideration their personal needs.
- People who were identified as having constipation did not have constipation management plans in place to monitor the risk of becoming constipated. We were not assured staff would be able to identify when a person was showing signs of constipation. This had the potential to cause risk to people resulting in further health implications.
- People who were prescribed flammable creams and smoked did not have detailed risk assessments to keep them safe. The risk assessments in place lacked detail and were generic in content. We were not assured all risks had been considered in keeping people safe.
- Risks identified with people's needs were not always taken into consideration with the day to day running of the home. For example, razors were left in people's bedrooms and no risk assessments were in place to identify the risks this may potentially present to people.
- People who had sore skin did not have monitoring in place to assess the improvement or decline around the skin area. This presented a risk that people's sore skin may deteriorate and not be identified in an appropriate timescale.
- Medication was not always effectively managed and oversight was not always in place to ensure guidelines provided by NICE were implemented.
- Not all medication was checked in to ensure stock levels were monitored. For example, where inhalers were received into the home these were not checked in and the number of inhalers stored in the home was not recorded.
- People who were prescribed topical creams did not always have them administered. Medicines Administration Records (MAR) did not show a reason for why the creams had not been administered. This had not been identified by the provider prior to our inspection.

We found no evidence people had been harmed; however, the provider had failed to assess, monitor and mitigate risks to people's health, safety and welfare. This was a breach of regulation 12 (1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Stock checks were completed for medication daily. This ensured any errors or low stock in medication was identified in a timely manner.

- The manager ensured nurses were trained in administering medication and ensured they had the appropriate competency.

#### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and there were protocols and procedures in place.
- Staff we spoke with told us how they would identify and report any potential abuse. Staff we spoke with told us they were aware of the whistleblowing policy.
- Staff had completed safeguarding training at the time of this inspection.

#### Staffing and recruitment

- At the time of this inspection there were sufficient staff in place to meet people's needs.
- Recruitment checks were completed for all staff prior to starting with the home. These included gaining 2 references, work history and evidence of skills and knowledge.
- All staff had a DBS in place. This was obtained prior to starting with the home. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The manager ensured that a background search was completed on all nurses to ensure they had the correct qualifications and carried a valid nurses pin.

#### 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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The home had no restrictions in place at the time of this inspection.
- We saw measures were in place to protect people and a plan was in place if at any time the home was required to go into restricted measures.

#### Learning lessons when things go wrong

- The manager had oversight of all accidents and incidents. At the end of every month the manager would complete an analysis and identify any themes or trends. This would be shared with the staff team and improvement actions would be implemented.
- We saw where lessons had been learnt around falls, people who were having a large number of falls were reviewed and trends and themes identified. The manager changed the staffing ratio and level of supervision the person received to try to reduce the number of falls the person experienced.

# 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 our last inspection with the previous provider, we rated this key question Good. The rating for this key question at this inspection is requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always supported to have input from health professionals to improve their diet to support improvements to their health conditions.
- Daily meal records were not always completed to show what people had eaten during the day. This presented a high risk to people who were at risk of losing weight. Nurses did not check daily food diaries to ensure they were monitoring people's dietary intake.
- People who were on a diet as recommended by the Speech and Language Therapist (SALT) team due to high-risk choking had conflicting information in their care plan. This increased the risk of choking and presented potential harm to people due to the information not being accurate.
- People were offered a range of food choices and could choose what they wished to eat daily.

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

- Staff we spoke with told us they had enough guidance in place to care for people, however, not all risks were identified meaning risks associated to people were found during the inspection, but no risk assessment was present. For example, people at risk of falls could access open stairs that were steep, the area was not always supervised by staff, this meaning the potential risk of the person coming to harm was high.
- Care plans and risk assessments contained enough guidance to provide assessed care to people.
- A pre-assessment of needs was completed prior to people moving into the home. This included people's needs, preferences and protected characteristics. The pre-assessment was completed by the manager of the home and the managing director would conduct a home visit to ensure the person was suitable to move into the home and all care needs could be met.
- People we spoke with told us they had the correct care that met their needs.

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

- The home was not always found to be clean and tidy. The home required decorating and new furniture.
- People were able to decorate their rooms as they wished and were involved in any decorating ideas.
- The home had areas where people could spend time with others who live in the home. Where they wished to have time on their own they had bedrooms or quiet sections of the house.

Staff support: induction, training, skills and experience

- Staff had undertaken the appropriate training to support people's needs. The manager had a good system in place to monitor staffs training, however, this didn't oversee the competency checks of staff once the online training had been completed.
- Staff had completed NVQ diplomas and the provider was keen to ensure all staff had the opportunity to further develop.

Staff working with other agencies to provide consistent, effective, timely care

- The manager had embedded a GP weekly walk around. This was to ensure any concerns around people's health and wellbeing would be monitored closely by health professionals. ●
- The manager worked with the local authority and was working on an action plan to improve the service provided.
- Where the need for agency staff arose, the manager would ensure the agency used were staff who worked regularly in the home. The manager would obtain a profile of the agency staff members and their skills and qualifications.

Supporting people to live healthier lives, access healthcare services and support

- The home had regular input from health professionals and the ICB also complete regular visits.
- Staff we observed and spoke to knew the people living in the home well were able to tell us how they would identify signs of a person been unwell and the appropriate action they would take.
- The manager and deputy manager completed monthly reviews of people living in the home. From this they would identify where any referrals were required or health professional advice.

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 MCA 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had mental capacity assessments in place that were detailed and involved all appropriate people.
- Care plans identified and recorded whether a person had capacity or lacked capacity. Where a person lacked capacity, this was recorded and information was available to staff as to what decisions the person could make.
- DoLS were in place for people who required them. Conditions recorded on the DoLS were clear and followed by staff.
- Staff we spoke with told us how they support people in the least restrictive way and will always look at options available rather than a person having any restrictions.

# 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 our last inspection with the previous provider, we rated this key question Good. The rating for this key question at this inspection is Good. 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; respecting equality and diversity

- People were respected in their home. 3 staff told us, "We are a visitor in the people that live here's home, they live here, and we ensure they know we care about that".
- The manager told us how they include people of all cultures and beliefs and always look for how people's needs can be met. The manager told us, "Where English is not a person's first language, I will source an individual who can speak their language or sit with them and use visual items to communicate."
- We observed during the inspection people had good relationships with staff and when staff spoke to people it was with dignity and respect.

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

- People living in the home were encouraged to provide regular feedback. Staff would ask people for their feedback daily and complete a short survey to gain the views of people on any improvements that could be made or anything that had worked well.
- People were involved in their care plans and were involved in any reviews that took place involving their care.
- Staff were aware of people's abilities and we observed how they empowered people to be independent.
- We saw people were regularly asked for their views on things taking place in the home, such as menu changes or ideas for any potential new activities.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy. Staff would routinely ensure doors were closed when providing personal care. Where a person was resting, they would ask them if they wished for their curtains to be closed.
- The home had an occupational therapist room where people would go and be supported to cook their own breakfast or make their own drinks. This was to encourage people to be independent in a more one-to-one scenario.
- People spoke with staff about personal or sensitive information. We observed when this happened staff would ensure they moved to a private area. 1 person told us, "I like speaking to staff, they listen to me".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection with the previous provider, we rated this key question Good. The rating for this key question at this inspection is 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

- Care plans and risk assessments were not always person-centred, however, action was in place at the time of our inspection to transfer to new documentation which held more person-centred information.
- Staff knew people well and were able to tell us about people's care needs, interests and how people liked to receive their care. We observed staff having a positive relationship with people. One person told us, "They (staff) always know how to pick me up, my staff know me well".
- People we spoke with told us they were happy with their care and spoke highly of the provider, manager and staff providing the support in the home.

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

- Some relatives told us they had to contact the home to find out what was going on with their relative and the home did not always keep them informed of what was going on.
- There was a lack of meaningful activities going on in the home. Often people would be sat around not interacting. There was an activities board in place, however, not all people were happy with the activities provided. One person told us, "The activities can be boring".
- People were encouraged to stay in contact with their relatives.
- We observed during our inspection people sharing information with staff around their families and anything that was currently happening. Staff listened and responded in a respectful way to reassure the person where they were worried.
- The home had a wellbeing lead in place who supported people out to the shops and to places of their interest. People we spoke with during the inspection told us they enjoyed having this one-to-one time

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans detailed how each person communicated and their preferred method of communication. At the time of this inspection there were not any additional specific communication methods used.
- We observed staff communicating in a respectful way. Staff would check with people to ensure what they

were communicating was understood clearly.

- Staff we observed knew people well. At times when people became anxious or showed signs they were distressed, staff quickly responded and reassured people.
- The provider had communication training in place to improve the ability of staff to communicate effectively.

Improving care quality in response to complaints or concerns

- The provider had a complaints and concerns procedure in place. This identified themes and trends, for example, we saw where a person had a high number of falls, the manager had completed a review, and actions were taken to mitigate the amount of falls the person was having.
- We saw in the home there was regular feedback gained from people and relatives and a suggestion box was in the reception accessible for all. The manager regularly checked the suggestion box and we saw evidence where the manager had acted from feedback gained.
- Surveys were completed and the manager collated the data and implemented into their service improvement plan.

End-of-life care and support

- People had end of life care plans in place.
- End-of-life care plans had details of the person's wishes and preferences and who they wished to be involved in their end-of-life care.
- Where people had paid for their funerals and had formal plans, the home had copies of these to ensure people's wishes were met.
- The provider had in place training for staff on end of life care. Staff we spoke with told us that training provided was good and helped them feel confident in their role.
- At the time of our inspection no person was on end-of-life.

# 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 our last inspection with the previous provider, we rated this key question Good. The rating for this key question at this inspection has changed to required 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.

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

- Systems were in place to monitor the service, however, these systems did not identify all the improvements required we found during the inspection.
- Medication audits were in place. However, audits did not identify all the concerns found during the inspection. For example, we found shortfalls in medication where prescribed medication was recorded on the MAR sheet as not required. No reason was provided as to why the prescribed medication was not required. We were not assured medication audits were effective and embedded in the home.
- Staff were not clear on their roles and responsibilities. During our inspection we found where staff were responsible for tasks, they were not always aware they were responsible. For example, nurses were responsible for overseeing and checking prescribed creams had been applied, however, when speaking with nurses they were not aware this was part of their role.
- Cleaning documentation was poor and lacked detail. We found no formal audit process that took place daily to ensure cleaning had been completed and there was no evidence of records being signed and updated.

We found no evidence people had been harmed. However, more effective governance processes were required to monitor the safety of the service. For example, to maintain audit processes and ensure health and safety processes are in place to monitor people's day to day care. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had monitoring systems in place for staff training and supervisions. This allowed the manager to view the training staff had completed and when refresher training was due.

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 manager was aware of the duty of candour and the process to follow.
- We found 2 reportable incidents had not been reported to CQC. We were not assured the manager was aware what incidents are reportable CQC incidents. During the inspection the manager submitted the missing notifications to CQC.
- People and relatives we spoke with were aware of how to make a complaint and felt assured the new manager and provider would respond in a timely manner.

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

- New management was in place in the home. This had a noticeable positive change and people and staff commented on how the home had improved and how the new manager was supportive and approachable. As the new manager had not been in post long, this meant certain improvements had not fully been embedded.
- People we spoke with all told us they felt listened to and had opportunities to speak up. For example, a weekly residents meeting was held. This was a protected time for all residents to come together and discuss things that were going well and any improvements or plans they wished to happen in the future.
- The manager was present in the home daily and when the manager was not present there was a deputy manager. We found a robust on call system in place and saw evidence where on call was used effectively to cover a staff shortfall in the home.

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

- Staff had regular supervisions to monitor their performance and identify personal development pathways. One staff member told us, "Supervisions are good now, we get to plan for the future".
- Regular team meetings took place, we saw various subject such as safeguarding and improvements in practices were discussed.
- During our inspection we saw people could have a one-to-one meeting with the manager whenever they wished or felt this was needed. The manager had an open-door policy and people could come and go as they wished. Staff told us, "The manager is not just sat in the office, they are out talking to people and helping out".

Continuous learning and improving care

- The manager and provider took our feedback in a positive way during the inspection and immediately had an action plan. Where actions could be completed immediately, they completed these tasks.
- The new manager had a service improvement plan in place that we saw was regularly reviewed and updated. The provider also had oversight of the improvement plan and monitored the progress.
- Accident and incidents were recorded. In the document there was an area where the manager would complete a review and add any actions such as reviewing a care plan and risk assessment.

Working in partnership with others

- The new manager had started building and creating strong relationships with health professionals. The manager explained relationships had got lost during the COVID-19 period.
- The local authority was working with the manager and attending the home to work on improvements.
- GPs and other health professionals, such as SALT teams for eating and drinking, were involved in the home and had regular input to people's care.

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
Treatment of disease, disorder or injury	We found no evidence people had been harmed; however, the provider had failed to assess, monitor and mitigate risks to people's health, safety and welfare.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	We found no evidence people had been harmed. However, more effective governance processes were required to monitor the safety of the service. For example, to maintain audit processes and health safety are in place to monitor people's day to day care