

Woodland Care Home Limited

# Woodland Care Home

## Inspection report

69 Queens Road  
Oldham  
Lancashire  
OL8 2BA

Tel: 01616249344

Date of inspection visit:  
14 April 2021  
15 April 2021  
19 April 2021

Date of publication:  
07 June 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Woodland Care Home is located in Oldham, Greater Manchester and provides care for up to 18 people, some of whom have a mental health condition and are living with dementia. At the time of this inspection there were 12 people living at the home.

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

People still did not receive their medication safely and as prescribed. Infection control procedures were not always followed and were not assured safe practices were followed with regards to social distancing and the use of PPE. We observed some environmental risks within the home and some people did not always have appropriate equipment in place to ensure they maintained good skin integrity.

People's care plans were not always updated when their care needs changed and records about the care people had received were not always well maintained by staff. We observed people were not always wearing sensory equipment, such as glasses, where this had been identified as a requirement in their care plan. Further improvements were required to governance systems to ensure the concerns found during the inspection were identified as part of the home's own auditing systems. Recent staff and residents meeting had not been held to enable feedback to be provided to ensure the home could continually improve.

Staff told us there was enough training available to support them in their roles, with supervision sessions also held to discuss their work. People told us they received appropriate support to maintain good nutrition and hydration and the home had good links with other health care professionals. 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 (and update).

The previous rating for this service was Requires Improvement (Published November 2020). At this inspection, breaches of the regulations were identified regarding safe care and treatment and good governance. At this inspection not enough improvement had been made and the provider was still in breach of these regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

### Why we inspected

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.

The inspection was prompted in part due to concerns shared with us by the local authority prior to the inspection including the safe welfare of people living at the home, the environment, food quality and leadership. A decision was made for us to inspect and examine those risks.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good and request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the 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.

#### Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 effective.

Details are in our effective 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** ●

# 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.

#### Inspection team

The inspection was carried out by an inspector and pharmacist specialist.

#### 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.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced and was carried out between 14 and 19 April 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority prior to the inspection.

#### During the inspection

We spoke three people who used the service and five members of staff. We reviewed a range of records. This

included four people's care records and three medication records. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of other records relating to the management of the service and this was done both at the service location and remotely.

# 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.

At our last inspection, we identified concerns regarding the safe care and treatment. This was a breach of Regulation 12 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

- The quantity of medicines in the home did not always match what was on the medicines administration record (MAR). This made it difficult for staff to audit whether medicines had been given.
- Medicines were not always administered by staff in an effective or safe manner.
- Topical (creams) MARs did not always guide staff to where the topical medicine should be applied.
- When medicines were given in a covert manner (hidden in food or drink) there were no clear guidance to guide staff on how to do this safely.
- The home did not always record when a medicine had been given. Medicines received from hospital were not recorded on the MARs as the home did not have any blank MARs. Not having a place to record whether a medicine has been given increases the risk of a dose being missed or a double dose being given in error.

### Preventing and controlling infection

- We were not assured the provider was meeting social distancing rules. Staff were seen congregating together, eating at tables and in the small office area of the home in close proximity to each other.
- We were not assured the provider was using PPE effectively and safely. During the inspection we observed staff did not always wear PPE such as face masks.
- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. The dining room had been re-arranged and consideration had not been given to ensure people remained socially distanced in line with government guidance when eating at tables.
- We were not assured the provider was preventing visitors from catching and spreading infections. Inconsistencies were reported about temperature checks being carried out on arrival to the home, particularly by visiting healthcare professionals. A process was not in place to capture information about whether visitors were experiencing symptoms of COVID-19 or had visited another country recently.
- We were somewhat assured the provider was accessing testing for people using the service and staff. Prior to the inspection, the local authority had identified staff were not always completing twice weekly lateral flow testing (LFT). This was being completed by the time of our inspection.
- We were assured the provider was admitting people safely to the service.
- 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

- We looked at the systems in place to prevent pressure sores and ensure people maintained good skin integrity. Some people living at the home had been assessed as requiring pressure relieving cushions when seated due to reduce the risk of potential skin break down. We observed these were not always used by staff which could place people at risk of harm.

The concerns we identified regarding medication, infection control and risk management meant there had been a continued breach of Regulation 12 of the Health and Social Care Act 2008 regarding safe care and treatment.

- We looked around the environment to ensure there were no immediate risks presented to people which could compromise their safety. We found the cellar door was not secure on both days we visited the home and this led down a steep concrete staircase which someone could fall down. There was also access to cleaning products which have the potential to be consumed unsafely, particularly by people living with dementia.

- Checks of the building were carried out of areas including gas safety, electrical installation, the lift and hoists. Routine fire safety checks were also carried out, however, we observed one person's bedroom door (which was a fire door) was held open using a wooden door wedge, meaning it would not close in the event of a fire. We raised these concerns with the provider and action was taken to resolve these concerns.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of harm. Staff received training in safeguarding and understood their responsibilities if they were concerned about the safety of people using the service.

- The home submitted a monthly log of incidents to the local authority, where any potential safeguarding incidents had occurred.

- A safeguarding policy which was available to staff and covered key areas, for example, how to identify and report abuse or neglect. This was displayed on a notice board on entry to the home.

- People who lived at the home told us they felt safe. One person said, "I feel safer here than where I was previously. I get to go out too and have a personal assistant."

Staffing and recruitment

- Staff were recruited safely, with appropriate pre-employment checks undertaken to ensure they were suitable to work with vulnerable people.

- We observed there were enough staff working at the home to care for people safely and the feedback from both staff and people living at the home was that current staffing arrangements were sufficient. One member of staff said, "There are enough at the minute and more have been recruited." A person living at the home said, "I think so, they are there if you need them."



# 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 has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- Best interest and decision specific mental capacity assessments were completed where restrictive measures were in place. This included the use of restrictions such as the use of sensor mats, bed rails and covert medication (added to people's food if they refuse to take it).
- DoLS applications were submitted to the local authority as required where people lacked the capacity to consent to the care they received. Applications were made to re-apply for these when they were due to expire.

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

- Prior to the inspection we received information of concern about the food quality and menus not always being reflective of what was served each day. We asked people living at the home what they thought about the food. One person said, "I like the food here and I am a good eater."
- People at risk of choking and aspiration received the correct consistency of food and drink. The home liaised with the speech and language therapy (SALT) service where there concerns about people's swallowing abilities.
- People's body weight was monitored and where people were at risk of losing weight, they had been referred to the dietician service for further support and guidance.

Staff support: induction, training, skills and experience

- Staff told us they received enough training to support them in their roles. The home's training matrix detailed the training staff had completed. A member of staff said, "We have done lots of training and I would say it is the best."
- Staff told us they received supervision as part of their ongoing development and we saw records of these taking place within staff files, as well as appraisals.
- 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 working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received visits and attended appointments with other services including opticians and chiropodists as needed. Details of their visits were recorded in care plans.
- 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.

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

- We looked around the home environment to ensure it was suitable for people living with dementia. People had also been able to add personal memorabilia and a photograph to the door making it easier to identify.
- Signage was also clear around the building, guiding people to different areas of the home.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection, we identified concerns regarding good governance. This was a breach of Regulation 17 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 17.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; risks and regulatory requirements;

- The home used an online auditing tool which covered areas such as medication, laundry, mattress checks, COVID-19 and fire safety. Monthly provider audits were also undertaken.
- At the last inspection, quality assurance systems required further improvement to ensure they were effective in identifying areas of concern where regulatory breaches were found, particularly regarding medication, the environment, record keeping and care plans. At this inspection, similar concerns were identified, as well as additional areas such as infection control and risk management.
- We found care plans were not always updated when there were changes to people's care needs. Records regarding people's personal care were not always well maintained by staff, with some gaps identified.

The concerns we identified regarding auditing and record keeping meant there had been a continued breach of Regulation 17 of the Health and Social Care Act 2008 regarding safe care and treatment.

- We looked at the systems 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 staff, resident meetings so that feedback could be sought and used to make improvements.

Managers and staff being clear about their roles and understanding quality performance ; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the time of the inspection, the home did not have a registered manager, however, an acting manager was in post, with oversight from the provider. We asked people about the current management arrangements at the home. One member of staff said, "The current manager is doing well and knows her job. The provider is alright too and is trying her best to get things in order." Another member of staff added, "The manager is professional and the provider is responsive."
- Staff told us there was a positive culture at the home currently and had noticed improvements being made. Overall, staff said they enjoyed their jobs and liked working at the home. One member of staff said, "It

is a lot, lot better. There is more communication and a lot happening. I enjoy the job and love providing care." Another member of staff said, "I can tell it is improving. I enjoy the job and there are lots of changes and things being put in place."

- People living at the home were complimentary about the care and felt good outcomes were achieved. One person said, "They are not doing too bad for me actually. I would say I am receiving good care." Another person said, "It's good and I like it here. They treat me well and are kind and caring."

- Some other people did not always receive positive outcomes, however. For example, where people's care plans stated staff needed to ensure they wore appropriate sensory equipment such as glasses, or hearing aids to facilitate better communication. During the inspection, we observed these were not always worn by people and staff did not always know where these items were, or why they were not being worn. We were informed by the provider this would be addressed with staff.

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 understood the requirements and their responsibilities under the duty of candour. Regulatory requirements of the service include submitting statutory notifications to CQC about incidents such as deaths and serious injuries. The home submitted notifications to CQC as required.

- Ratings from the previous inspection also need to be displayed and were located in the main reception of the home.

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.

- The manager worked closely with the quality monitoring team at Oldham Council and participated in regular meetings to drive improvements at the home.

This section is primarily information for the provider

## Enforcement actions

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

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Appropriate systems were not in place to ensure safe care treatment. |

**The enforcement action we took:**

We issued a warning notice regarding this regulation.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Appropriate systems were not in place to ensure good governance. |

**The enforcement action we took:**

We issued a warning notice regarding this regulation.