

Woodfalls Care Limited

Woodfalls Care Home

Inspection report

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Woodfalls
Salisbury
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SP5 2LT

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04 September 2019
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
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:

Woodfalls Care Home is a care home for up to 24 older people, including those living with dementia. 17 people were living in the home at the time of the inspection.

What life is like for people using this service:

People were not always supported to take the medicine their doctor had prescribed for them and some people had been given more medicine than they had been prescribed. The provider had not improved the medicines management systems following the last inspection and practice was still not safe.

Risks to people, staff and visitors to the building were not managed effectively. Actions identified in the fire risk assessment to support people to evacuate the building in an emergency had not been completed. Safety checks of equipment in the home were not completed as often as necessary. This included checks to the fire alarm systems and actions to reduce the risk of Legionella.

The provider did not have effective systems to identify improvements that were needed and ensure the improvements were made. The provider had not ensured actions required following the last inspection had been completed.

People received caring and compassionate support from kind and committed staff.

Staff respected people's privacy and dignity.

People's rights to make their own decisions were respected. People were supported to choose meals they enjoyed and access the health services they needed.

The management team provided good support for staff.

More information is in Detailed Findings below.

Rating at last inspection and update: Requires Improvement. Report published 14 September 2018.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement:

We have identified breaches in relation to medicines management, safety of the building and management

systems 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.

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. 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.

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 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 well-led.

Details are in our well-led findings below.

Requires Improvement ●

Woodfalls 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Woodfalls Care Home is a care home. People in care homes receive accommodation and nursing or personal care. 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. 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. It is a condition of the provider's registration that they must have a registered manager.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with four people and one relative to gather their views about the care they received. We looked at five people's care records. We checked recruitment, training and supervision records for staff and looked at

a range of records about how the service was managed. We also spoke with the manager and three care staff.

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 requires improvement. At this inspection the key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection in May 2018 we identified improvements were needed to the way medicines were managed. Following that inspection, the provider wrote to us to say they would make improvements to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations by November 2018. At this inspection we found that medicines were still not being managed safely.

- People were not always supported to take their medicine in the way it had been prescribed. A complaint investigation identified one person was not supported to take six doses of their medicine in June 2019. Following the investigation changes were made to the medicine management systems to prevent a similar incident happening again. Staff were also given additional training.
- Despite the actions taken following the June 2019 incidents there were further occasions when people did not receive the right support to take their medicines. Since 15 July 2019 there were 13 medicine errors recorded in the home. Of these errors, there were four occasions when people were not supported to take the medicine they had been prescribed; three occasions when people were supported to take a higher dose of medicine they had been prescribed; and six occasions when staff had not kept a record of whether they had supported people to take their medicine.
- Following the incidents staff had checked with the person's GP to get advice on when to support them to take their next dose. The management team had taken action in relation to individual staff members following incidents, including additional training, assessment of skills and review of medicines procedures. However, these actions had not resulted in improvements to the safety of medicines administration practice.

The failure to ensure people received the medicines they had been prescribed was a continued breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people, staff and visitors to the building were not always managed effectively. The previous registered manager had completed a fire risk assessment in January 2019, which stated evacuation chairs were necessary to ensure people could be supported to leave the building in an emergency. The action plan stated the evacuation chairs would be in place by the end of April 2019. The current manager told us the evacuation chairs had never been bought and were not in place at the time of the inspection.
- Safety checks of equipment in the home were not completed as often as necessary. Weekly fire alarm checks had been completed three times in the six-week period since 25 July 2019. Monthly tests of the emergency lighting had not been completed since 27 June 2019. Weekly flushing of unused taps to prevent Legionella had not been completed since 26 July 2019.

Failure to complete these checks and act on risk management plans increased that people could be harmed. This was a breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we identified improvements were needed to the kitchen and garden to ensure they were safe. At this inspection we found these improvements had been made. The kitchen was inspected by the food standards agency in August 2019 and awarded the highest rating. The assessment included the cleanliness and maintenance of the building, hygienic food handling and management of food safety. The garden had been cleared and smoking area had been cleaned.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home. Comments included, "Oh yes, I feel safe here. We can have a laugh with the staff and they are good to us." People appeared comfortable in the presence of staff, laughing and joking with them. A relative we spoke with felt people were safe.
- The service had safeguarding systems in place and staff spoken with had a good understanding of their responsibilities. Staff had completed training and were confident action would be taken if they reported any concerns.
- The provider had worked with the safeguarding team to investigate allegations that had been raised through the safeguarding procedures.

Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events. Action was taken to reduce the risk of similar incidents happening again. However, this had not always resulted in improvements to people's safety, for example in relation to medicines management.

Staffing and recruitment

- There were sufficient staff to meet people's needs safely. The manager reported they had identified some problems with staff sickness and deployment, which they were in the process of addressing. The manager was taking action to address sickness levels with individual staff where necessary and was reviewing the staffing rotas.
- People told us they thought there were enough staff to meet their needs. They said staff came quickly when they used their call bell and requested support. We observed staff responding promptly when people needed assistance.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Preventing and controlling infection

- All areas of the home were clean and smelt fresh. There were systems in place to prevent cross contamination, which we observed staff following. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them.
- One person commented, "The home is kept clean enough. It is not clinical, but homely and I like it that way."

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 has now 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

At the last inspection in May 2018 we identified improvements were needed to ensure the provider gained people's consent before providing care. At this inspection we found the provider had made these improvements and was meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff gained their consent before providing any care. We observed staff gaining people's consent before providing any care or support.
- Staff had assessed people's capacity to consent to their care and treatment. Where people did not have capacity to consent, staff had worked with family members and professionals to make decisions in the person's best interest. Staff ensured they supported people to stay safe in the least restrictive way.
- Applications to authorise restrictions for some people had been made by the service. Cases were kept under review and if people's capacity to make decisions changed then decisions were amended.

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

At the last inspection in May 2018 we identified improvements were needed to ensure the provider kept accurate records of the support people needed to eat and drink where necessary. At this inspection we found the provider had made these improvements and was meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had kept a record of the food and drink people had, where this was assessed as necessary. The records were used to help health professionals make decisions about any additional support people needed

to stay healthy, for example, nutritional supplements.

- People told us they enjoyed the food provided by the home. Comments included, "The food is good, we are well fed!" A relative told us the food was good and people enjoyed it.
- People chose to eat their meals in a variety of locations, including the dining room, lounge and their rooms. Staff supported people to make a choice of different meals and people confirmed they were able to choose something different if they wanted to. Staff supported people to eat their meals where needed and ensured people had a drink.

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

- People's needs were assessed before receiving care to ensure they could be met. People and relatives told us staff understood their needs and provided the care they needed.
- Staff had worked with specialists where necessary to develop care plans, for example social workers, occupational therapists and speech and language therapists.

Staff skills, knowledge and experience

- Staff told us they received regular training to give them the skills to meet people's needs. This included an induction and training on meeting people's specific needs. New staff spent time shadowing experienced staff members and learning how the home's systems operated.
- Staff completed assessments to demonstrate their understanding of training courses. Staff told us the training they attended was useful and relevant to their role in the service. The manager had a record of training staff had completed and when refresher training was due. This was used to plan the training programme. The manager said she planned to move away from electronic learning courses and use more face to face training. The manager felt this was a better way of ensuring staff had understood the training and could relate it to the people they were supporting.
- Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. The manager had planned supervision and support sessions for all staff throughout the year. This was planned to ensure all staff received the support they needed. Staff said they received good support.

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

- People could see health professionals where necessary, such as their GP, specialist nurse or attend hospital appointments.
- There was information about meetings held between the staff and other community professionals. Staff kept a record when people had contact with other health or social care professionals. This information was used to update people's care plans when needed.

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

- Technology and equipment were used to meet people's care and support needs. This included specialist beds and mobility equipment.
- People were involved in decisions about the premises and environment. Individual preferences and cultural and support needs were reflected in how adaptations were made and the premises were decorated.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; equality and diversity

- People were treated with kindness and were positive about the staff's caring attitude. People said the staff were kind to them and respected them. Comments from people included, "I'm quite satisfied. They provide good care" and "The staff are all very friendly and kind. They do seem busy, but I have never seen them act inappropriately."
- Staff addressed people by their name and used humour with people to help them enjoy their day.

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

- Staff supported people to make decisions about their care and knew when people wanted help and support from their families. We heard people being asked about their preferences and choices for various decisions. They were encouraged to make decisions for themselves. Where they couldn't independently decide, staff prompted them and guided them with the decision-making.
- Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Respecting and promoting people's privacy, dignity and independence

- We observed staff working in ways that respected people's privacy and dignity. Staff were discreet when discussing support people needed with their personal care. Confidential records were locked away when staff were not using them.
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans. People said staff supported them to meet these needs.

Is the service responsive?

Our findings

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

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

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

At the last inspection in May 2018 we identified improvements were needed to ensure people's care plans were specific to them and clearly set out how their needs should be met. At this inspection we found the provider had made these improvements and was meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had been supported to develop care plans, setting out their needs and how they should be met. The manager had taken action to ensure all plans contained up to date information and had been reviewed with people or their representatives. People said they were happy with the details in their care plans.
- Where relevant, specialists had been involved in developing care plans with people. Examples included input from the care home liaison team, which provide specialist mental health support, and the community nursing team.
- Staff demonstrated a good understanding of people's needs and the support set out in their care plans.
- The manager said they had started the process to move from the electronic care plans to paper ones, as they felt this was more practical and person centred.

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.

- Staff had identified people's communication needs and included them in the care plans. Methods included using any aids such as glasses and hearing aids, using objects of reference and written documents made more accessible through the use of large print and pictures. Activity plans had been developed with pictures and symbols.
- We observed staff using these different methods of communication throughout the inspection.

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

- People were supported to take part in a range of activities they enjoyed. There was a planned schedule of group and one to one activities.
- Some people said they were happy to spend time on their own. People were able to have newspapers and books delivered. Staff spent one to one time with people to help avoid social isolation.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and were confident any concerns would be dealt with. Comments included, "I would speak to [the manager] if I had any concerns about anything."
- The complaints procedure was given to people when they moved in and displayed in the home. The procedure was available in a version with pictures and symbols to make it easier to understand.
- Records demonstrated complaints were investigated and the complainant was provided with a response, including an apology where appropriate.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Where appropriate, people had resuscitation decision forms at the front of their care folders. These informed staff whether to perform resuscitation in the event of a person's cardiac arrest. There was evidence the person, relatives and healthcare staff were involved in the decision-making.
- Staff understood people's needs, were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection in May 2018 we identified improvements were needed to the way the management of the home assessed the quality of the service provided and made improvements. Following that inspection, the provider wrote to us to say they would make improvements to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations by November 2018. At this inspection we found that although some aspects of the service had improved, further action was needed to ensure people received a consistently good service.

- This is the third inspection since April 2017. Each of these inspections has rated the service as Requires Improvement and found breaches of regulations. The provider had taken action to address issues that had been raised in inspections, but any improvements had not been sustained and people have not received a good service.
- The home did not have a registered manager at the time of the inspection. A new home manager had been employed and had applied to be the registered manager. It is a condition of the provider's registration that the home has a registered manager. A new deputy manager had also been recruited and was due to take up their post shortly after the inspection
- The provider had some quality assurance systems in place, however, they had not resulted in sustained improvements to the service. The systems included reviews of care records, medicine records, care plans and staff files.
- The manager told us they planned to complete a survey of people who lived at Woodfalls, their relatives and other professionals who have contact with the service. The manager was not aware when the last survey was completed, what the feedback from any previous surveys was or any action that had been taken in response.

Despite the actions taken by the management team, the service continued to place people at risk of harm. Medicines were not managed safely; fire and water safety systems were not checked regularly and actions from the fire risk assessment had not been completed. The service did not have effective systems to monitor and improve the quality of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff were positive about the new manager and felt confident improvements would be made. Staff felt they were able to have open conversations with this manager and agree how to move the service forward. Staff felt the manager had started to make improvements in the short time they had been there, which had improved morale.
- The manager had identified improvements they would like to make, starting with ensuring people's safety.
- The manager was aware of their responsibilities under the duty of candour.

Working in partnership with others

- The manager worked well with the local health and social care professionals. They had established good links and working relationships.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured risks to service users and other people using the building were effectively assessed, monitored and mitigated.</p> <p>Regulation 17 (2) (b).</p>

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 The registered provider had not ensured people were supported to take the medicines they were prescribed. Regulation 12 (2) (g).

The enforcement action we took:

We served a warning notice on the provider.