

Bostan Care Homes Ltd

Woodford Care Home

Inspection report

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Date of inspection visit: 6 and 7 May 2015
Date of publication: 14/07/2015

Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection of this service on 9, 10 and 26 February 2015. During the inspection we found the registered provider was in breach of regulations 10, 11, 12, 18 and 22 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010 which relate to Regulation 17, 13, 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the comprehensive inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to each breach.

We undertook a focused inspection on the 6 and 7 May 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report

only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodford Care Home on our website at www.cqc.org.uk.

Woodford Care Home is situated on a main road in Hull near to public transport facilities and there are local shops within walking distance. The home was originally three terraced houses which have now been combined. It is registered with the Care Quality Commission [CQC] to provide accommodation and care for to up to 18 older people who may be living with dementia. On the day of the inspection 14 people resided in the home. A mixture of single and shared bedrooms were spread over two floors. Communal rooms consisted of a main lounge, an additional smaller lounge and a dining room. The home had three toilets and one bathroom.

Summary of findings

This service does not have a registered manager in place, as the person undertaking this role at the last inspection has left. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager has been in place since March 2015. We have called them the interim manager throughout this report.

Following our comprehensive inspection, the registered provider was found to be non-compliant with regulations pertaining to assessing and monitoring the quality of service provision. During our focused inspection we saw that the registered provider had implemented a range of audits and daily checks; however they were ineffective and failed to highlight shortfalls within the service.

Following our comprehensive inspection, the registered provider was found to be non-compliant with regulations pertaining to safeguarding people who used the service from abuse. During our focused inspection we saw that the registered provider had taken action to ensure unlawful restraint practices and unjust restrictions of people's movements had ceased.

Following our comprehensive inspection, the registered provider was found to be non-compliant with regulations pertaining to gaining consent from people or

appropriately appointed persons before care, treatment or support was delivered. During our focused inspection we saw that the registered provider had taken action to ensure decisions made on people's behalf were done so following best interest decision making process and before verbal and written consent to care, treatment and support was gained when possible.

Following our comprehensive inspection, the registered provider was found to be non-compliant with regulations pertaining to infection prevention and control. During our focused inspection we saw that the registered provider had failed to take appropriate action to ensure people were cared for in a clean and hygienic environment.

Following our comprehensive inspection, the registered provider was found to be non-compliant with regulations pertaining to staffing levels. During our focused inspection we saw that the registered provider had taken action to ensure appropriate numbers of staff were deployed within the service. However, this action was only taken due to prompting from CQC staff during the inspection.

We have judged these latest findings to have a major impact. This is being followed up and we will report on our action when it is complete. You can see a summary of the actions we have asked the provider to take, which you can see at the back of the full version of this report. As a result of the continued non-compliance we are considering our regulatory response.

Summary of findings

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. People were not cared for in a clean and hygienic environment. Infection control practices were not followed and this increased the risk of infection or cross contamination.

People's movements were no longer restricted unlawfully.

Appropriate numbers of staff were deployed to meet the needs of the people who used the service. However, the domestic hours remained low in comparison to the size and layout of the building.

Whilst we saw some improvements had been made, we could not re-assess the rating for 'safe' because to do so requires consistent and subsistent improvement over time. We will check this during our next planned comprehensive inspection.

Inadequate



Is the service effective?

The service was not always effective. Mental capacity assessments were carried out appropriately and when decisions were made on people's behalf, best interest decision making processes were followed.

Deprivation of Liberty Safeguards were now being sought to ensure people were only deprived of their liberty lawfully and in the least restrictive way.

Whilst we saw some improvements had been made, we could not re-assess the rating for 'effective' because to do so requires consistent and subsistent improvement over time. We will check this during our next planned comprehensive inspection.

Inadequate



Is the service well-led?

The service was not well-led. Quality assurance systems implemented since our last inspection were not effective and lacked the depth to drive improvement.

A registered manager was not in place at the time of this focused inspection.

As improvements had not been made we have not re-assessed the rating for the 'well-led'. We will review our rating for well-led at the next comprehensive inspection.

Inadequate



Woodford Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Woodford Care Home on 6 and 7 May 2015. This inspection was done to check that the improvements to meet legal requirements planned by the registered provider after our comprehensive inspection on 9, 10 and 26 February 2015 had been made. We inspected the service against three of the five questions we ask about services: is the service safe; is the service effective and is the service well-led. This is because the service was not meeting some legal requirements.

The first day of the inspection was carried out by an adult social care inspector and an inspection manager, the second day was completed by two adult social care inspectors.

Before our focused inspection we reviewed the information we held about the service. This included the registered

provider's action plan which set out the action they would take to meet legal requirements. We spoke with the local authority commissioning team and the local authority safeguarding team

During our inspection we spoke with six people who used the service, four visiting relatives, a district nurse, the interim manager, the registered provider, two domestic staff and five care staff

We also used the Short Observational Framework for Inspection [SOFI] to observe the care and support provided to people. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of documentation pertaining to the management of the service. These included audits, checklists, staff rotas, staff meeting minutes, staff training records and property maintenance plans. We also looked at five people's care plans.

Is the service safe?

Our findings

At our comprehensive inspection of Woodford Care Home on 9, 10 and 26 February 2015, we found that people were not cared for in a clean and hygienic environment; this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The level of concern around this breach led us to issue a formal warning.

At our focused inspection 6 and 7 May 2015 we found that the registered provider had not taken appropriate action to meet the shortfalls in relation to the requirements of Regulation 12 described above. This meant that the registered provider continued to be in breach of this regulation; we are currently considering our regulatory response.

Following the comprehensive inspection we told the registered provider to take action with regard to sink units in people's rooms; we saw that a number of sink units had become permeable. This meant that they could no longer be cleaned effectively and posed a risk of cross infection. During this focused inspection we saw that one sink unit had been removed and were told by the registered provider that maintenance work was being carried out in that room. However, several units were in the same state of disrepair and continued to pose an infection control risk. Several commode chairs were in a state of disrepair; four leather effect seat coverings were ripped and three of the frames were rusted which prevented effective cleaning. One commode chair directly next to a person's bed had faeces smeared against the frame and urine left in it. Another commode chair had an emergency pull cord wrapped round the leg which poses a potential risk of cross contamination.

One person's room had a distinct malodour; there were brown stains on the floor at the entrance to the room and when we checked their bed we saw the sheets were unclean and partially soiled. An unclean towel which was heavily stained and dirty was found on top of the sink unit. We also saw dead flies on the window sill. A window in another room had mould growing at its base and a window in a third room had weeds growing on the external ledge which had penetrated the sill and were growing into the person's room.

Two toilets upstairs did not have sinks or other hand washing facilities and had been deemed not fit for purpose by the registered provider. Hand written signs had been attached to the toilet doors stating 'this toilet should remain locked at all times'; however, when we checked the doors were unlocked and remained open for several hours during the first day of our inspection. In two of the upstairs toilets, we noted faeces on the toilet and on the floor. The interim manager told us the toilets were used by staff to empty commode pans before they were taken to the upstairs bathroom to be washed in the bath. A member of staff told us, "We carry the commodes pans to the toilet, empty it then take it into the bathroom" and went on to say, "Some of the [commode] pans don't have lids which is pretty disgusting really." This practice meant staffs actions posed a distinct infection control risk and contributed to the risk of infectious diseases being spread throughout the home.

A hand written sign was on the door to the bathroom stating 'residents do not use this bathroom'. The interim manager confirmed the bathroom was currently used as a sluice facility. A foot operated bin was in the bathroom which no longer worked effectively. The bin did not have a clinical waste bag in place and had been used to dispose of gloves, paper towels and used incontinence pads. Failure to handle and dispose of used incontinence pads posed an infection control risk and was in conflict with best practice guidelines.

Following the comprehensive inspection, we told the registered provider to take action with regard to the way infection control practices and cleanliness within the home was monitored. The interim manager told us that a cleaning schedule had been developed and that they completed a 'daily infection control walk round'. We asked them why the overall cleanliness of the home had not improved since our comprehensive inspection and were told, "I said to myself this morning I was going to speak to [the registered provider] and tell them we need more cleaning hours because there isn't anywhere near enough" and "What we really need is investment; we need new carpets and old sink units replacing. It needs money spending if we are going to get to where we need to be."

We spoke with a recently appointed domestic worker and were told that the interim manager was not present on their first day so they were unsure of what their duties were. They also said, "I only work 11 hours a week and in a place

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as big as this it's an impossible task. I did a toilet yesterday and it took me over an hour, it was that bad." The domestic worker told us they were supplied with appropriate levels of cleaning products and that they had two mops for upstairs and two for downstairs. We saw that the mops were stored 'head up' to allow them to dry, however they were stored in a small cupboard which would have prevented them from drying effectively and the mops heads were touching one another; they were very well used and in need of replacement.

We saw a member of staff folding laundry and placing it into a linen basket. The member of staff told us it was clean laundry; however we saw that the basket was also used to transport used/dirty laundry. This posed a risk of cross contamination and increased the possibility of infectious diseases being spread throughout the home.

Following the comprehensive inspection, we told the registered provider to take action with regard to the way general waste and clinical waste were stored outside the building. During this inspection we saw that general and clinical waste bins were used appropriately and were no longer overflowing. However, we saw full refuse sacks piled on top of each other against the window of the home's main lounge.

At our comprehensive inspection on 9, 10 and 26 February 2015, we found people with capacity had their movements restricted unlawfully; this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 6 and 7 May 2015 we found that the registered provider had taken appropriate action to meet the shortfalls in relation to the requirements of Regulation 11 described above.

Following the comprehensive inspection, we asked the registered provider to take action with regard to how they applied and monitored the use of restraint within the home. This was because people had restrictions placed upon their movements that they had not agreed to. Adaptions had been made to the bannisters at the top of three stair wells and the architraves of three bedrooms.

The adaptions were used to slide a large wooden board into place, effectively restricting the movement of people who used the service to their bedroom or a small shared hallway.

During this inspection, we found that these restrictions were no longer in place. The interim manager explained, "We have got rid of all the boards except one, we ask the lady every night if she wants the board in place and record what she wants us to do." A We asked the person who used the service told us, "They ask me every night and I tell them I don't want it [the board] there." The interim manager confirmed on the second day of our inspection that the board would no longer be used and had been removed from the home.

At our comprehensive inspection on 9, 10 and 26 February 2015, we found that appropriate numbers of staff were not deployed to meet the holistic needs of the people who used the services; this was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 6 and 7 May 2015, we found that the registered provider had not taken appropriate action to meet the shortfalls in relation to the requirements of Regulation 22 described above.

Following our comprehensive inspection we asked the registered provider to ensure appropriate numbers of suitably trained staff were deployed at all times. This was because staff were expected to complete a range of tasks including meeting the assessed needs of the people who used the service, conducting meaningful activities and completing cleaning tasks. Due to the various infection control issues found within the service, it was clear the registered provider had not deployed sufficient numbers of staff to carry out these tasks effectively. This meant that people were cared for in an unclean and unhygienic environment. People had commodes in the rooms which had stale urine and faeces on them and numerous rooms within the home had distinct malodours.

We saw evidence to confirm that the interim manager completed dependency assessments for each person who used the service on a monthly basis. The assessment took into account the specific needs of each person including the support they required with personal care, medication,

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eating and drinking and participating in activities. Detrimentially the assessments were not used to ensure that appropriate numbers of staff were deployed to meet the needs of the people who used the service. The interim manager told us, “I do the assessments but then they just go back in the file they are not used for anything.”

At the end of the first day of the inspection we were informed by the registered provider that domestic hours would be increased immediately to ensure suitable numbers of staff were deployed to meet the holistic needs of the people who used the service. On 7 May 2015, we saw two domestic staff were deployed allowing the remaining staff to meet the health and social care needs of the people who used the service. We will assess and report on this during our next inspection of the service.

When we spoke to people who used the service, relatives and staff about the staffing levels we received mixed responses. One person who used the service told us, “The staff are kind, but sometimes I have to wait for them to see to me.” A visiting relative told us, “The staffing [level] is fine although at tea time one of the carers has to go in the kitchen which means there are not enough staff on the floor in my opinion.” A second relative said, “There is plenty

of staff around and if we need anybody, they are always here to help.” A member of staff commented, “The only thing that worries me is the staffing some times. For example, when the morning meds round is on, we lose the senior at the time we are trying to get people up and get breakfast. At tea time, one carer has to go and sort out tea in the kitchen. Another is doing the meds which leaves just one carer.”

Following our comprehensive inspection, we asked the registered provider to take action with regard to deploying suitable numbers of staff so that meaningful activities could be provided to people who used the service. During our focused inspection, we saw people participating in a number of chair based exercises and other activities. One person told us, “I have played a hoops game today, I was really good at it.” We saw photo collages of people making their own pizzas and decorating eggs as part of Easter celebrations. A member of staff told us, “We do dedicate more time to just being with them [the people who used the service] and doing things to keep them entertained; it’s great to see the smiles on their faces instead of them just being sat in the lounge not really watching the telly.”

Is the service effective?

Our findings

At our comprehensive inspection on 9, 10 and 26 February 2015, we found people received care, treatment or support that they had not consented to. People had been deemed to lack capacity (by staff within the service), although appropriate assessments were not carried out to confirm this. Best interest decision-making processes had not been conducted to discuss capacity issues and to make decisions on behalf of people who used the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The level of concern around this breach led us to issue a formal warning.

At our focused inspection 6 and 7 May 2015 we found that the registered provider had taken appropriate action to meet the shortfalls in relation to the requirements of Regulation 18 described above.

Following the comprehensive inspection, we told the registered provider to take action with regard to gaining consent before care, treatment and support was provided to people who used the service. The interim manager had ensured mental capacity assessments were completed and had Deprivation of Liberty Safeguards [DoLS] applications had been sent to the local authority to ensure people were deprived of their liberty lawfully and in the least restrictive way. The Care Quality Commission is required by law to

monitor the use of DoLS. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control.

Staff had completed training in relation to The Mental Capacity Act (2005); and DoLS. The interim manager told us, "We have had training and everyone has a better understanding of what we can and can't do and what we need to have best interest meetings for; we have already had some [best interest meetings] since the last inspection."

During our focused inspection we heard staff gaining people's consent before care and support was provided. A member of staff we spoke with said, "I never do anything without people's permission, I always ask them [people who used the service] before I do anything." A relative we spoke with told us, "They give mum lots of choices; choices about when she gets up and goes to bed, when she wants a cigarette, and what she wants to eat."

A range of documentation had been added to people's care plans which provided evidence that consent had been gained from the person who used the service or their appointed representative. Signatures were in place to confirm people, where possible, had read their care plan and agreed with its content. We saw evidence that signatures had been gained confirming consent was in place for the service to manage and administer people's medicines. This helped to provide assurance that people agreed and consented to the care, treatment and support they received.

Is the service well-led?

Our findings

At our comprehensive inspection on 9, 10 and 26 February 2015, we found the quality monitoring system used by the registered provider was ineffective. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The level of concern around this breach led us to issue a formal warning.

At our focused inspection 6 and 7 May 2015, we found that the registered provider had not taken appropriate action to meet the shortfalls in relation to the requirements of Regulation 10 described above. This meant that the registered provider continued to be in breach of this regulation; we are currently considering our regulatory response.

Following our comprehensive inspection, we told the registered provider to take action and ensure effective systems were implemented to monitor and assess the quality of service provided to people who used the service.

Some action had been taken which included the introduction of a 'manager's daily infection control check', a 'manager's daily quality assurance check', a dining room cleaning rota, care home cleaning record and a maintenance plan. However, when we scrutinised them we found they had not been effective to ensure appropriate action had been taken to improve the service or highlight concerns.

The 'manager's daily infection control check' had failed to highlight that cleaning levels were insufficient and that infection prevention and control practices were ineffective and did not follow best practice guidance. The 'manager's daily quality assurance check' was a broad checklist covering, amongst other things night shift duties, food quality checklist, cleaning standards and odours controlled. The checklist stated 'initial all relevant days in the box to confirm task/area is up to standard' but gave no indication of what standard was expected. The care home cleaning records stated the home's room numbers and had a box corresponding to each day of the week. Numerous boxes had been initialled to confirm they had been cleaned but we noted several boxes were left blank and there was no description to show what tasks needed to be

completed. The dining room cleaning rota had been completed intermittently in January, February and March 2015; the last entry was 25 March 2015. The interim manager told us, "I know the cleaning is not up to standard but she (the domestic) does her best with the hours she has got." We judged the systems introduced by the registered provider to be poorly utilised and ineffective in improving the service. This led to people being cared for in an unclean environment.

A maintenance plan covering March and April 2015 provided a record of what work had been completed, for example tiling was completed behind the sinks in rooms 12 and 14 on 20 April 2015. However, we found there was no system in place to highlight when or how the environment had been assessed to ensure an effective maintenance plan was developed and carried out. For example, on 24 March the property maintenance log indicated the bathroom light bulb needed replacing; the light was linked to the ceiling extractor fan which the environmental health team had recently informed the service must stay on at all times. This was only completed during our focused inspection on 7 May 2015. This demonstrates that there was no effective system in place to ensure that relevant advice and guidance from other professionals was followed.

The interim manager told us that food quality audits were conducted twice weekly and these included comments from a different person who used the service chosen at random. We saw evidence to confirm this; however when issues were raised no action was taken to improve the level of service provided to the person. This meant there was a risk that people's views were not listened to and acted upon.

We asked the interim manager if any other quality monitoring systems or auditing processes were in place that had not been shared with us; they confirmed there were no other quality monitoring systems or auditing processes in place at the time our focused inspection was carried out. The registered provider told us, "We have put some systems in place but they are not detailed or specific enough and we will adapt them so they are fit for purpose; any advice and guidance we receive is greatly appreciated."

Care plans that included personal and private healthcare information were stored in an unlocked box in a room used as a through fare by staff, visiting relatives, people who used the service, staff and other healthcare professionals.

Is the service well-led?

This meant that records were not stored appropriately and posed a data protection breach. We asked the interim manager for the registered provider's data protection policy; the policy clearly stated that only appropriately authorised persons should have access to this sensitive information. A system was not in place to ensure people's private information was stored securely and that the service operated in line with the registered providers policies and procedures.

We asked the interim manager to supply the registered provider's health and safety policy along with the infection control policy. The interim manager informed us that they could not locate either policy and that they had found several policies that were either out of date or had been created by the previous owners of Woodford Care Home. We asked the interim manager if there was a system in place to ensure policies and procedures were checked periodically and kept up to date with relevant legislation; they told us that there was no system or auditing process to ensure policies and procedures were up to date and contained relevant best practice guidance. Failing to provide staff with appropriate guidance could lead to inappropriate care being provided and inconsistencies in how care and support are delivered.

During the inspection we asked the interim manager how they kept up to date with changes to legislation and best practice techniques. They told us, "I contact the commissioners and safeguarding [local authority commissioning and safeguarding teams] but I still haven't had the management training I need" and went on to say, "I'm worried that I haven't had the proper training." The deputy manager commented about their own current level of skills and abilities, "I am a carer with a medicines certificate; I need a lot more training to be the deputy manager." Failing to ensure managers and staff receive the appropriate support and have relevant training could lead to the service not adhering to best practice guidance or people not receiving the most up to date and effective care to meet their needs in line with relevant legislation.

After our comprehensive inspection on 9, 10 and 26 February 2015, the service's registered manager resigned; they left their post on 13 March 2015. As a registered manager is not currently employed by the service, we have written to the registered provider requesting information on what action they have taken to address this matter. This is a breach of the provider's registration conditions, which we are dealing with outside of the inspection process.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

How the regulation was not being met: People were care for in an unclean and unhygienic environment. Effective systems were not in place to ensure the cleanliness of the service. Regulation 12.

The enforcement action we took:

At the last inspection we issued a warning notice in respect of this breach. We are taking further enforcement action outside of this process.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

How the regulation was not being met: An effective system was not in place to assess and monitor the quality of service provision. Regulation 10.

The enforcement action we took:

At the last inspection we issued a warning notice in respect of this breach. We are taking further enforcement action outside of this process.