

# Woodland Healthcare Limited

## Mr 'C's

### Inspection report

4-6 Matlock Terrace  
St Lukes Road  
Torquay  
Devon  
TQ2 5NY  
  
Tel: 01803292530

Date of inspection visit:  
27 November 2020  
30 November 2020

Date of publication:  
09 April 2021

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Mr 'C's is a residential care home providing personal care to 27 people aged 65 and over at the time of the inspection. The service can support up to 40 people. Mr 'C's accommodates people across four floors.

Mr 'C's no longer provides nursing care. Any nursing needs are met by the community nursing team. The provider and registered manager aim to remove the permission to carry out nursing tasks from their registration.

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

People told us they continued to receive care that was effective, caring and responsive to their needs. Staff were kind and considerate and people spoke fondly of them.

We found the management of people's medicine needed further improvement. The new manager and provider had identified there were issues and were in process of addressing these, however, this meant on inspection we still found concerns.

There were enough staff to meet people's needs. We have made a recommendation in respect of recruitment to ensure the provider follows the latest safer recruitment practice.

The service had not experienced an outbreak of Covid 19 and we were assured that the service was following the latest infection control guidance. We have recommended the provider reviews the area where staff change to maximise the ability to prevent cross contamination.

Systems of governance were not always effective. Quality monitoring systems had not highlighted or addressed shortfalls in the management of people's medicines. Despite our findings, people and family were positive about how the service was being managed. They felt they were kept up to date and informed and could approach staff at any time to raise concerns or ask questions.

People were protected from risk and had their health needs identified and supported.

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 this service Good (report published 7 March 2019), however, the safe section of the report was rated Requires Improvement. There were no breaches of regulations.

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

### Why we inspected

We received concerns in relation to staffing, people's skin care and staff not responding to people's care needs in a timely manner. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have found the concerns were not substantiated however, a breach was found in respect how people's medicines were managed. Please see the safe and well-led sections of this report. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. The local authority medicine optimisation team have visited the service and are giving support to ensure medicine management is addressed.

## 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.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Mr 'C's

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team was made up of one inspector, a specialist nurse advisor and an Expert by Experience. 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

Mr 'C's 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not able to come to the inspection as they were self-isolating. There was also a manager in day to day charge who had worked for the service for a short period of time. We refer to them as 'the manager' throughout the report.

#### Notice of inspection

This inspection was unannounced.

#### 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 reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with the manager and staff administering medicines.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the local authority quality improvement team. We received written feedback from four 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 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.

### Using medicines safely

At our last inspection we recommended the provider ensured they audited their medicine management systems and, implemented guidance on good practice identified as a result. This had been achieved however, we found not all aspects of medicines management were safe.

- On the second day of the inspection we observed the morning medicines round took from 8.30 to 11.40am with the next round due to start at 1pm. Although the medicines were administered in a caring and professional manner, people did not always receive time specific medicines as intended. For example, one person did not receive their Parkinson's medicine and two people, prescribed a medicine to be taken 30 minutes before food, did not receive their medicine until 9.45am and 12.30pm, respectively. We discussed this with the manager at the time of the inspection. They assured us they would support with the medicine administration until other staff were trained and competent to administer people's medicines.
- People had medicines prescribed to be given 'as required' (PRN) for pain and heightened behaviour. There was not always enough detail in the care plans and MARs to inform staff of how this medicine should be given and reviewed.
- The provider's medicine policy required handwritten medicine administration records (MARs) were checked by a second member of staff to ensure accuracy. However, we identified this was not taking place.
- There was no effective system in place to ensure sufficient stock of individual medicines. For example, one person did not have their anti-depressant available for seven days and another person's MARs noted they did not have a topical cream available for three days in November 2020.
- Records of people's prescribed creams to prevent skin issues were not always completed in line with the prescription.

Not ensuring the safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the local authority quality improvement team and the medicines optimisation team have been to the service to assess, advice and start to support the service to improve their medicine practice.

### Assessing risk, safety monitoring and management

- Peoples care records included a range of risk assessments. Although the risk assessments had been regularly updated and staff knew people well, there were some gaps in monitoring paperwork and when

certain health professionals had been involved in people's care. We raised this with the manager who advised they had identified a need to review everyone's records to ensure these were complete and accurate. This process had been started.

- People had their skin needs assessed on moving into the service and at regular intervals. The community nursing team oversaw people's care.
- People were supported to understand the risks associated with Covid 19 and other aspects of their life. This meant they could make informed choices about how they wanted to live their lives while keeping other people safe.
- Systems were in place to monitor the safety of the building.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. The registered manager and provider ensured they had systems and process in place to keep people safe
- Everyone we spoke with was happy that they or their family member, was safe. A relative said, "I do think my relative is safe in the home. The care staff are wonderful with her" and a person said, "I do feel safe in the home. The staff make you feel safe and if I had a concern then I would speak to a carer."

Staffing and recruitment

- There were systems in place to ensure sufficient number of staff were available to meet people's care needs. The manager was reflecting on the staffing to ensure staffing was good at all times of the day and the staff employed has the right skills and training to meet people's needs.
- People and families spoke of how busy the staff were and due to the lay out of the building, it was sometimes difficult to ensure telephones were always answered timely. A person said, "The staff make me feel safe and I can use the buzzer if I need anything. When staff are off sick, they can be under of a lot of pressure, but they are pretty quick on the buzzer." A relative said, "The care staff are wonderful with [my relative]. They are struggling with high numbers and they are very busy."
- Staff recruitment was being reviewed by the new manager to ensure the process was in line with safe practice. For example, some staff had been employed some time ago using their DBS (a check to see if an applicant has a criminal record)) from their previous employer, while their new one came through. Although we were assured staff shadowed other staff during this time, this was not recorded. One of the staff members DBS record was relevant to working with children, which meant any risks to adults would not have been checked.

We recommend the provider ensures their recruitment process is in line with current guidance and safer recruitment practices.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We noted that the changing area for staff (before and after their shift) was very small and close to the kitchen area.

We recommend the provider reviews the area where staff change to maximise the ability to prevent cross contamination.

- We were assured that the provider was using PPE effectively and safely. A person said, "All staff wear masks, gloves, and an apron when they are working with me."
- The manager and provider were ensuring staff adhered to good infection control practices and, checked to make sure these were maintained. A relative said, "The home is kept clean and tidy as the domestic staff are good at their job."
- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was 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.

#### Learning lessons when things go wrong

- The management team demonstrated an open and transparent attitude towards learning lessons when things went wrong. However, as is clearly evidenced throughout this report, further work is needed to ensure that standards and quality are embedded and consistently applied.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems of governance were not sufficiently robust. For example, the manager conducted regular medicine audits and the provider visited regularly. However, they had not noted or rectified the concerns we identified at this inspection, regarding the management of medicines.
- This is the fourth consecutive inspection where the provider has not achieved a rating of good in the domain of Safe. This demonstrates a failure to ensure effective quality assurance system and standards of good practice are not fully embedded in the staff team.
- A range of audits were conducted at the service. We noted though, there was not always an action plan or clear evidence of how any shortfalls had been addressed. For example, following provider and area manager/registered manager reviews. On the first day of the inspection staff were storing spare aprons in toilets. This was quickly addressed however, in May 2020 the provider had raised the issue during their audit. There was no further detail to ensure the provider's concern had been addressed by staff.
- Despite having only been at the service for a short time, the manager had already reviewed the service and had plans to make further improvements. This included the premises, record keeping and medicine administration. Throughout the inspection they responded well to the inspection and our feedback.
- The new staff team was settling in. The manager told us roles they were being reviewed and clarified to ensure everyone understood their individual responsibilities.

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

- People and family were positive about the service stating that they often spoke with the deputy manager, care staff and administrator. Not everyone knew or had spoken to the manager yet however, a person said, "I have spoken to the new manager she is very nice" and a family member said, "I have spoken to the manager; she has listened."
- People and family felt staff were caring and they were kept up to date. Visits were currently via the window, but the manager had reviewed this, and a new lodge was being constructed in the car park to enable visits with family in a safe way. A person said. "Every one of the staff know what they are doing, and I would consider it to be a good home."
- Staff felt supported by management and were able to seek advice and guidance as needed.

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 had systems in place to ensure they met their duty of candour requirements.

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

- People and family members were positive about the staff and their ensuring they were involved in their care.
- People we spoke with could not remember being asked for their recent view of the service. However, records showed that a survey of people's views was last completed in August 2020. This made reference to the only concern being about the quality of the food. The manager was aware of this and addressing it.

Working in partnership with others

- People's records highlighted that the service was involved with a range of agencies in meeting their needs.

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  Regulation 12(1)(2)(g)  People's medicines were not always safely managed.