Wood Green Nursing Home Limited

# Wood Green Nursing Home

## Inspection report

27 Wood Green Road
Wednesbury
West Midlands
WS10 9AX

Tel: 01215560381

Date of inspection visit:
28 October 2020
29 October 2020

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08 December 2020

## 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
Wood Green Nursing Home is a care home providing nursing and personal care to older people. The care home is registered to provide support to 40 people. At the time of the inspection 32 people were living at the home. The accommodation is provided over two floors each of which has its own communal areas.

People's experience of using this service and what we found
The home had improved since the last inspection. New systems were in place to record and monitor the service. Further improvements were required to fully embed the new systems and improved working practices.

People felt safe living at the home and staff were aware of people's individual risks. People received support to take their medicines. However, we found some medication recording errors which the provider had not identified. The provider took immediate action following the inspection to address this.

People were supported by staff who were deployed in sufficient numbers to meet their needs. Staff were aware of how to safeguard people from abuse and had good knowledge on how to recognise and respond to concerns.

Appropriate Personal Protective Equipment (PPE) was made available and worn by staff and they had received information and training, so they understood the importance of this.

The provider had quality monitoring systems in place, however, this inspection found they did not always identify issues and therefore were not fully effective. Further time is needed to fully embed the new systems.

The home worked in partnership with other professionals and the community when able to do so. Relatives we spoke with felt engaged with the home during COVID. We saw no evidence people's needs were not being met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was Requires Improvement (Published on 11 December 2019).

Why we inspected
The inspection was prompted due to concerns about poor infection prevention and control (IPC), whistleblowing and environmental concerns. A decision was made for us to inspect and examine those risks.

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. We only looked at safe and well led during this inspection. We did not look at the key questions of effective, caring and responsive. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found evidence the provider needs to make improvements.

The overall rating for the service remains as Requires Improvement. This is based on the findings at this inspection.

Follow up
We will work alongside the provider and 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?

**Requires Improvement**

The service was not always Safe.

Details are in our Safe findings below.

### Is the service well-led?

**Requires Improvement**

The service was not always Well-Led.

Details are in our Well-Led Findings below.

# Wood Green Nursing 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.

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 was carried out by two inspectors and a specialist advisor who was a nurse, who visited the home on the 28 October 2020. One of the inspectors then continued to make calls to relatives on 30 October 2020.

Service and service type
Wood Green Nursing 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 (CQC) at the time of this inspection. A manager was in place and they have submitted an application to register with CQC. 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.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We did not ask for a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with two people who used the service about their experience of the care provided. We spoke with four care assistants, one senior care assistant, one nurse and one domestic worker. We also spoke with the manager and the provider. We spoke with two relatives of people living at the home by telephone.

We reviewed a range of records. This included four people's care records and three people's medication records. We looked at one staff file in relation to recruitment. We also looked at records that related to the management and quality assurance of the service.

After the inspection
The provider supplied us with additional information as requested including an improvement action plan and training information.

Requires Improvement

# Is the service safe?

## Our findings

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

At our last inspection the provider systems had failed to ensure all peoples risks were identified and managed well. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection found improvements had been made and the regulation had been met.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question remains as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.
Using medicines safely

● At the last inspection we found some improvements were needed to ensure medicines were stored securely. This inspection found improvements had been made but further improvements were required. Since the last inspection, the provider had introduced an electronic system for recording medication. Staff said the system was good and alerted them when medication was overdue to prevent medication being missed.
●Checks we made found that two medicines for one person could not be found. The manager made checks and the medication was no longer required. The manager felt the medicine may have been returned to the pharmacy unused, however there was no record of this. A new process to record medication stock levels was introduced immediately following our inspection.
● We found that a count of medicines found a slight discrepancy on the medication of three people. The manager found this had occurred because an agency nurse had recorded medicines on a paper record and not the new electronic system. This was addressed immediately during the inspection.
● A record of refrigerator temperatures had not been completed for a period of six consecutive days. Some medicines need to be stored in a refrigerator in line with manufacturers guidance to ensure its effectiveness. We checked the care records for the person and saw no evidence of any impact. This was addressed immediately during the inspection.
● One member of staff told us they had received medicine training and the provider completed competency checks.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living at the home and relatives told us they felt the home was a safe place to be. One relative said, "[Person's name] is safe there and is being well looked after."
● Staff received training in how to recognise possible abuse and knew how to report concerns. Staff said they had not had reason to raise concerns but were assured action would be taken by the management team.

Assessing risk, safety monitoring and management
●Staff had a good understanding of people's risks, for example, those people requiring specialist diets.

●Staff told us, and we saw people's care plan's included information and risks assessments to provide staff with guidance to manage people's risks.
● We looked at care plans for four people. The care plan for one person recorded daily blood monitoring. We found the guidance had not been followed by staff. There had been no impact for the person. We spoke to the manager about this who advised immediate action had been taken amended the care plan to give clearer guidance.
● At the last inspection we found a fire risk assessment had not been reviewed, alcohol was not stored safely and visual observations of low-level asbestos and not been completed. At this inspection we found these issues had been addressed. The service had worked with the local authority to address environmental issues including fire assessments and asbestos training. The provider showed us an action plan that recorded that all required actions had been completed.

Staffing and recruitment
● People told us staff were available to them and staff told us there were enough staff to keep people safe. During the inspection we saw staff responded to people's requests for support in a timely way.
● The provider had completed employment checks on staff before they started work in the home to make sure they were suitable to work with people. We looked one recruitment file and found gaps in the employment history had been addressed. The process could be strengthened further by the provider ensuring that both the month and year were recorded in application forms. This would ensure a continuous employment history was evidenced. The manager said this would be addressed following the inspection.

Learning lessons when things go wrong
●Incidents and accidents were recorded and reviewed by the management team. A summary of all accidents and incidents were used to identify trends and ensure action was taken to mitigate the risk of reoccurrence.

Infection control.
●Prior to the inspection concerns had been raised with CQC about the management of Covid 19. There had been evidence that on occasion Covid guidance had not been fully adhered to. However, the provider recognised this and had put actions in place to ensure this would not reoccur.
●At this inspection people told us and we saw that care staff wore Personal Protective Equipment (PPE) when providing care. Staff demonstrated a clear understanding of their responsibilities in relation to infection prevention and control.
●Staff told us they were well supported throughout the pandemic and were provided with adequate guidance and PPE. We saw supplies of PPE throughout the home.
● We saw the environment was clean and there were no unpleasant odours. We spoke to one domestic staff who told us of the enhanced cleaning schedule that was in place. We discussed with the manager the schedule could be improved by clearly recording the date of the additional checks.
● 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 using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

- We have also signposted the provider to resources to develop their approach.

Requires Improvement

# Is the service well-led?

## Our findings

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

At our last inspection, the provider systems had failed to ensure all peoples risks were identified and managed well. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection found improvements had been made and the regulation had been met.
At the last inspection, this key question was rated as requires improvement. At this inspection, this key question remain as requires improvement. We found further improvements were required to fully embed new systems and improved working practices.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
●Throughout the inspection people, relatives and staff spoke positively about the service and the improvements that had been made. However, we found systems for monitoring the service were not always effective.
●Audits in place had not identified issues identified in the inspection for example, medicine management. We found checks and audits had not identified where a count of medicines did not balance and where refrigeration temperatures had not been recorded. The manager took immediate action to address these issues.
●We also found that audits and checks had not identified that the care plan for one person had not been recorded effectively. The manager took immediate action to address this.
●The current manager started at Wood Green in March 2020 and has since made an application to CQC to become the registered manager.
●Staff spoke positively about the improvements made by the new manager. One member of staff said," There have been improvements; it's more organised we raised [an issue] and it was responded too. [Managers name] is approachable, I feel he supports us."
●The manager praised the team work of staff and who he described as 'fantastic' throughout the pandemic.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Relatives we spoke with were positive about the management team and staff. One relative told us, "We have peace of mind, nothing we worry about it's so nice when you ring up how pleasant they [staff] are. They are always so friendly."
● Relatives told us there had been regular contact made with relatives during the pandemic through emails and telephone calls.
● Staff spoken with told us they felt involved in the service and valued by the management team. One member of staff said, "[Manager's name] is very open; responsive and listens. Talks in a way I feel comfortable. "

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; Working in partnership with others

●We requested some information from the provider about how one social event had been managed. The information we received did not give sufficient clarity and reassurance. We discussed this to ensure the provider recognised their responsibilities under duty of candour. The provider gave assurances on actions taken since the social event.

●Records showed that the service worked in partnership with other professionals and agencies, such as the local authority and GP practice, this supported people's health and wellbeing.

●The management team were open and transparent during the inspection and demonstrated a willingness to listen and address any concerns.