

# 4AWH Operations Limited

# Inwood House

## Inspection report

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## Ratings

### Overall rating for this service

Inspected but not rated

Is the service safe?

**Requires Improvement**



Is the service effective?

**Inspected but not rated**

Is the service well-led?

**Requires Improvement**



# Summary of findings

## Overall summary

### About the service

Inwood House is a 'care home' that provides personal and nursing care to older people. At the time of this inspection 46 people were using the service. The service can support up to 55 people.

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

People told us they felt safe and relatives told us they thought their relations were safe in the home. Not all areas of risk associated with people's care was assessed appropriately. Staff were recruited safely. Medicines were not always managed safely. Accident and incidents were analysed to check for themes and reduce the risk of reoccurrence.

Information in people's nutritional care plans needed more detail to ensure people's needs were met.

A new provider had taken over the home since our last inspection. They had a clear vision and strategy for the home. Staff told us they felt confident they would now be listened to. There was a clear governance framework; however, it had not identified all the concerns we found. The provider completed surveys of people, relatives and staff views and opinions of the care provision. Meetings with people and staff took place. The provider worked closely with local partners.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 9 April 2019 and this was the first inspection. The last rating for the service under the previous provider was good (published 8 June 2016).

### Why we inspected

This was a planned inspection in line with our inspection programme. We have made changes to the way we work due to the COVID-19 pandemic. This is to avoid putting pressure on services that are caring for people. We completed a focussed inspection. During this inspection we looked at the key questions of 'is the service safe?' and 'is the service well-led?'. We also looked at elements of the key question 'is the service effective?' following some concerns we received. We do not look at all of the five key questions during a focussed inspection. Therefore, the service was not given an overall rating.

We looked at infection prevention and control measures under the key question of 'is the service safe?'. 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.

### 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 will continue to monitor the service. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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

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.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

We have not awarded a rating for this key question at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Inwood House

## 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.

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 consisted of two inspectors 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

Inwood House 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 CQC. A registered manager and registered provider are both legally responsible for how the service is run and for the quality and safety of the care provided. There was an interim manager in post whilst recruitment of a registered manager took place.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we have changed the way we inspect due to Covid-19 and needed to check with the manager what information we could review electronically and what we would need to look at on site.

Inspection activity started on 16 November 2020 and ended on 18 November 2020. We visited the care home on 17 November 2020.

### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all this information to plan our inspection.

### During the inspection

We spoke with five staff members including the operational manager, project manager, deputy manager and two senior care staff. We spoke with six people who used the service over the phone. We reviewed a range of records. This included four 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 spoke with seven relatives about their experience of the care provided.

The manager and operational manager sent various documents to us electronically. We continued to seek clarification from the manager to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This was the first inspection for this newly registered service. This key question has been rated 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.

### Assessing risk, safety monitoring and management

- Not all risks to people's safety and welfare were assessed appropriately.
- Some risk assessments contained conflicting information such as which equipment should be used. For example, one person's care plan told staff the person required bed rails to be in place and crash mats on the floor. Both items were in situ, however, only one was required.
- Records did not always contain clear guidance for staff to follow when using equipment to support people. For example, instructions for moving and handling were not always recorded in people's care plans. Times indicated on some people's pressure care monitoring sheets did not correspond with what care records instructed staff to carry out. This placed people at unnecessary risk.
- Where risks had been identified and plans put in place, these had not always been reviewed effectively to ensure they were still appropriate.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate risks to health and safety were managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team had already identified some of the concerns we found, and a plan of action was in place to make sure issues were addressed. The manager took immediate action in relation to concerns we identified.

### Using medicines safely

- Medicines were not always managed safely. Where people required medicines to be administered before food, there was no system or process to manage this.
- One person was prescribed transdermal patches. For the last three months, no patch application record had been completed to demonstrate the patch had been applied to a different area of the body to prevent irritation.
- Not all medication administered on an 'as and when necessary' basis had detailed protocols in place. There were body maps in place for topical medication to show where the medication should be applied, but no information about when it should be applied.

We found no evidence people had been harmed; however, systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

- Staff received face to face and practical training in the safe management of medicines. Staff had their competency checked annually. Records showed staff were up to date with medicines training.
- Medicines were stored safely and at the right temperature.

#### Staffing and recruitment

- We received mixed feedback about staffing levels. People told us, "I can't say that I have to wait; they are quite expert at what they do, and everything works well." Another person told us, "Most places are short staffed, and they are short staffed some of the time."
- Without exception staff expressed concerns about staff numbers in the home. Staff told us, "Not enough staff, we have 46 residents, most days we have four care staff to get people up. The two senior care staff will be doing the medication rounds so are unable to provide support."
- Staff told us the operational manager had provided extra staff through agency cover when concerns had been raised. However, we saw there remained a reliance on agency staff in the service. One family member told us, "I will say this; since COVID-19 they have had a lot of agency workers – half the original staff have gone."
- Staffing numbers were low, especially weekends. Over certain weekends there were no domestic staff on shift, which put additional pressure on care staff when cleaning and laundry tasks were factored in.

We found no evidence that people had been harmed however, the provider had failed to ensure there were sufficient numbers of suitably qualified staff to ensure people's safety. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team had already identified the concerns and were in the process of reviewing the dependency tool and staffing levels to ensure make sure the concerns were addressed.

- The provider had safe recruitment processes in place.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had appropriate systems in place to safeguard people from abuse. People told us the service was safe. Comments included, "I do feel safe because of the staff; they're friendly and kind" and "I can't fault it really – Yes, I feel safe, the staff are good, and I am alright."
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident any safeguarding concerns would be dealt with appropriately. However, we noted that some staff safeguarding training had not been refreshed. The provider had identified this, and training was planned for staff.
- The manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences.

#### Preventing and controlling infection

- 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 somewhat 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 somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were somewhat 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.

# 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.

This was the first inspection for this newly registered service. We have not awarded a rating for this key question at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

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

- Nutritional care plans needed further information to show how staff should support people at nutritional risk. For example, where people required modified diets there were no examples of the types of food people could safely eat.
- Where referrals had been made to the GP, dietician or speech and language team, these were not always followed up in a timely manner.
- People were supported to eat and drink, and people were happy with the choices and quality of food.
- People and their relatives said the quality and choice of food was very good. Comments included, "Food, yes I enjoy it and it's quite enjoyable – very nice", "I enjoy what I eat" and "Yes the food is very good, and I am happy with what they do."

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

- Assessments of people's needs were completed. However, care and support were not regularly reviewed.
- Staff applied learning effectively in line with best practice, which helped to achieve good outcomes for people and supported a good quality of life.

# 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.

This was the first inspection for this newly registered service. This key question has been rated 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

- There were a range of quality assurance systems and audits in place to monitor the service. However, they had not always been effective in identifying areas for improvement.
- Action plans were produced to address areas of concern but were not tracked robustly to ensure improvements were made. For example, mattress audits highlighted issues with four mattresses, however, no action had been taken to address the issues found. This was addressed during the inspection and action was taken.
- Records for monitoring fluids and nutrition were not completed correctly and did not contain enough detail. Audits had not taken place to monitor the quality of record keeping. We discussed this with the manager during the inspection and they assured us this would be addressed.

We found no evidence that people had been harmed; however, systems were not sufficiently effective. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager recognised the service required further improvements.
- There had been several changes to the management of the home prior to the inspection. The previous registered manager left the service in August 2020. Recruitment of a new registered manager was taking place.

Continuous learning and improving care

- The manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The manager demonstrated an open and positive approach to learning and development. Improvements to the service were made following changes in policy and procedure, to ensure regulatory requirements were met.
- Analysis of incidents was used to inform changes and make improvements to the quality of care people received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager acknowledged there had been a lot of changes which were sometimes difficult for staff to work with.
- People and staff were engaged with the service. Staff and other stakeholders had completed a survey of their views about the service.
- Staff morale and feedback about the management team was mixed. Some staff told us they felt very supported and others said they did not. Staff told us they felt previously changes were not always communicated effectively. However, all staff told us they thought the new manager would bring the changes that were required, and would recommend the home as place to receive care and as a place to work.
- Relatives told us, "I don't know the manager at all – managers have changed a couple of times and we haven't been able to go in and speak to them" and "It would be really difficult to know if the service is well-managed. I get newsletters online that never include [Relative's] care which is what's important to me. I personally would prefer that when we ring, there should be someone who knows what is going on with [Relative]; a key worker who knows them."

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

- There was an open and honest culture in the service. People were complimentary about the manager.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice. Staff were able to explain how they supported people which reflected information recorded in people's support plans.
- The manager had a clear understanding of their role, the organisation and the lines of managerial support available.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the manager told us the service had worked with clinical commissioning groups, social workers, mental health services and Wakefield local authority.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of service users of receiving care or treatment and do all that was reasonably practicable to mitigate any such risks.</p> <p>The provider had failed to ensure there was proper and safe management of medicines.</p> <p>Regulation 12 (1) (2) (a), (b) and (g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured there were effective systems and processes in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>Regulation 17 (1) (2) (a) and (c).</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed.

Regulation 18 (1).