

Midland Healthcare Limited

Woodlands Care and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Woodlands Care and Nursing Home is a care home providing personal and nursing care for up to 50 people. On the day of inspection 14 people were living at the service. Some people were living with dementia and some had nursing care needs. The service is built over two floors and bedrooms are accessed by both a lift and stairs. Communal areas are spaced throughout the service.

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

Improvements were required with the governance of the service. A lack of senior oversight and leadership had impacted on the service continuing to make required improvements to reach the expected rating of Good. The provider's inspection history demonstrates improvements have not been sustained and embedded.

A schedule of works to improve the environment had commenced, whilst COVID-19 had impacted the service, there was a lack of organisation, priority and oversight of this work. Risks associated with the environment and infection prevention and control practice had increased and put people at potential risk of harm.

The provider's internal systems and processes that monitored health and safety were ineffective. Concerns and shortfalls in the fundamental care standards identified by audits and checks completed by external agencies and during this inspection had not been identified.

People's individual risks had been assessed and planned for. Guidance for staff of how to mitigate risks were in the main up to date. Where care records needed to be updated, the manager was aware of this and was taking action. Staff were knowledgeable about people's care needs.

Improvements were required with the storage and management of medicines to ensure best practice guidance was maintained.

The registered manager had recently resigned, some concerns were identified in the recruitment of the new manager for this position.

Sufficient staff were deployed to meet people's individual needs and safety. People's dependency needs were regularly assessed to determine the staffing levels required. Agency or bank nurses were used whilst permanent nurses were being recruited. These were booked in advance to ensure consistency and continuity. Recruitment checks were completed before new staff were appointed to ensure they were suitable to care for people.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 23 October 2020). The service remains rated Requires Improvement. This service has been rated Requires Improvement for the last five consecutive inspections.

Why we inspected

We received concerns from the local clinical commissioning group following an audit visit at the service, where concerns were identified with infection prevention and control, and risks associated with the environment. 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 remained Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

The provider had taken some immediate action following the external audit completed by the local clinical commissioning group, and further improvements were being made.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodlands Care and Nursing Home on our website at www.cqc.org.uk

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 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 have identified one breach in relation to governance of the service. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections, is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Inadequate ●

Woodlands Care and Nursing Home

Detailed findings

Background to this inspection

Background;

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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

Two inspectors completed a site visit. An Expert by Experience made telephone calls to relatives to seek their feedback. 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

Woodlands Care and 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. This means that the provider was 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and local clinical commissioning group who work with the service. 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 used all of this information to plan our inspection.

During the inspection we spoke with the manager, the area manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a bank nurse, the cook, a domestic, a senior and a care staff member.

We reviewed a range of records. This included four people's care records; support plans, risk assessments and daily records and multiple medication records. We reviewed accident and incident records, the staff rota and infection prevention and control practice. Where possible we observed staff engagement with people in communal areas to help us understand people's experience of the care and support they received.

After the inspection

Following the inspection site visit, the Expert by Experience contacted relatives by telephone and spoke with nine people.

We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's audit reports and action plan.

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 now 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.

Preventing and controlling infection

- We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises. The local clinical commissioning group completed an infection prevention and control (IPC) audit in February 2021 and found significant concerns, and immediate improvements were required. During our inspection, we found some improvements had been completed and further action was ongoing to ensure people's safety.
- We were not fully assured that the provider's IPC policy was up to date. The provider was reviewing their IPC policy and procedure and had sought guidance and support from the local clinical commissioning group.
- 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 making sure infection outbreaks can be effectively prevented or managed.

Assessing risk, safety monitoring and management

- Ongoing improvements of the premises and environment had put people at potential risk of harm. There was a lack of planning, monitoring, risk management, priority and oversight of the scheduled works. This had compromised people's health and safety.
- Internal audits and checks on the safety of the environment were found to not be fully effective. Risks associated with exposed pipe work in people's bedrooms had not been identified. Where bedroom flooring and furnishings had been identified as needing replacing this had not been acted upon.
- We were told new thermostatic water valves to control water temperature had been fitted and there were no concerns with water temperatures. However, we found two communal bathrooms available for use by people, where the water temperature exceeded safe temperature limits.
- A health and safety check completed in February 2021 did not identify the environmental risks the local clinical commissioning group or this inspection found.

Using medicines safely

- Best practice guidance in the management of medicines had not been consistently followed. This increased the risk that people may not receive their prescribed medicines safely.

- Dates were not recorded when medicines were opened. This increased the risk of expiry dates being exceeded, impacting on the effectiveness of the medicine.
- The temperature of stored medicines were not recorded as required. Best practice guidance states temperatures should be checked daily. This is important to ensure medicines are not subjected to extremely hot or cold temperatures that can impact their effectiveness.
- Body maps used to inform staff of the administration of topical creams were not consistently completed. Medication administration records for prescribed topical creams and medicines showed some missing staff signatures.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and protect people from the risk of abuse. A staff member said, "If I had a concern, I would report it, for example if people were not being looked after or supported. I don't have any safeguarding concerns."
- Staff had received safeguarding training and access to the provider's policies and procedures.
- Relatives were positive their family member was cared for safely. One relative said, "I feel [relation] is safe. They look very well. I have never had any issues with Woodlands."

Staffing and recruitment

- People were cared for by sufficient numbers of staff who knew them well. People's dependency needs were assessed and monitored, and this information determined what staffing levels were required.
- Relatives were confident staff were sufficiently skilled, experienced, competent and knew their family member's needs. A relative said, "[Relation] is very happy whenever I talk to them. There are really friendly staff."
- Staff raised no concerns about current staffing levels. Agency and bank nurses were used to cover nurse vacancies which were actively being recruited to. Agency and bank nurses were booked in advance to ensure consistency and continuity of care.
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service.

Learning lessons when things go wrong

- Incidents were reviewed and analysed. This enabled the manager to identify any themes and patterns and actions required to reduce further risks.
- Care records showed, and staff confirmed referrals to external health care professionals for guidance and support were made in a timely manner.
- Relatives told us they were kept informed of any incidents or accidents. A relative said, "I have never felt [relation] is unsafe in the home, if had done I would have moved them. Staff phone promptly if they have had a fall."

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 Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The systems and processes in place to assess, monitor and mitigate risks were not sufficiently robust and put people at potential risk of harm.
- It is a concern that an internal infection control audit and health and safety audit completed on 15 February 2021, did not identify the significant failings found on 19 February 2021 by the local clinical commissioning group. Ineffective audits and checks compromised people's health and safety.
- An internal medication audit completed in February 2021 did not identify the shortfalls found during this inspection and reported under Safe in this report. This demonstrates concerns regarding the effectiveness of the provider's systems and processes to check on quality and safety.
- The area manager told us COVID-19 had impacted on contractors continuing with the current refurbishment plans and acknowledged there was a lack of organisation and priority to the schedule of works in place. However, the provider had not considered the negative impact of delaying these works on the safety of the service. This demonstrates the provider's COVID-19 and business contingency plan were not sufficiently robust to ensure continued oversight and leadership of the service.
- Senior management lacked oversight and leadership of the service. The frequency and quality of the audits and checks completed by the area manager and nominated individual had been minimal and limited in detail. This had a negative impact on identifying and responding to shortfalls in the fundamental care standards.
- The registered manager had resigned in February 2021 and the clinical lead had been appointed as manager. We were concerned that their staff file did not evidence any recruitment processes had been completed, to ensure they were sufficiently skilled and competent to meet the requirements of the registered manager position.
- Clinical supervision of the clinical lead / manager who was the only nurse employed at the service had not been completed. This meant there was no formal way of ensuring the quality of their clinical skills and reviewing their continued professional development.
- Documentation was not consistently up to date. People's personal emergency evacuation plan details of name and bedroom numbers did not correlate to names and bedroom numbers in the staff handover. This was a concern as the service was reliant upon agency staff who needed information to be clear and up to date to provide safe and effective care. This put people at potential risk of not being safely evacuated from the building in a timely and efficient way.
- The last five inspections at the service have resulted in a rating of Requires Improvement. There has been variable compliance with Regulation 17 (Good governance) throughout this period. The inspection history

demonstrates the provider's inability to sustain and embed improvements. The lack of oversight and leadership has had a negative impact on the safety and quality of the service and put people at increased risk of harm.

A failure to effectively and consistently assess, monitor and mitigate risks placed people at increased risk. This was a breach of Regulation 17 (Good governance) Regulated Activities) Regulations 2014.

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

- We received a mixed response from relatives about how well they were kept informed about changes happening at the service. Some relatives expressed concern about difficulties in contacting the service. Relatives also expressed some concerns about agency nurses not always being fully aware of their relations needs.
- Staff told us improvements had been made to the staff handover and level of information shared and recorded to ensure all staff were aware of people's needs.
- Relative and resident meetings had been impacted upon by the COVID-19 pandemic. An annual quality assurance questionnaire was sent to people and their relatives and representatives seeking feedback about the service. Feedback was reviewed and any suggestions for improvements actioned.
- Staff had received ongoing refresher training. Team meetings had been infrequent, but staff said they had received opportunities to discuss their work, training and development needs. The staff acknowledged the changes in the management of the service and felt it was too early to feel the impact of this change.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives were confident permanent experienced staff knew and understood their relations individual needs, preferences and routines. A relative said, "I think the care is brilliant, [relation] has no pressure sores. They have been looked after in bed most of the time, they get them out of bed with a hoist to their wheelchair."
- The provider had a complaints policy and procedure. Complaints received had been investigated and responded within the provider's required timescale. When mistakes were made this was acknowledged, apologised for and improvements made.
- The provider had met their registration regulatory requirements of notifying CQC of events when they happened at the service. The provider's inspection rating was displayed as required.

Working in partnership with others

- It was clear from talking with staff and viewing care records that staff regularly worked in partnership with external professionals and relevant care agencies. Referrals to external professionals were made in a timely manner and recommendations made were implemented. This demonstrated the service had established effective links with external health and social care professionals in meeting people's needs.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service. This placed people at risk of harm. Regulation 17 (1) (2)

The enforcement action we took:

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