

# Coate Water Care Company (Church View Nursing Home) Limited

# Woodstock 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 effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Woodstock Nursing Home is a residential care home providing personal and nursing care to up to 28 people. The service provides support to people who live with dementia and other associated mental health needs. At the time of our inspection there were 21 people using the service.

Woodstock Nursing Home accommodates people in one adapted building and provides people with a safe garden so they can enjoy the outside.

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

Staff had not been recruited in accordance with the relevant regulation and guidance. The provider's policy in this respect was not in line with the regulation requirements. Recruitment processes had not been sufficiently checked, to ensure these had been fully completed before staff started work.

It could not always be demonstrated that people were supported to have maximum choice and control of their lives and staff always supported them in the least restrictive way possible and in their best interests. This applied to when equipment was used to monitor people's movements when in bed or in their bedroom, as part of falls prevention actions. Consent had not always been sought from people or their legal representatives before the use of this equipment. This was rectified during the inspection and people's representatives were consulted about the equipment in use and relevant records completed.

Deprivation of liberty safeguards had been applied for when people could not consent to live in the care home.

We have made a recommendation that these applications are reviewed to ensure they include any additional areas of supervision and control, such as movement sensor equipment.

Although the provider had quality monitoring systems and processes in place, these had not always been effective in identifying the shortfalls identified during this inspection, which required improvement.

The provider had identified their policies and procedures required review to ensure they were robust and in line with current regulations and best practice guidance.

There were arrangements in place to protect people from abuse.

Risks associated with people's health and safety were assessed and action taken to reduce and mitigate risks.

Action had been taken to improve the delivery and availability of people's medicines and to ensure prescribed medicines were available when required. Medicines were administered safely, and people were

supported to take their medicines as prescribed.

People's needs were assessed prior to them moving into the care home and plans of care developed on admission to ensure people's needs were met. People's cultural and religious preferences were supported when planning and delivering their care.

People had access to a GP and other health care professionals when required and they were supported to attend external appointments.

Staff were provided with training, so they were able to carry out their tasks safely and improvements to this were planned so that staffs' knowledge could be broadened.

The environment was kept clean and there were arrangements in place to prevent the spread of infection.

There were arrangements in place to gather the views of people who used the service, relatives and staff to support service improvements.

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 was good (published 21 January 2019).

At our last inspection we recommended the service consider current guidance on the Mental Capacity Act (MCA) 2005 and update its practices. At this inspection we found actions taken in response to this had not been maintained.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection these were rated to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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 COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

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

#### Enforcement and Recommendations

We have identified breaches in relation to staff recruitment and the provider's quality monitoring systems and processes at this inspection.

Please see the action we have told the provider to take at the end of this report.

## Follow up

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Woodstock 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 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 and 2 Expert by Experience carried out this inspection. 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

Woodstock Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Woodstock Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 March 2023 and ended on 17 March 2023.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR) to help plan our inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed the information we held about the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with 9 people who used the service and 14 family members to gain their views of the services provided. We spoke with 10 members of staff which included 2 housekeeping staff, a cook, the maintenance person, activities co-ordinator, nurse, care assistant, an agency member of staff, the registered manager and one of the provider's regional managers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We inspected 5 people's care records and records relating to medicines management. We reviewed various audits plus additional checks and visit reports, used to monitor the safety and quality of the service. We reviewed the service's continuing improvement plan. We reviewed 3 staff recruitment files and the provider's staff recruitment and infection control policies.

# 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 we rated this key question good. At this inspection the rating has changed to 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.

### Staffing and recruitment

- The required staff recruitment checks were not always completed. Evidence of conduct and reasons for leaving previous health and social care roles had not always been requested and verified.
- Interview records were in place, however; records did not show recruiting managers had explored all gaps in employment to ensure a full employment history was considered when deciding on the suitability of staff.
- Records did not show how the registered manager and provider had assessed the risk to people when they were unable to obtain references or complete checks on an applicant's employment.
- The provider's recruitment policy was not reflective of the safe recruitment requirements in health and social care.

Arrangements were not in place to ensure the safe recruitment of staff. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks with the Disclosure and Barring Service (DBS) had been completed. These checks provide information including details about convictions and cautions held on the Police National Computer. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people.
- The provider assessed people's dependencies to help determine the numbers of staff required to meet their needs. During the inspection there were enough staff available to support people's care and social activity needs. Ancillary staff were employed to meet the needs of the service, these included catering, housekeeping and maintenance staff.
- Regular agency staff were used to support staffing numbers when people required one to one care. The registered manager monitored staffing levels and confirmed there were sufficient staff deployed to meet people's needs and the home's ancillary needs. At the time of the inspection, we observed staff to be available to supervise people and to meet their needs as required.
- Comments from people's relatives included, "Whenever we visit there is always someone on duty in the lounge", "I think there's sufficient staff, I've not had any issues with that" and "There's always plenty of staff around."

### Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were aware of what to observe for and how to report concerns within their own organisation.
- Senior staff ensured relevant information was shared with external agencies who also had a responsibility

to ensure people were safeguarded from abuse, such as the local authority, police and the Care Quality Commission.

- Staff were aware of the processes in place to report concerns about poor practice and observations such as bruising and unexplained injuries so these could be investigated.

#### Assessing risk, safety monitoring and management

- Risks related to the delivery of people's care were assessed and action taken to ensure safe ways of working were implemented. This included for example, safe ways of moving and handling people.
- Post falls protocols were in place to ensure people received the treatment and support they required following a fall.
- There were arrangements in place to ensure people's health and safety. Servicing and maintenance arrangements were in place to ensure the premises, equipment and utilities remained safe. This included fire safety and water systems.

#### Using medicines safely

- People's medicines were managed safely, and they received the support they needed to take their medicines as prescribed.
- Action had been taken by the service to improve the availability of people's medicines. Staff were working with a new pharmacy supplier so these improvements could be achieved.

#### Preventing and controlling infection

- The environment was kept clean and there were arrangements in place to safely managed people's laundry and waste.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection. Staff had worked closely with health care and local health protection professionals in January 2023 in response to an outbreak of influenza.
- 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 signposted the care home to the local authority's infection, prevention and control team for support and guidance on the storage of PPE.

- There were no visiting restrictions in place, although if the care home had an infectious outbreak, the registered manager told us they would seek advice and guidance from local health protection professionals to ensure visiting arrangements remained safe.

#### Learning lessons when things go wrong

- Learning had been taken from medicine errors and action taken to ensure these were not repeated.
- Staff had reflected on actions taken when a person who lived in the service activated a fire alarm point to help prevent a further incident of this nature.

- The circumstances leading up to a person's fall and the actions in place to help prevent a fall were reviewed post fall so learning could be taken from these incidents.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Some action had been taken since the last inspection to gain consent from people, or their legal representatives, for the use of motion sensor technology in people's bedrooms. However, at this inspection, we found this additional supervision and control arrangement had been implemented, for some people, without consent having been gained from people or their legal representative or in the absence of consent, people's relatives had not been consulted. Care records needed to improve in this respect, to demonstrate the least restrictive option/s had been adopted and decisions made on behalf of people were in their best interests.
- There were arrangements in place to submit DoLS applications to the local authority where required.

We recommend the provider review submitted DoLS applications to ensure these include any additional supervision and control arrangements, such as the bedroom motion sensor technology.

Staff support: induction, training, skills and experience

- Staff received induction training when they first started work and were supported to complete training which the provider considered to be mandatory for all staff. Care staff completed additional training according to their roles and responsibilities, such as medicines administration training.

- When speaking with some staff about their roles and specific responsibilities, it was clear some required a broader understanding to be able to complete these fully. This had been identified by the provider and plans were to be made to enhance staffs' knowledge and skills.
- Action had been taken to strengthen clinical knowledge and skills in the staff team. The new deputy manager was a registered nurse and they had led on improvements made to the management of people's individual medicines and skin and wound care needs.
- There were processes in place for staff to receive regular supervision sessions with their immediate line manager, to review their progress and training requirements.

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

- Prior to admission, people's needs and choices were assessed in line with their protected characteristics to ensure these could be met. This included people's religious or cultural preferences.
- On admission, people's health and care related risks were assessed using recognised assessment tools. This included the assessment of risks associated with the development of pressure ulcers, poor mobility, falls, malnutrition, dehydration, choking and moving and handling. Action was taken to mitigate risks and to reduce risks where they could not be fully mitigated. A relative said, "[Relative] has been falling out of bed so [staff] have sourced a bed that can be lowered close to the floor and have also put a crash mat in [relative] room."
- Staff ensured people were appropriately referred to health and adult social care professionals, so their needs were reviewed and assessed. Recognised pathways of care were followed in relation to post falls management, nutritional support, mental health and palliative/end of life care. A relative told us their relative had sustained an injury following a fall which had resulted in surgery. They said, "The GP is trying a pain patch... and they are giving [relative] fortified food to help with [their] weight while the pain relief is being sorted".

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

- People received the support they required to eat and drink. Some people required assistance to eat, and others needed supervision to help them remain focused on eating their meal. A relative said, "[Relative] can feed themselves and enjoys the food. There is always plenty to drink".
- Specific dietary needs and preferences were met, which included textured altered food or drinks for people at risk of choking, calorie fortified foods and drinks for those needing support to maintain weight and foods to meet people's cultural preferences. A relative told us about the dietary changes made for their relative and they said, "We were kept informed as [relative] was assessed".
- People's dining experiences were monitored to ensure these met people's individual requirements. Some people required a less busy and noisy environment, others benefited from sitting with others and the social interactions which came with this. People were supported to make meal choices.
- During the inspection, staff were promoting awareness about food and hydration through the activities they supported people with. A 'hydration station' (table with a choice of drinks on it) had been set up in the main lounge. At the time of the inspection, it was national food and hydration week.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with health care professionals to ensure the right care and treatment was provided. This included regular medical and medicine reviews by GPs and reviews by skin and mental health specialists, including occupational health therapists and speech and language therapists. A relative said, "[Staff] are quick to pick up on any infections and get a GP in."
- Staff also worked closely with adult social care professionals to ensure people were assessed and reviewed for funding purposes so necessary and consistent care could be provided or arranged.
- People had access to emergency services such as paramedics when required. NHS rapid response teams

were also used to support people who required medical support but where it was safe to avoid hospital admission.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to take exercise according to their abilities and preferences. People were supported to walk in the garden and to take part in music and movement activities. A relative said, "[Staff] bring in a lot of outside people for doing exercise and music, it's good stimulation. The garden is lovely too."
- Regular chiropody (feet) care was available to support people's comfort and mobility and annual optical (eye) assessments were arranged.
- There were no local NHS dental services who could provide regular dental assessments and reviews to people, in the care home, although staff could support people to access dental care when needed.

Adapting service, design, decoration to meet people's needs

- Some aspects of the building supported people who lived with dementia. The dining area and main lounge, although visually separated, were interlinked and provided a route without dead ends, with places to sit, for people who walked with purpose. The garden was easily accessed from the main communal room with items of interest to look at and a flat circular foot path with a covered area to sit.
- Additional communal rooms provided people with different opportunities and experiences. A visiting professional supported one person to move from the main lounge to a smaller, quiet communal room. A group activity with music had begun in the main lounge, which triggered distress in this person. The quiet room helped to de-escalate their distress.
- Although there was some signage seen, this could be improved to help people orientate themselves.
- Adaptions had been made to support people's safety. The front door was operated by a keypad device and a stair gate acted as a barrier on the ground-floor. This prevented people who were assessed as not safe to exit the building or use the stairs independently, from doing so.

# 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 we rated this key question good. At this inspection the rating has changed 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

- The provider's recruitment policy did not reflect the requirements of the relevant regulation to ensure safe recruitment processes took place. The registered manager had not checked that all required checks, in line with the relevant regulation, had been completed before staff started work.
- The monitoring of people's care records had not been effective enough to ensure these had recorded the gathering of consent and completion of best interest decisions, when additional supervision and control arrangements were introduced, such as the bedroom motion sensor alarms.
- The provider's own monitoring processes had not identified the shortfalls we found during this inspection in relation to staff recruitment and the gathering of consent and completion of best interests decisions.
- The infection prevention and control short audit stated it should be completed twice a day. We reviewed these for March 2023 and 3 days had no recorded audits.
- We also reviewed a range of additional checks and monitoring visits completed by the registered manager. A selection of call bell response times had been checked in February and March 2023. Call bell response times for 11 out of 27 calls were recorded as taking 7 minutes or more to answer. This check did not provide any explanation for these delays or actions for improvement.
- Although people's falls were recorded along with the action taken to support the individual person on the registered manager's report to the provider. There were no recorded actions to show what adjustments or changes had been made to support a reduction in falls when the number had increased.

The provider's systems and processes for assessing, monitoring and improving the quality and safety of the services had not always been effective in identifying shortfalls and addressing these. This is a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The regional manager told us the provider had already identified that a review and update of their policies and procedures was needed, to ensure these were robust. They confirmed this work had begun.
- During the inspection we were not aware of call bells ringing for long periods of time without them being responded to. A relative said, "[Relative] can't use the call bell but if I ring it, [staff] come quickly".
- The provider had an annual audit schedule in place which informed the registered manager which audit needed to be completed each month.
- The provider had adjusted and improved their quality monitoring systems and processes. This had resulted in improved monitoring of Woodstock Nursing Home and improved support to the registered manager to make necessary improvements.

- The regional manager visited the care home regularly, to complete monitoring activities on behalf of the provider and to support the registered manager.
- A continuing improvement plan (CIP) was in place which recorded the service's improvement actions. The regional manager monitored the progress made against these actions on behalf of the provider.

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

- The registered manager was described as "approachable" and "helpful" in comments made by relatives. A relative said, "We see [registered manager] around a lot".
- The provider had processes in place to promote person-centred care. Following on from the pandemic's restrictions, staff were providing people's representatives with opportunities to review their relatives' planned care. A relative said, "I've had input to the care plan and feel that I have been listened to."
- The service had experienced challenges with staff recruitment and retention following the pandemic, but a more stable staff team was now in place. There were positive comments from people's relatives on how this benefited people. A relative said, "I see the same faces so most must be permanent, [relative] always says how wonderful the [staff] are and has high praise for everyone." Other relative comments referred to their relative as having a "favourite" or "usual" member of staff, which promoted and supported a person-centred approach to people's care.

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

- There was mixed feedback from people's relatives about how they were communicated with and kept informed about things happening in the care home. One relative said, "If I do have any questions or concerns it's always easy to speak to someone, it's never too much trouble." Other comments included, "Communications can be difficult" and "I'm never sure if there is anything going on."
- Relatives meetings had resumed following the pandemic's restrictions with the first, taking place during the inspection. This had been poorly attended so future dates were to be provided. A monthly newsletter was sent to relatives and a satisfaction survey was planned for 2023.
- We observed staff communicating in a positive and supportive way with people, to help them feel involved and reassured. We also saw staff gaining people's views, for example, on the food they were eating. Communication was adjusted to meet people's needs. This included the use of verbal and non-verbal communication (use of hand gestures, nodding of the head and facial expression) and simple sentences and closed ended questions were used. Two relatives told us staff had adapted how they communicated with their relatives to be able to know what their relative felt and wanted.
- A staff meeting had been held in February 2023 but to obtain more feedback from staff, an online questionnaire (which could be completed anonymously) had been instigated. During the inspection responses started to be received. Information from these would be collated and an action plan would be created in response to comments and suggestions which required action.

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

- Both the registered manager and provider's representative understood their legal responsibility to be open and honest with people. Two relatives informed us they were kept informed about falls their relatives experienced and what action was taken to reduce further falls and injury.

Continuous learning and improving care

- The provider had sought feedback from external consultants on where improvements were needed to their governance and quality monitoring systems and on the performance of Woodstock Nursing Home.

Learning had been taken from this which had resulted in changes being made by the provider to support ongoing improvements.

- Projects such as the national nutrition and hydration week were supported by the provider to help improve care delivery.

Working in partnership with others

- The registered manager and senior members of the team worked with commissioners of care to ensure people could access the support the care home could provide when needed.

- Staff worked with church and other community leaders to help people access support with their religious and cultural preferences.

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 17 HSCA RA Regulations 2014 Good governance  Effective systems and processes had not always been implemented and operated to ensure compliance with necessary regulations and to support the identification of necessary improvement actions.  Regulation 17 (1)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  People who use services and others were not protected against the risks associated with incomplete staff recruitment processes.  Regulation 19 (1)