

Lifeways Community Care Limited

Woodland Grove

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?

Requires Improvement ●

Summary of findings

Overall summary

We conducted an unannounced inspection at Woodland Grove on 6 September 2018. Woodland Grove 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. Woodland Grove accommodates up to 10 people in one building. On the day of our inspection, seven people were living at the home; all of these were people with a learning disability.

We carried out an unannounced comprehensive inspection of this service on 23 April 2018. Breaches of legal requirements were found. After the comprehensive inspection, we served warning notices on the provider in relation to the cleanliness of the environment and the leadership and governance of the home. The warning notices required the provider to become compliant with the legal regulations within specified timescales.

We undertook this focused inspection to check the provider had made improvements needed to meet the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodland Grove on our website at www.cqc.org.uk.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection, we found some improvements had been made to the cleanliness of the home, there was no longer a breach of the legal requirements in this area. However, further work was needed to promote consistently good hygiene and to control and prevent the spread of infection. Safe food hygiene practices were not always followed. There were systems in place to protect people from abuse and improper treatment. However, during our inspection we received some concerns which we shared with the registered manager and local authority safeguarding adults team. These remained under investigation at the time of writing this report.

Since our last inspection, action had been taken to ensure people were protected from risks associated with their care and support. Risk management was balanced with enabling people's independence. Staff had a good understanding of how to support people whose behaviour could place them and others at risk and people were supported in the least restrictive way possible. There were enough staff to meet people's needs and ensure their safety. Safe recruitment practices were followed. Some improvements were required to ensure medicines records were fully completed, but overall, we found people received their medicines as prescribed.

Improvements had been made to quality assurance and audit systems. However, these systems were still

not fully effective in ensuring issues were identified and addressed in a timely manner. Work was underway to better involve people who used the service and their families in the running of the home. Further improvements were needed to explore accessible ways of involving people in this. Overall, staff felt supported and were positive about improvements made at Woodland Grove. The registered manager kept up to date with best practice and had good relationships with external health professionals. They took swift action to investigate and address concerns identified during this inspection.

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 consistently safe.

Further work was required to ensure the environment was clean and hygienic.

There were systems in place to protect people from abuse and improper treatment. Investigations into some safeguarding concerns were underway during our inspection.

There were enough staff to meet people's needs and ensure their safety. Safe recruitment practices were followed.

We found that action had been taken to ensure people were protected from risks associated with their care and support. Staff were skilled in managing risks arising from people's behaviour.

Overall people received their medicines as prescribed.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Improvements had been made to quality assurance and audit systems. Further work was required to ensure the effectiveness and sustainability of the improvements made.

Work was underway to better involve people who used the service and their families in the running of the home.

Overall, staff felt supported and were positive about improvements made at Woodland Grove.

Woodland Grove

Detailed findings

Background to this inspection

We undertook an unannounced, focused inspection of Woodland Grove on 6 September 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 23 April 2018 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and Is the service well led? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection

Prior to our inspection, we reviewed information we held about the service. This included information received from local health and social care organisations and statutory notifications. A notification is information about important events, which the provider is required to send us by law, such as, allegations of abuse and serious injuries. We used this information to help us to plan the inspection.

The inspection was undertaken by two inspectors. During our inspection we spoke with two people's relatives. We also spoke with eight members of care staff, the home manager and the registered manager.

To help us assess how people's care needs were being met we reviewed all, or part of, four people's care records and other information, for example their risk assessments. We also looked at the medicines records of seven people, three staff recruitment files and a range of records relating to the running of the service.

We did not request a Provider Information Return prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what they do well and improvements they plan to make. However, on the day of inspection we gave the provider the opportunity to share this information.

Is the service safe?

Our findings

At our April 2018 inspection we found that the home was not clean. This was a breach of the legal requirements. We served a warning notice on the provider which required them to become compliant with the regulations within a specified timescale. At this inspection, we found some improvements had been made to the cleanliness of the home and the provider was no longer in breach of the legal requirements in this area. However, some further work was needed to ensure a consistent and sustainable approach.

Some areas of the home required maintenance or redecoration to enable effective cleaning. Some carpets were stained and worn and although the cleanliness of bathrooms had improved there were areas, such as rusted bath panels and damaged warped wood which did not promote good hygiene practices. The storage of cleaning equipment did not promote good infection control and prevention. We observed that mops were left standing in dirty water, this was not hygienic and increased the risk of infection spreading. In addition, some areas had not been effectively cleaned, for example the underside of dining room tables were sticky with evidence of food debris and some walls in communal areas and bedrooms, had splashes of food or fluid on them. The registered manager informed us plans were in place to redecorate and replace some areas of the home and they also took immediate action to ensure the proper storage of cleaning equipment.

Food was not always stored safely. Although the home had been awarded a food hygiene rating of five (which means 'very good') by the Food Standards Agency in June 2018, on the day of our inspection we found meat products stored in the fridge which were past their use by date. This meant there was a risk people may eat food that was no longer suitable for consumption. We advised the registered manager about this who removed the food and advised us they would ensure additional checks were put in place.

People's relatives felt their loved ones were safe at Woodland Grove. Two relatives commented that their relations always seemed happy to return to the home after visiting family, so they knew they were happy there. Processes were in place to minimise the risk of people experiencing avoidable harm or abuse. Staff had up to date training in safeguarding adults, most were knowledgeable about indicators of abuse and knew how to respond should they have any concerns. Most staff felt confident any issues they reported would be acted on appropriately and we saw a number of referrals had been made to the local authority safeguarding adults team. However, during our inspection we received concerns that some incidents that placed people at risk of harm, had not been properly recorded or reported. We reported this to the local authority safeguarding adults team and the registered manager. This remained under investigation at the time of writing this report.

At our April 2018 inspection we received mixed feedback about staffing levels. At this inspection we found that, overall, there were enough staff to meet people's needs and ensure their safety. Staff told us there were usually enough staff. One member of staff told us staffing levels were usually between six and eight. They said that was normally enough, but could be stretched if people's behaviours escalated or when out in the community. Another member of staff told us there were normally enough staff to ensure people got the one to one support that was commissioned for them and said agency staff were used to cover any staff absence.

The registered manager told us they were recruiting to several vacancies in the staff team. In the interim they were using agency staff and tried to ensure the same agency staff were used to provide people with consistent care. Records of staffing levels showed that, overall, there were enough staff on each shift to ensure people's safety and meet their care needs.

Improvements had been made since our last inspection to ensure people were protected from risks associated with their care and support. People's families told us staff were skilled in supporting their relations when they became upset or anxious. One relative told us, "[Name] can be really challenging. But staff know how to work with them and do everything they can." Plans were in place that detailed risks relating to people's care and support and how these risks should be managed whilst maintaining people's independence. For example, the kitchen environment posed a specific risk to a person living at the home. This had been risk assessed and measures were in place to ensure the person could access and use the kitchen safely.

Improvements had been made to better support people whose behaviour could pose a risk to them and others. Since our last inspection staff had been trained in a new method of physical intervention to encourage a more positive approach. Staff told us they felt this was starting to benefit people and the registered manager said this had resulted in fewer instances of physical intervention as staff were more effective in calming and redirecting people. Behaviour support plans had also been redeveloped and these contained detailed and clear information about how to safely support people whilst respecting their rights and ensuring their independence. Records showed that staff followed guidance to ensure people were supported in the least restrictive way possible. For example, we observed a person becoming increasingly agitated, a staff member identified this from their body language and intervened, providing the person with a head massage which calmed and relaxed them and reduce their anxiety.

Some staff commented that the environment of the home, specifically the lounge area, could lead to people becoming anxious and upset, leading to behaviours which placed other people at risk. We discussed this with the registered manager who told us there were plans to increase and improve the communal living spaces at the home.

There were systems in place to review and learn from accidents and incidents. Staff completed detailed records of incidents and these were then reviewed to identify any areas for improvement. For example, one person had recently fallen during a seizure and sustained an injury. This had been reviewed and reflected upon and new measures had been put in place to try to prevent any further injury to the person.

Overall, medicines were managed safely; however, further improvements were required to ensure people received their medicines as prescribed. Some recent medicines records had not been signed to show that medicines had been administered as prescribed. We discussed this with the management team who told us they were not aware of any recent medicines errors or omissions and stated these gaps were probably errors in recording. As these gaps in records had not been identified or investigated, there was a risk people may not have received their medicines as prescribed. Apart from the above, medicines were stored and managed as required and staff competency to administer medicines was assessed regularly.

Some people were prescribed medicines to be given 'as needed' should they become upset or anxious. Records showed these medicines were only used when all other options had been tried. A relative commented that the home had been proactive in trying to reduce the amount of this medicine their relation received. They told us, "It's reassuring that staff can manage their behaviour without medicine. They know that they can reduce it and still be safe."

Overall, people were protected from risks associated with the environment. There were systems in place to assess and ensure the safety of the service in areas such as fire and legionella. Legionella is bacteria which can lead to a number of health conditions including Legionnaires disease a fatal form of pneumonia. There were personal evacuation plans detailing how each person would need to be supported in the event of an emergency such as a fire. These required some further work to ensure they were accurate and personalised.

Safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. For example, before staff were employed, criminal record checks were undertaken through the Disclosure and Barring Service. These checks are used to assist employers to make safer recruitment decisions.

Is the service well-led?

Our findings

At our April 2018 inspection, we found significant concerns about the leadership, management and governance of the home. This was a breach of the legal requirements. We served a warning notice on the provider which required them to become compliant with the regulations within a specified timescale. During this inspection we found some improvements had been made and other improvements were underway. The service was no longer in breach of the legal regulations. However, further work was required to fully implement leadership and governance systems and to ensure the sustainability of the improvements made.

There had been improvements in quality assurance and auditing systems, but these systems were not yet fully effective. Weekly medicines audits were in place. However, we saw these had not been completed since 24 August 2018, consequently gaps on medicines records had not been identified and investigated in a timely manner. A cleaning schedule was in place and staff were required to conduct daily checks on the cleanliness of the environment. These were documented as being completed, but the management team did not conduct any formal audits on the cleanliness of the home. Consequently, we found some areas of the home were not sufficiently clean. We discussed this with the registered manager who assured us further improvements would be made to auditing systems to address the issues we identified.

The provider's quality assurance team conducted regular audits at the home, these were in depth and comprehensive. The last audit, conducted in July 2018, had identified a range of areas for development and an action plan had been created. This was being updated regularly to track progress towards improvement.

There was a registered manager in post at the time of our inspection and they were supported by a home manager. Feedback from people's relatives about the leadership of the home was positive. One relative told us, "I haven't had any issues with them. I know who the manager is and they always listen if I am worried. Any concerns and they address them straight away." Another relative spoke positively about the impact the provider had had on the quality and leadership of the service, they told us, "[The provider] is on the ball. If I ring and ask for something they know exactly what is happening and what they have done. Communication from managers is much better." Staff were also very positive about the impact the registered manager had had on the quality of service provided at Woodland Grove. A member of staff commented, "[Registered manager] is really good."

At our last inspection staff told us they did not always feel supported or listened to. During this inspection feedback in this area was still mixed. Most staff told us they felt supported by the management team and had confidence in them. In contrast, some staff commented that they were not assured that proper processes for recording and reporting incidents was always followed. We shared this feedback with the registered manager and investigations into these concerns were ongoing at the time of writing this report.

At our April 2018 inspection we found limited evidence to demonstrate people were given the opportunity to provide feedback about the home and their care and support. At this inspection we found improvements were underway, this was supported by feedback from people's relatives. One relative told us, "The new

management team are great. They invited us to a very good meeting. They tell us the concerns with how the service is run and things they want to put right. They ask us for our opinions too. It's been really helpful." Records of two recent meetings with people living at the home showed the management team had tried to consult with them about things such as the decoration of their rooms, food and outings. People's involvement was limited and further work was needed to explore accessible and creative ways to involve people in the running of the home. The registered manager told us the provider sent out annual satisfaction surveys to enable people using services and others to provide feedback. However, there had not been any recent surveys.

Since our last inspection, improvements had been made to improve record keeping and ensure records of care and support were accurate and up to date. Care plans were in the process of being redeveloped, staff had been involved in this process and the care plans we saw were detailed, person centred and up to date.

The registered manager kept up to date with best practice in a number of ways. They met regularly with other local managers employed by the provider to share good practice and problem solve. They received policy and good practice up dates from the provider and via the internet. They were also involved in a provider wide group aimed at reducing the use of restrictive physical interventions. This group was attended by an external specialist health professional with an aim of reviewing and analysing incidents, to try to better understand people's behaviour and improve the support they received. This also demonstrated effective partnership working.

We checked our records, which showed the provider, had notified us of events in the home. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their most recent rating in the home and on their website.