

Woodhall Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Woodhall care Services Limited is a domiciliary care agency. It provides personal care to people in their own homes in the community. At the time of our inspection there were 190 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and relatives told us the care received was safe. The systems in place for risk monitoring, managing safeguarding concerns, incidents and accidents were effective and had been updated following recent feedback. One person told us "I feel safe because I know them 'cos they are regular." Staff deployment met people's needs and people's medicines were managed safely.

At the time of inspection, the provider was implementing a new electronic care record system and care plans, risk assessments and daily notes recording were being reviewed and updated as part of this process.

The service was well led. The registered manager and nominated individual responded to feedback, ensuring lessons learnt were being used to improve the service. The culture within the service demonstrated inclusion of peoples' diverse backgrounds.

There were systems in place to monitor that people received safe and good quality care. People, their relatives and staff had good experiences of the service and could contribute to further improvement within the service.

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 25 September 2019).

A targeted inspection (published 02 October 2020), to check whether the provider had made improvement in relation to Regulation 17 (good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, found the provider was no longer in breach of regulations.

The overall rating for the service had not changed following this targeted inspection and remained requires improvement. Targeted inspections do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Why we inspected

We received concerns in relation to safe delivery and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodhall Care Services Limited on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience (EXE). An EXE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 August 2022 and ended on 06 October 2022. We visited the location's office on 21 September 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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 reviewed information we had received about the service since registration. We sought feedback from the local authority 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. We used all this information to plan our inspection.

During the inspection

We spoke with seven people and 11 relatives by telephone. We spoke with 12 members of staff. This included, nine members of the care staff, registered manager, medication administration officer and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records, medication administration records and the daily notes recorded by care staff. We looked at staff files in relation to recruitment, supervision and training. We also viewed a variety of records relating to the management of the service, including policies and procedures and training records.

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 requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

- Risk assessments were completed by the registered manager and supervisors and contained sufficient guidance to minimise risks to people's safety. We saw individualised risk assessments in a number of areas such as medicine management, mobility and personal care.
- The risks to people's safety were regularly assessed, their impact monitored, and changes were made to care, and support needs to keep people safe.
- People and relatives told us they felt the care provided was done so safely. One relative told us, "We feel safe and secure with this company. We tried at least 3 other companies before this one. I don't feel I need to stay and oversee them. They are competent in their roles."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure alerts about allegations of improper care and/or abuse were raised. However, following a recent investigation, they have acknowledged lessons learnt and understand the need to escalate concerns.
- Staff had received safeguarding training and were able to tell us what would cause them concern and how they would report this. The provider was implementing additional training following feedback from the local authority about a safeguarding concern.
- People were protected from the risks of abuse and neglect by trained staff. Relatives of people who used the service told us they felt their relatives were safely supported. One relative told us "My [relative] fell in the garden and as it happened the carer turned up. They just took over and organised everything for me. Phoned the ambulance, and I was so grateful."

Staffing and recruitment

- There were enough staff working within the service to meet people's needs. People and relatives, we spoke with confirmed staff were on time, and consistent.
- Staff were recruited in a safe manner, and the appropriate checks were carried out, such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Effective systems were in place to organise and monitor calls, making sure visits had been completed. For example, staff who lived in close proximity to people were organised to ensure they arrived on time.

Using medicines safely

- People were supported safely to manage their medicines. We saw the correct medicine administration records (MAR) were used to ensure an accurate record was being kept. A regular audit of MAR was in place to ensure the support in this area was safe and consistent.
- The provider's electronic system gave clear information to staff about the support people needed with their medicines. Where medicines needed to be administered this task was performed by staff who had received training in medicines administration.

Preventing and controlling infection

- People and relatives told us staff wore, personal protective equipment (PPE) appropriately.
- Staff were able to tell us about measures in place to reduce the risk of the spread of infection and COVID-19.
- The provider had an up to date infection prevention and control policy.

Learning lessons when things go wrong

- We saw evidence accidents, incidents and concerns were being reported and recorded, with action taken to address these. However, analysing trends and patterns which could reduce risks required review. The registered manager and nominated individual took immediate action to address this.

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 requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider demonstrated continuous learning by checking systems were fit for purpose. For example, at the time of inspection, they were transferring care records and risk assessments to an electronic format. We saw evidence they were addressing implementation issues identified with the system manufacturer.
- Audits and checks were conducted by the registered manager, medication administration officer and supervisors to ensure any issues or concerns were found and improvement made as required. For example, we looked at audits of medication records taken by staff after providing care. We saw any issues were picked up on and actions were taken to improve.
- The registered manager understood their role and understood the needs of their staff team. The registered manager had paused taking on more care packages and was considering future management arrangement to ensure safe growth of the service.
- Care staff and had a good understanding of their roles and how they contributed to the success of the service. Staff told us they received training and refresher training to ensure they meet people's needs.

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

- The registered manager and staff had good knowledge and understanding of the people they were supporting and knew them well. Relatives told us that they and their family members had a positive experience with the service.
- Staff told us they were happy working at the service and felt supported by managers and supervisors. One staff member said, "If I have a problem, I can raise it immediately and I feel listened to and managers will respond and will make it private if I need it."
- Most of the people and relatives we spoke with told us they were happy with the overall level of care and support provided. Most would recommend this service to others.

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

- The registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law. The registered manager had responded proactively to feedback about escalation of concerns.

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

- Most people felt staff, including office-based staff listened to their views and acted on them. However, one person told us that there had been less face to face contact since the pandemic. The registered manager told us that care reviews were now taking place face to face.
- The provider carried out regular customer satisfaction surveys, whilst there were limited responses, feedback given was generally positive.
- The provider recognised the diversity of people in receipt of care, particularly those whose first language was not English, and made efforts to match care staff to ensure good communication and respect of cultural needs.

Working in partnership with others

- Where required the provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists and GPs.