

Woodland Care Home Limited

Woodland Care Home

Inspection report

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Lancashire
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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 1 February 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting. When we last inspected Woodland Care Home in February 2016 we rated the service as 'good' and did not find any breaches. Since that time the service has changed ownership and we received anonymous concerns that there was no manager in place; staff were not recruited safely; there were not enough staff to meet people's needs; there was no hot water and that the new registered provider had installed obtrusive CCTV cameras in the home which breached the confidentiality and privacy of the people who used the service. This inspection was a focused inspection to look at the ratings for safe and well led, and to look at the issues raised.

Woodland Residential Care Home is registered to provide 24 hour care and support for up to 18 adults who have physical and or mental health needs. The home is a large detached property overlooking Alexandra Park in Oldham, Lancashire and is located approximately one mile from the town centre. At the time of our inspection 16 people were living at the home.

There was no registered manager in post. 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. The home had an assistant manager who was acting as an interim manager and we saw evidence to show that this person had begun the process of registering as the manager with the Care Quality Commission.

We saw that there were enough staff to meet the needs of the people who used the service, but one person told us that there was not a lot for them to do. We saw that the service had taken steps to employ a new member of staff to provide meaningful activities and trips out of the home for people who used the service.

Safety checks, such as reference checks, were made for the safe recruitment of staff. There were sufficient checks to ensure that new staff had the right skills knowledge and character to work with vulnerable people. The staff we spoke to knew how to protect people from abuse and there were policies and procedures in place to safeguard vulnerable adults.

We asked people if they felt the home was warm and they told us that they felt it was maintained at a comfortable temperature, one person told us that "the water is OK. It's warm enough for me to bathe in". People were free to walk freely around the building. CCTV cameras outside the home ensured the safety of the people who used the service and one internal camera looked into the office to ensure data protection but was not intrusive for people who used the service.

We saw the home had a range of policies and procedures to ensure the safety and well-being of people who used the service and the staff we spoke to were familiar with these.

The people we spoke with spoke positively about the interim manager. Staff told us that the interim

manager was supportive and approachable, and believed the staff worked well together. People who used the service told us that if they had an issue the interim manager would help them and address the problem.

Although the interim manager had only recently begun their duties we saw that they had taken steps to implement quality assurance checks to monitor and improve the service. They regularly communicated with the registered provider who would visit the service on a monthly basis to carry out her own audits of service delivery.

The registered provider had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 safe.

People told us they felt safe.

We saw there were sufficient staff to meet the needs of the people who used the service.

When recruiting new staff, appropriate checks were made to check candidates' suitability

The building was secure and monitoring and surveillance systems did not intrude on people's privacy.

Good ●

Is the service well-led?

The service was not always well led.

There was no registered manager in place, but an interim manager had been appointed.

Systems to audit and check the quality of service provision were being implemented.

The manager had a clear understanding of her role and responsibilities and was gaining the trust and support of the staff.

Requires Improvement ●

Woodland Care Home

Detailed findings

Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 February 2017 and was unannounced. It was conducted by two inspectors.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The manager had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who used the service. We looked at a range of records relating to how the service was managed; these included two care plans, two staff personnel files, maintenance records, and incident logs. We spoke with three members of care staff and the home manager. We also contacted and spoke to the registered provider.

Is the service safe?

Our findings

People told us that they felt safe at Woodland Care Home. One person told us, "Yes, I am safe here. The staff make sure of that", and another said, "I feel safe. The staff are nice and kind. Nobody bothers me".

We saw that the service had safeguarding procedures in line with the local authority safeguarding policy, and that staff knew how to keep people safe. One member of staff told us, "The people are safe here. I would whistle blow for any abuse I saw. I would go higher to the safeguarding team or CQC if I had to. I would go to other organisations if the manager did not do anything." We saw that the manager submitted a log of safeguarding incidents to the local authority on a monthly basis.

Prior to this inspection we had been received some information of concern to say there were not always enough staff on duty to meet people's needs. On the day of our inspection there were three care staff on duty in the morning, including the manager, and a deputy manager came on shift at 1:00pm. In addition there was a full time cook and the service employed a cleaner, who, on the day of our inspection, was on a rest day. The people who used the service required minimal assistance with personal care. We asked people if they thought there were enough staff and they told us they felt there were. One person said, "There are enough staff, and they are around if I need them. Another told us, "It is better here than my last place because they take you to more places. There are enough staff around. They help me when I need it and I am happy here, well fed and looked after". A third person told us that the staff would always spend time with them talking and making conversation, but told us staff weren't always able to take people out. We spoke to a member of staff who agreed. They told us, "There are not always enough staff to meet people's needs. They want to go out and we cannot always meet their social needs." When we spoke with the interim manager about this they told us the service had recently recruited a new member of staff to plan and coordinate activities for the people who used the service. This was confirmed by the registered provider, who told us they had begun the process of checking references and safety checks for this person.

We looked at the rota which confirmed that there were three members of care staff on duty during the day and two waking night staff. We saw that there was a vacancy for a care assistant, and that the gaps this created on the rota had been filled by an agency worker. Through the previous month the same agency worker had been used; this helped to ensure consistency with staffing levels. The interim manager informed us they had interviewed for new care staff the day before our inspection and had made a job offer. Where sickness had been identified, staff familiar with the people who used the service covered gaps in the rota.

We had received a concern anonymously which implied that new staff at Woodland Care Home were recruited and began work without the relevant security checks having taken place. We looked at the staff files for the two most recent new care staff employed at the service, and saw that these contained proof of identity, an application form that documented a full employment history and accounts for any gaps in employment, interview notes, and references. Both the files we looked at contained a Disclosure and Barring Service (DBS) disclosure certificate. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. However, one of the DBS certificates was from a previous period of employment elsewhere and

the second had been received after the person had begun working at Woodland Care Home. When we spoke to the manager about this they assured us that checks had been made, and the home owner sent us copies of "first disclosure" checks to show that preliminary enquiries had been made before the care workers began working in the service. The registered provider agreed to place copies of these first disclosure checks on the staff personnel records.

Before the inspection we were told that CCTV cameras had been installed in the building and that these intruded on the privacy of people who used the service. We toured the building and saw that there were seven working cameras. Six of these were placed outside the building and monitored the perimeter to ensure the security of the people who used the service. A new camera had been placed outside the manager's office. This looked directly into the manager office and was not intrusive and did not affect the privacy of people who used the service. It had been put in place to ensure that confidential information stored in the office was safe and that personal data was sufficiently protected. There was also a camera situated on one of the first floor landings. We were told by the manager that this was no longer in use, and when we looked at the CCTV monitoring screens we saw that this was the case. The manager and the registered provider agreed to remove this camera.

When we inspected Woodland Care Home the temperature through the building was sufficiently warm, and people told us that the rooms in the building were kept at a comfortable temperature. We asked people if they felt the water was hot enough. They felt in general the water was sufficiently warm. One person said, "I bath and shower myself. Sometimes the water is hotter. [The temperature] goes up and down a bit". Another person who used the service said, "The water is warm enough for me". When we toured the building we checked the water temperature of six hand wash basins in bathrooms and bedrooms. Of these, three were warm, but three were only lukewarm after running for about 30 seconds. We checked the running tap water from the bath using a thermometer, which ran to 38°. One person told us, "The water is OK. It's warm enough for me to bathe in".

As we toured the building we noticed that a toilet was missing the toilet seat. The manager informed us that this had been reported to the maintenance officer, and we checked the maintenance log which showed this to be the case. We also saw that some of the dining chairs were in a poor state of repair, and saw in the incident book that this had led to an accident the week before. Following this incident the person was checked by paramedics to ensure that the person had not come to harm, but the incident log did not recommend any remedial action to prevent any future incident reoccurring. We raised this incident with the registered provider who informed us they were aware the chairs were in a poor state, and sent us a copy of order forms to show that new chairs had been ordered and were due for delivery later in the week of our inspection.

Regular checks were made on the safety of the building. For example, we saw evidence that regular fire checks had taken place and all people who used the service had a Personal emergency evacuation plan (PEEP). These plans explain how a person is to be evacuated from a building in the event of an emergency evacuation and take into consideration a person's individual mobility and support needs. Routine maintenance was undertaken; we looked at the maintenance book which showed actions required were recorded and signed off by a senior member of staff when the task had been completed.

The service had policies to ensure the safe ordering, storage and administration of medicines which were in line with National Institute for Clinical Excellence (NICE) guidelines, and we saw that medicines were administered safely by staff who were trained and competent. There was an infection control policy in place and we saw the home was clean and tidy. There were no offensive odours when we walked around the building.

Is the service well-led?

Our findings

It is a requirement under The Health and Social Care Act that the manager of a service like Woodland Care Home is registered with the Care Quality Commission. However when we visited the manager was new to the post having begun this role four weeks prior to our inspection and was not yet registered with the CQC. An application had been made and the registration process was underway.

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The Commission places a limiter on this domain in that it cannot be rated as good if there is no registered manager in place.

The people we spoke with were positive about the manager. One member of staff told us, "I think the manager is sound, supportive and very good, she come on the floor if you need her. The manager is approachable and I can talk to her if I need to".

The new manager had been appointed internally having previously worked as a night care assistant at Woodland Care Home. We were informed by management this appointment had not gone down well with all the staff at the home, but the staff we spoke to were positive about the new manager. One member of care staff told us, "The manager is really working hard, putting her heart and soul into it. She is not getting all the support from staff that she deserves, part of our job is to support her". Another care assistant told us, "I think the manager is sound, supportive and very good, she comes on the floor if you need her. [The manager] is approachable and I can talk to her if I need to." People who used the service told us they felt the manager was approachable and helpful. One person told us, "I know [the manager]. I can go to her if I have any concerns", and another said, "The manager is very nice. I could talk to her if I wanted; she would help me. I am very happy here".

The service also employed two deputy managers to ensure that there was a member of the management team on duty each day. The staff we spoke with had a clear understanding of the role and responsibilities of the manager, and were aware of their responsibility to pass on any concerns about the care being provided. They told us there was a whistleblowing policy and felt supported to use this if necessary.

The manager was supported by the registered provider who visited the home on a monthly basis. We saw notes from the previous visit included reviews of policy and procedures, daily interventions, and care plan reviews. Although new to the post, the manager had a clear understanding of her role and responsibilities. She told us, "We put the residents first. This is their home. Everything goes in to making sure they are safe, well cared for and that their care needs are being met. We are doing that".

To ensure the quality of the service she was working with the registered provider to set up systems to monitor service delivery. For example, systems had been set up to audit infection control, resident personal finances and food supplies. A first audit of medicines had identified a build-up of unused medicines and on

the day of the inspection staff were preparing to return these to the pharmacist.

The manager had begun to audit care files and showed us one file which had been reviewed and updated. She had liaised with the local community mental health team (CMHT) and service commissioners to arrange reviews of care for all the people who used the service. We saw a daily diary that recorded any actions required, and was signed off once actions had been completed. This showed some good examples of liaison with external agencies, such as social workers and community nurses. A person's care review was taking place on the day of our inspection.

We saw that there the service sought feedback from people who used the service and their relatives. There had been a residents meeting where issues such as diet and nutrition, activities, use of the smoke room and access to making drinks had been discussed. In addition simple feedback forms were provided and comments sought on the care and treatment delivered. We saw one form which stated "I am satisfied that [my relative] is being properly cared for".

At the time of our inspection there had not been a staff meeting since the new manager took up her role in early January. However we were informed by the interim manager manager that a meeting was being planned for later in the month for all members of staff.

Before our inspection we checked our records to see if any accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant that we were able to see if appropriate action had been taken by management to ensure people were kept safe. We saw that incidents had been reported to us and gave us information about actions taken to respond to the issue.