

Kodali Enterprise Limited

Woodside Care Home

Inspection report

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10 November 2021

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Woodside Care Home is a residential care home which can provide personal care for up to 42 people. The service is provided in a two storey building which is attached to a hotel also owned by the provider. When we inspected there were no people living in the service.

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

There were no people using this service when we inspected. However, we found the provider had not ensured the premises were safe and meeting legal requirements, or that any service provided would be safe and well-managed.

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

Rating at last inspection

We did not rate the service at our last inspection because the service was not providing care and no people were living in the service (published 16 September 2021).

Why we inspected

We carried out this inspection because the provider informed us they had made improvements and were planning to provide care to people in the future. This inspection was carried out to assure ourselves sufficient improvement had been made so the service could meet the needs of people when admitted.

We found the provider had not taken sufficient action and remained in breach of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Follow up

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Our last inspection rating for this key question was inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

Our last inspection rating for this key question was inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Woodside Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check the providers progress because they had informed us they had made improvements and were planning to provide care to people in the future. We needed to assure ourselves enough improvement had been made so the service could meet the needs of people when admitted.

Inspection team

This inspection was carried out by an inspection manager and an inspector.

Service and service type

Woodside Care 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. The provider told us they were in the process of appointing a manager. When a manager is registered with the Care Quality Commission it means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we needed to be sure the provider would be available at the service to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the provider and a care consultant commissioned by the provider to support service improvement. We did not speak with people or look at care records as there were no people using the service when we inspected.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Our last rating for this key question was Inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to assure ourselves sufficient improvement had been made so the service could meet the needs of people when admitted.

At our last comprehensive inspection in September 2020 the provider had failed to ensure risks associated with infection control, environmental risks and known risks to people were managed. The service was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

Assessing risk, safety monitoring and management

- At the time of the inspection the service was not sufficiently safe for people to live in.
- Extensive electrical works were being carried out during the inspection. The provider told us they had an electrical wiring condition report but they were unable to provide us with written evidence to support this.
- Fire doors had not yet been fitted. We saw 20 new fire doors out of 65 required had been delivered to the home. The provider told us they planned to have them fitted as soon as possible. However, they were unable to provide us with an up to date action plan with timescales for completion.
- The provider told us the main kitchen located in the care home would only be used to provide catering for the adjoining hotel. However, the hatch way between the kitchen and the hotel dining room increased the risk of fire spreading in both buildings.
- At the last inspection we found a large volume of combustible material on the first floor and in the attic space. At this inspection we found no evidence to indicate the provider had taken action to address the issue.
- A prohibition notice served by Lincolnshire Fire and Rescue Service (LFRS) remained in place. This meant people were not permitted to live in the service until LFRS were satisfied the service was safely meeting legal fire safety requirements.
- At our last inspection we saw some bedroom wardrobes had been secured to walls. However, at this inspection there were still many wardrobes that had not been secured to walls. This increased the risk of them falling over and causing injury.
- The building was not secure. Many windows on the ground and first floors were in a poor state of repair. For example, some had broken handles and one had gaps between the window and the frame causing a draft in the room.
- Many bedroom doors did not have handles fitted. Where handles were fitted there was no locking facility and one door did not have a safety closure fitted.

- Some beds were fitted with metal bed rails with gaps at the head and foot ends. This increased the risk of entrapment.

Preventing and controlling infection

- Some areas of the building, such as bedrooms and bathrooms, were malodorous.
- Some en-suite toilets were heavily stained and contained dark coloured water causing malodour.
- The provider told us legionella checks had been carried out. However, they were unable to provide us with written evidence to support this.
- Some bed bases and one mattress were stained from previous use.
- In one bedroom en-suite there was a fungus like growth around the skirting board and behind the toilet.
- At the last inspection we found equipment used for the provision of personal care was not clean and showed evidence of surface damage and rust. At this inspection we found no evidence to indicate the provider had taken action to address these issues.
- Prior to the inspection visit the provider confirmed in writing to us that painting had been completed through the building. During this inspection we found many walls and doors were stained and dusty. In addition, many floor coverings in bedrooms were stained, dusty and ill fitted.
- At the last inspection the provider told us a deep clean of the building would be carried out. At this inspection we found no evidence to indicate the provider had taken action to address this issue.

Systems were either not in place or robust enough to demonstrate risks were effectively managed. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Our last rating for this key question was Inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to assure ourselves sufficient improvement had been made so the service could meet the needs of people when admitted.

At our last comprehensive inspection in September 2020 the provider had failed to ensure leadership and governance within the service was effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no evidence to indicate the provider had addressed issues identified at the last inspection as noted in the safe section of this report. In addition, the provider had not identified further issues we found at this inspection. This indicated a lack of oversight on the part of the provider.
- The provider told us they wanted to reopen the service before Christmas 2021. However, they said they still did not have a clear action plan with time frames for completion of the works outstanding.
- The provider stated they had neglected to order new beds, mattresses, curtains and remaining furniture required for the service.
- The provider had not made plans regarding the staffing structure available to us as requested following the last inspection.
- Since the last inspection the provider had engaged a new care consultant to replace the previous consultancy agency. The provider told us the consultant would act as a temporary manager for three days per week and take the position of Nominated Individual. In addition, the provider stated they had appointed an executive director who will assume responsibility for the running of the provider organisation.
- The new care consultant told us they were concerned about kitchen facilities in the home. We spoke with the provider who told us they were planning to use a disused and derelict kitchen area to provide catering for the service and they would use the main kitchen solely for the adjoining hotel. The provider had not considered the concerns expressed by the new care consultant regarding the level of works required to refurbish the disused kitchen.
- Following this inspection the provider was asked to provide further evidence such as legionella certification, infection prevention and control policy, LoLER certification and boiler service certification. This had not been received by the deadline we gave.

The continued failure to ensure adequate leadership and governance was an ongoing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.