

Woodside Farmhouse Limited

# Woodside Farm House

## Inspection report

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Date of inspection visit:  
23 April 2021

Date of publication:  
16 June 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Woodside Farm House is a care home for up to eight people with a learning disability and/or autism. At the time of the inspection there were seven people living in the service. Three people were living in self-contained accommodation at the rear of the main house. Woodside Farm House is part of the Potens group, a national provider of health and social care support services for children and adults with disabilities and complex needs.

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

We found staff were not always wearing surgical face masks. We also identified that COVID-19 checks were not robust for visitors. This was contrary to guidance published by Public Health England and a breach of the regulations. We raised this failing with the manager during the inspection and with the provider.

Following the site visit we sent a letter of intent to take enforcement action and requested an action plan from the provider showing how these concerns would be addressed. The manager provided an appropriate action plan to resolve these issues. The evidence provided us with some reassurance.

The service was clean and there were additional cleaning procedures in place to limit infection control risks within the service. Covid-19 testing had been regularly completed.

There was a relaxed and friendly atmosphere at the service. People said they felt safe and well cared for.

People were supported to be as independent as possible and have control over their lives. People's dignity was respected, and staff encouraged and supported people to make decisions and choices about how they spent their time.

Staff understood their role in protecting people from harm or possible abuse. Accidents and incidents had been investigated to identify areas of learning and prevent similar incidents from being repeated. Medicines were managed safely.

Records of people's care were individualised and detailed their needs and preferences.

Staff were recruited safely. The manager was actively recruiting more care staff. However, staffing levels were in sufficient numbers to ensure people's needs were met.

People and their relatives were involved in decisions about people's care and kept informed of any changes to the running of the service. People, their relatives and staff told us the management were approachable and listened when any concerns or ideas were raised.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

#### Right support:

The model of care and setting gave people the opportunity to exercise their choice, control and independence. People were supported to understand and exercise their right to experience the wide range of opportunities that most people take for granted.

#### Right care:

People received person-centred support to live meaningful and active lives. The support people received from staff promoted their dignity, privacy and human rights. People's needs and preferences were known and respected.

#### Right culture:

The ethos, values, attitudes and behaviours of staff working at Woodside farm house ensured people using the service led confident, inclusive and empowered lives. People were empowered to have choice and control over their lives.

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 and update

The last rating for this service was requires improvement. (Report published on 29 November 2019). We carried out an unannounced inspection of this service on 6 November 2019. A breach of legal requirement was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Good Governance. At this inspection we found enough improvement in the area of Good Governance so that the provider was no longer in breach of this regulation.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained require 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 coronavirus and other infection outbreaks effectively.

At this inspection we found the provider was not consistently following Public Health England guidance and therefore the provider was in breach of regulation of Safe care and treatment.

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

#### Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

**Requires Improvement** ●

### Is the service effective?

The service was effective

**Good** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Woodside Farm House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

The inspection team consisted of two inspectors.

#### Service and service type

Woodside Farm House is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. 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.

#### During the inspection

We spoke with three people living at Woodside Farm House. We looked around the premises and observed staff interacting with people. We also spoke with five staff, and the manager.

We reviewed a range of records. This included two people's care records and two people's medication records. We looked at four staff recruitment files and a variety of records relating to the management of the service, including meeting minutes and quality assurance.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further information from the manager, and this was supplied to us promptly. We spoke with two relatives to ask for their views about the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely.

On arrival at the service we found that current guidance, published by Public Health England (PHE), was not being consistently followed in that staff were not wearing masks. No risk assessments had been completed for staff who had been authorised as medically exempt from wearing a mask. Following the inspection, the provider stated that masks would now be worn at all times for all staff.

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.

On our arrival at the service we found that current guidance, published by PHE, was not being consistently followed in that COVID-19 checks were not requested before we entered the service. Inspectors were not asked about this until we reviewed the infection control prevention guidance with the manager. The manager had not implemented correct procedures for visitors to follow. The manager stated that people who visit relatives and other visiting professionals do follow the testing guidance before they enter the service.

The failure to follow published infection control guidance meant all necessary steps had not been taken to prevent the spread of infection within the service. This is a breach of the requirements of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the site visit we sent a letter of intent to take enforcement action against the provider and requested an action plan from the provider showing how these concerns would be addressed. The manager provided an appropriate action plan to resolve these issues. The evidence provided us with some reassurance.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

### Using medicines safely

- At the previous inspection we recommended staff received training and guidance to support good working practice when administering and recording the use of medicines to be used when required. The staff had completed medicines training with a new medicine's provider. Staff had regular competency checks to ensure ongoing safe practice
- The provider sent us an action plan detailing how they would address medicine concerns. From this the system of recording medicines had become more robust with daily medicine checks occurring. All medicines were accounted for and the stock of medicines tallied with medicine records.
- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Care plans included protocols detailing the circumstances in which these medicines should be used.
- People received their medicines safely and on time.
- There were systems in place for the storage, ordering, administering, and disposal of medicines. Storage temperatures were monitored to make sure medicines were stored correctly and would be safe and effective.
- Medicines were audited regularly with action taken to make ongoing improvements.

#### Assessing risk, safety monitoring and management

- Risks were appropriately managed, and staff were provided with guidance on the action they must take to protect both people and themselves from identified areas of increased risk.
- Some people needed support from staff to help them manage their emotions or anxiety. Care plans provided staff with information on events likely to cause people anxiety and advice on how to provide support at these times. Staff told us they did not use physical restraint at Woodside Farm House and incident records confirmed this.
- The building's services and safety equipment were regularly inspected by suitably qualified contractors to ensure people's safety.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. During the inspection the fire alarm was set off accidentally by a person who used the service, staff knew how to respond immediately to ensure everyone was safe. Fire safety procedures and appropriate checks and training for staff were in place.

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

- People were relaxed and comfortable with staff and had no hesitation in asking for help from them. One person told us, "I am safe, they look after me here".
- The provider had effective safeguarding systems in place. People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- Information about how to report safeguarding concerns externally was displayed in the service. Safeguarding processes and concerns were regularly discussed with staff and they knew how to report and escalate any safeguarding concerns.

#### Staffing and recruitment

- The manager had identified that there were insufficient numbers of permanent staff to cover all shifts, particularly at night, but agency staff were used to ensure the service was staffed safely. The manager was actively recruiting for a further nine support staff to work at the service. Staff told us the staffing levels were 'getting better' and that if they were short staffed this was usually due to sudden sickness and not being able to get cover at short notice.
- During our inspection we saw staff were responsive to requests for assistance and recognised when people needed support.

- Staff were recruited safely using a robust process that included interviews, Disclosure and Barring Service (DBS) checks, employment history and references to check whether potential staff were safe to work with people.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, consultation with multi-disciplinary teams in how to support a person with their dietary needs.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed when they first moved into the service. The manager told us they considered how people's needs might impact on others when deciding if the service was suitable for them.
- The need assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.
- New staff told us they had a detailed induction when they started work at the service. This included training and familiarisation with policies and procedures, organisational working practices and people's care needs. There was also a period of shadowing more experienced staff.
- Staff training was regularly updated. Staff told us the training was of good quality and equipped them to carry out their roles confidently.
- The manager was arranging for staff to have supervision. Staff told us they felt well supported on a daily basis and were able to ask for additional support if needed.

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

- Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- Some people had specific guidelines in place to support them in this area. Staff were able to describe the support people needed and understood why this was important.
- There were clear guidelines in place outlining the action staff should take, and when, if they were concerned about people's food and fluid intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Multi-disciplinary meetings were arranged so people's needs were holistically considered. Care plans contained clear information and guidelines were provided by external agencies including the NHS.
- People had access to GP's, dentists and other healthcare professionals.
- People were given information and support to encourage them to adopt a healthy lifestyle.

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

- The premises had been adapted to provide people with privacy and support their independence.
- A shared lounge area was decorated and furnished to create a welcoming environment. People's personal spaces, and areas which were not shared, were welcoming and reflected people's taste and preferences.

## 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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments had been completed to demonstrate if people were unable to consent to aspects of their care. When no DoLS were in place for specific situations any decisions were taken in line with the best interest process.
- DoLS applications had been made appropriately and some authorisations were in place. Where conditions were attached to the authorisations these were being complied with.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service's management and providers systems did not always support the delivery of high-quality, person-centred care.

At our last inspection there was a lack of robust governance arrangements, which demonstrated a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance). This was in relation to medicines management and care plan reviews. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Since the last inspection the provider had addressed non-compliance in the area of governance. They had developed and implemented new records and systems to improve the quality of the service and had implemented a framework for quality checks in respect of medicine management and care plan reviews.
- The manager had not picked up the issues in relation to safety as infection prevention control guidance had not been followed placing people at exposure of harm. This is referred to in the Safe section of this report. We requested the provider to urgently send us an action plan as to how they would address this shortfall. The provider completed an action plan which gave us some assurances.
- The current manager commenced post in January 2021 and was not registered with the Care Quality Commission (CQC). However, we received confirmation that an application had been submitted to the CQC and was in the process of being assessed.
- The manager has made changes to the service so that roles and responsibilities were clearly defined and understood. For example, reviewing care plans, staffing levels and rotas and how to support staff. The manager was supported by a deputy manager, team leaders and support staff.
- Staff spoke positively about the manager and the changes that have been made at the service. They told us they felt valued and were well supported. Comments from staff included, "The manager is approachable, I'm pleased with the changes they were needed."
- The management team carried out regular audits of care plans, incident/accidents, medicines and observations of staff practice. Where any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved.

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

- The management were clear about their aim of providing person-centred care. They had an oversight of the service and understood the needs of people they supported.
- People appeared relaxed with staff and had developed caring relationships. People told us, "I like where I live".

- There was a positive, warm and friendly atmosphere in the service and staff were focused on supporting people to be as independent as possible. Staff enjoyed their roles and said, "I love working here".
- People were supported and encouraged to access the local community.
- People's care plans and risk assessments had been kept under review and gave staff guidance about how to provide person-centred care for people.

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 provider understood their responsibilities under the duty of candour. Families had been informed of the changes to visiting put in place to manage infection control in relation to Covid-19.
- The new manager in post had reinstated notifying CQC of any incidents in line with the regulations.
- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The manager and staff team were open and honest during the inspection process and acted promptly to address and resolve any issues identified.

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

- The manager was currently gathering people and their family's views about the service. Relatives were complimentary about the service.
- Staff said that staff morale had 'improved' with the new manager in post. They found the manager to be approachable and provided opportunities to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.

Continuous learning and improving care

- Systems used to assess and monitor the service provided were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.
- The registered provider was keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- Records showed the service had worked collaboratively with health professionals to ensure people's needs were recognised and any issues resolved.
- The service worked effectively with partners to ensure people's care needs were met. Appropriate referrals had been made to professionals and guidance provided acted upon.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The failure to follow published infection control guidance meant all necessary steps had not been taken to prevent the spread of infection within the service.