

Woodchurch House Limited

Woodchurch House

Inspection report

Brook Street
Woodchurch
Ashford
Kent
TN26 3SN

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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

Woodchurch House is a residential care home providing personal and nursing care for up to 78 people. The service is also registered as a supported living service, a domiciliary care service and an extra care housing service. It can accommodate older people and people living with dementia. It can also provide care to people who misuse drugs and/or alcohol, people who need support to maintain their mental health and people who have physical and/or sensory adaptive needs.

At the time of the inspection there were 76 people living in the service, 16 people were receiving accommodation with personal and nursing care and 60 people were using the supported living service, rented their accommodation and had tenancy agreements with Woodchurch House Limited. These people could choose which provider delivered their care. All the people using the supported living service had chosen to receive their nursing and personal care from nurses and care staff employed by Woodchurch House. The manager confirmed everyone living at the service was entitled to the same level of 24-hour care, therefore we included everyone living at the service in our inspection. No one living in Woodchurch House was using the domiciliary care service or the extra care housing service.

The accommodation was provided across two floors, the second-floor accommodated people living with dementia. Each person had their own bedroom with private bathroom. There were communal lounges and bathrooms available on each floor.

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

People told us they felt safe in the service, staff were kind to them, and they liked living there. One person said, "I'm at home here and have my own bedroom. And that's my space." Another person said, "I'm fine here. It took some getting used to at first, but everyone is so kind to me, I like it here." A relative said, "The staff at Woodchurch House are very kind and friendly and offer comfort to my [relative]." Relatives were reassured by the secured keypad entry to the property. Staff completed safeguarding training, and this was up to date. Risks were managed and people received safe care and treatment. Medicines were managed in line with national guidance and lessons were learned when things went wrong.

There was a new manager in place who had an open-door policy and was committed to continual service improvement. Staff found the management team approachable and supportive. Relatives had received communication about the new manager. There were comprehensive quality assurance processes in place to monitor all aspects of the service, overseen by a regional compliance manager.

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 good (published 28 March 2020).

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe and well-led. This enabled us to look at the concerns raised and review the previous ratings.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating 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 COVID-19 and other infection outbreaks effectively.

The overall rating for the service remains good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we 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?

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.

Woodchurch 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. 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 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 was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Woodchurch House is a 'care home' with nursing. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulate both the premises and the care provided and both were looked at during this inspection.

The service also provides nursing and personal care for people in a supported living setting where care and housing are provided under separate contractual arrangements. In these cases, CQC only regulates the nursing and personal care people receive.

The service did not have a manager registered with the CQC. This means the registered provider is legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had started at the service in the weeks leading up to the inspection and had started the registration process.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection, this includes things the provider is legally required to notify us about. We obtained feedback from the local authority and professionals who work with the service. We sought information from 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who use the service and one relative about their experience of the care provided. We spoke with eleven members of staff including the manager, compliance manager, clinical lead, administrators, maintenance person, care staff and nurses. We reviewed a range of records, including multiple care records and medication records. We looked at staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, supervision outcomes, meeting notes, feedback from people living at the service and quality assurance records. We sought feedback from ten relatives of people living in 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were knowledgeable about safeguarding, knew what to report, who to report to and had confidence that action would be taken. Staff told us and records confirmed safeguarding training had been completed.
- Records showed that staff recorded and reported allegations of abuse to the appropriate safeguarding authorities. Safeguarding records were completed; the manager cooperated with investigations and actions, outcomes and lessons learned were recorded and shared.
- People told us they felt safe in the service. One person said, "I'm OK here, I have everything I need. The staff are good, every last one of them." Another person said, "I was worried about moving here because it's much bigger than I'm used to, but I've got used to it and the staff are all lovely to me."
- Relatives agreed that their loved ones were safe living in Woodchurch House. One relative said, "It is a big place here, but it still feels homely and the staff are very kind. I don't have any concerns as I've only ever seen people being treated with kindness." Another relative said, "My [relative] feels safe and is well known by the carers, they understand his needs and cater accordingly."

Assessing risk, safety monitoring and management

- Care plans and risk assessments were comprehensive and up to date. They had enough information to enable staff to provide safe care to people. There were detailed instructions for staff to minimise risks, for example falls or skin damage. Daily records of care were up to date and were accurate.
- People received safe care and treatment. Staff were knowledgeable about people living in the service and knew how they liked to be supported. Nurses handed over important information between shifts and the care planning software was updated with relevant information. This meant care staff always had up to date information. One staff member said, "I've never seen anything but good care." Another staff member said, "The call bells always come first and caring for the residents is why I'm here. We know them like family."
- Environmental risks were managed, including fire risks, electrical, water and equipment safety. There was a maintenance log by the manager's office with entries and updates showing items had been addressed. Staff had up to date fire training and attendance at fire drills was recorded. A recent comprehensive fire risk assessment had been completed by an external contractor. We saw staff using equipment safely whilst supporting people.

Staffing and recruitment

- The service deployed enough staff to provide safe care to people. Staff rotas confirmed the right number of people were on duty. Staff told us there were enough staff and most relatives thought there were enough staff. One relative said, "Staff are excellent, and they have enough staff."
- We heard call bells being answered promptly during the inspection. Call bell response times were

monitored by the manager and reports highlighted any call bell response time longer than five minutes. The manager discussed these with staff at daily meetings. A relative told us that their family member had an alarm around her neck to call staff, as they were unable to reach the call bell.

- Staff had been recruited safely. Records were maintained to show checks had been made on employment history, references and Disclosure and Barring Service (DBS) records. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services. Nurses were registered with the Nursing and Midwifery Council and were required to update their registration annually.

Using medicines safely

- Medicines were managed safely in accordance with national guidelines. Medicines were ordered in a timely manner, stored in clean, temperature-controlled conditions and there was a safe system for disposal. Medicines were administered by nurses and care workers who had received additional training to carry out this role.

- Medicine administration records were completed accurately on the electronic system and were up to date. There were clear guidelines in place for staff to administer 'as required' medicines, such as pain relief. When these medicines were used, staff recorded whether the medicine had been effective. Where people had medicines via a skin patch or injection, there were systems in place to ensure that the administration site was rotated to prevent skin irritation.

- Medicines were audited monthly by a nurse and audit records were up to date. The electronic system minimised the risk of people being given the wrong medicine or being given medicine at the wrong time.

Preventing and controlling infection

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

- 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 using PPE effectively and safely.

- 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.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents and staff knew what to do if someone had an accident. Accidents and incidents were investigated, and actions taken to prevent recurrence. Professional advice was sought where appropriate such as referrals to doctors.

- Accidents and incidents were reviewed regularly by the compliance manager. The manager received a daily report which included any accidents or incidents where the investigation had not been completed nor actions taken within the company timescales. The daily report also included key clinical indicators, such as falls and wounds. The manager discussed the contents of this report in the daily heads of department meetings.

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager fostered a positive culture within the service, where people felt empowered and involved. The manager had an open-door policy and had rearranged office furniture to maximise visibility. Staff told us the manager was approachable and supportive. One staff member said, "You can see [manager] has experience and wants things done properly."
- Relatives told us there had been a lot of changes in management recently. Most relatives knew there was a new manager in post. One relative said, "I have received the email to introduce the new manager, but I haven't met them yet. I don't have any concerns as long as my [relative] is well looked after."
- The manager was keen to involve people in the running of the service. For example, a person living in the service had requested 'a job to do'. The manager had tasked this person with taking the food comment books to the kitchen each day. People were encouraged to lead the life they chose. For example, one person had their cat living with them in the service.

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

- CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibility.
- Relatives told us staff were in regular contact with them about their relative's care. One relative said, "I am happy with the staff that look after my [relative] and have regular contact to provide feedback." Another relative said, "Once my [relative's] blood pressure was very high and they called the ambulance, at the same time they informed me. And staff contacted me the next day to update me on their condition." Another relative told us staff had contacted them because they were concerned about their relative's nutrition; they told them about the plans they had in place to address this.

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

- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. This is so we can check appropriate action has been taken. The manager had correctly submitted notifications to CQC.
- There was a clear management structure, nurses and care staff understood their responsibilities to meet regulatory requirements. They had access to policies and procedures to help them consistently provide

people with the right assistance.

- The manager met daily with representatives from each team to ensure that key information about peoples' safety and messages were shared in a timely way. Daily handover meetings were held to ensure staff had up to date information about the people they were supporting. The meetings followed a standard format to ensure that nothing was missed. All meetings were accurately documented and included any specific actions required.
- The provider had a quality monitoring system in place. A range of audits were undertaken, for example, in medicines, infection control, care plans, health and safety and clinical indicators. The manager received a daily report of outstanding actions which was shared with the team and overseen by the regional compliance manager.
- Relatives were happy with the quality of care provided. One relative said, "We are very happy with the service and there are no complaints." Another relative described the staff as, "very patient and caring."
- Lessons learned from incidents or accidents were shared amongst the team. Action was taken following incidents to prevent recurrence, for example, low rise beds and sensor mats were put in place after falls. Additionally, lessons learned were collated from staff supervision sessions and an action plan was in place to address common themes.

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

- Staff had been invited to meetings which had been accurately documented. The manager met with staff informally on a more regular basis. Staff told us there was good organisation within the service and good teamwork. One staff member said, "There is a strong staff team with quite a few being here a long time." Another staff member said, "I like the way the manager walks round every day and chats to us, it's helpful."
- The new manager had introduced a daily walk around check seeing each person who lives in the service to gather feedback or identify issues or concerns. This information was used to inform the daily meetings. Three people living in the service had acknowledged this, they wrote to the manager, "Thank you for making contact with us, the residents. To our knowledge this is the first time it has happened. We appreciate it."
- The service had received multiple messages of appreciation to thank the staff for the care they provided to people. One relative wrote, "Staff have been so kind and attentive." Another relative wrote, "I'm so impressed with the level of care." Relatives told us they used to receive annual surveys and have face to face meetings with managers before the COVID-19 pandemic.

Working in partnership with others

- The management team worked closely with local authority safeguarding and commissioning teams. Clinical leads liaised regularly with other health professionals, including dieticians, speech and language therapists and nurse practitioners. The GP did a weekly virtual round to review peoples' care and clinical needs.
- The manager was new in post so had not joined any local support forums. However, the service receives regular updates from the company's legal department, CQC newsletters and care journals. A regional compliance manager provides direct support to the manager.