

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 service providing personal and nursing care for up to 60 people. The service is provided in one adapted building set over three floors with a communal lounge, activity and dining area. At the time of our inspection 60 people were living at the service.

Some people living at the service had tenancy agreements with the registered provider and as such fell under the regulated activity of personal care. However, staff confirmed that everyone living at the service were entitled to the same level of 24-hour care, therefore we have included everyone living at the service in our inspection.

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

People and their relatives told us they were safe and well cared for at the service. Staff understood their responsibilities in relation to safeguarding people. Risks to people were assessed and staff had guidance to minimise risks. People were supported to have their medicines in the way they preferred and as prescribed. Systems to manage infection control were effective. Accidents and incidents had been reviewed for learning and to reduce the risk of them happening again.

There was a clear culture which focussed on people receiving person-centred care. People, staff and relatives told us the manager was approachable and was open to their views and ideas. Regular audits were completed to monitor the quality of the care provided. These were used to drive improvement. Staff worked closely with other professionals to ensure people's needs were assessed and met. There were enough staff to keep people safe and they were recruited using processes which ensured they were suitable for their role.

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

We received concerns in relation to the number of safeguarding incidents and complaints the service had received. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 coronavirus and other infection outbreaks effectively.

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 carried out by two inspectors.

Service and service type

Woodchurch House 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 also provides support to people who have a tenancy for their suite at the service. In this case we would only regulate the personal care people received.

The service did not have a manager registered with the Care Quality Commission. This means the 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 working at the service in the weeks prior to the inspection and was planning to begin the registration process. Following the inspection we were informed that the manager had successfully registered with CQC.

Notice of inspection

We gave a short period notice of the inspection to check the services COVID status.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff including the manager, compliance manager, and clinical lead. We observed interaction between staff and people.

After the inspection

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service. We spoke with two relatives and three care staff.

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 and their relatives told us they felt safe at the service. They told us staff recognised when people's mood changed and offered support and reassurance. This prevented people from becoming distressed and behaving in a way which could impact themselves or others.
- Staff had received training in relation to safeguarding people from abuse. They could tell us about the types of abuse they may encounter and who they would report concerns to both in and outside the service.
- The manager reported any safeguarding concerns to the appropriate agencies and gave detailed information about actions they were taking to minimise the risk of reoccurrence.

Assessing risk, safety monitoring and management

- Risks to people were assessed and there was guidance in place for staff about how to minimise risks and support people in the way they preferred.
- One person was being supported to move into a chair using a hoist. Staff followed good practice and the guidance in the person's care plan. They offered reassurance throughout and informed the person what was happening at all times.
- Each person had a personal emergency evacuation plan (PEEP). This gave staff detailed information about the support the person would need physically and emotionally to leave the service in the event of an emergency such as a fire.
- Risks related to the environment were assessed and action was taken swiftly by maintenance staff if there were any issues. One person told us, "They get stuff mended so quickly it is a weight off my mind. I just ask and it is done."

Staffing and recruitment

- People and their relatives told us there were enough staff to meet their needs. Staff supported people quickly when they called for help or pressed their call bells.
- Staff were recruited safely using a process which ensured they were suitable for their role. This included references from previous employers and checks with the disclosure and Barring Service (DBS). These checks help providers ensure staff are suitable to support vulnerable people.

Using medicines safely

- People were supported to have their medicines in the way they preferred at the correct time. Peoples' care plans detailed how they liked to be supported to take their medicines.
- People had the opportunity to manage their own medicines. Their capacity to do so was assessed by health professionals and was reviewed regularly by nursing staff.

- Medicines were administered using a computerised system. Staff were required to scan barcodes on medicines, which recorded their administration. The system alerted staff if a medicine had not been given at the correct time. Staff told us this had minimised the risk of medicines errors.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections. A booth had been designed which visitors accessed from outside the service. It screened people from their visitors, they could speak using a microphone.
- 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.

Learning lessons when things go wrong

- Accidents and incidents had been reviewed by the manager and the compliance manager. Any actions taken were recorded such when people were at risk of falls additional checks at night or sensors which alerted staff to people leaving their rooms. The actions were reviewed to ensure they were effective.
- All incidents and accidents were analysed for themes, learning was used to inform staff deployment across the service.

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 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 had been at the service for six weeks at the time of inspection and had commenced the process to register with the Care Quality Commission (CQC). They were experienced and had a clear vision of what they would like to change and improve at the service.
- People, staff and relatives told us, that although the manager was new, they knew who they were and felt they could go to them with any issues.
- Staff told us they could give suggestions about how to improve people's care and that these could be listened to and taken on board.

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

- The manager was aware of regulatory requirements and had notified CQC of relevant issues. There is a requirement for the service to display their rating. This was available in the service and on the provider's website.
- Regular audits were completed by the manager and compliance manager, to monitor the quality of care people received and drive improvement. Checks included ensuring actions which had been taken to keep people safe were effective.
- When people had been involved in an incident or accident their relatives had been informed and made aware of any changes to the person's support as a result.
- The manager and provider understood their responsibility in relation to duty of candour. Duty of candour requires providers to be open about any incidents in which people were harmed or at risk of harm,

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

- People and their relatives told us they were involved in planning their care and were asked for their views of the care they received. One relative told us, "I would say if I was unhappy, they would know. I can just stick my head in the managers door."
- When appropriate people's relatives could access their care plan and daily notes online. Relatives told us they found this reassuring especially currently as they were limited in visiting due to the pandemic.

Working in partnership with others

- The service made referrals to health professionals when required. People had had referrals to the frailty team, falls team, mental health team and occupational therapists. This had continued throughout the pandemic using phone and video calls if professionals could not visit.
- Nursing staff worked closely with their local GP to ensure people had treatment quickly when needed.
- The manager was a member of a group chat with other managers where they could share learning and good practice.