

Kodali Enterprise Limited

Woodside Care Home

Inspection report

Woodside Care Home
Lincoln Road
Skegness
Lincolnshire
PE25 2EA

Date of inspection visit:
26 January 2017

Date of publication:
27 February 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Woodside Care Home on 21 July 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook a focused inspection on 25 January 2017 to check that they had followed their plan and to confirm that they now met legal requirements. During this inspection on the 25 January 2017 we found the provider had made some improvements in the areas we had identified. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodside Care Home on our website at www.cqc.org.uk.

Woodside Care Home provides care and support for up to 42 people. When we undertook our inspection there were 20 people living at the home. People living at the home were mainly older people. Some people required more assistance either because of physical illnesses or because they were experiencing difficulties coping with everyday tasks, with some people living with dementia.

There was a 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. However, the registered manager was not available during our inspection and a different manager was monitoring the home.

People had not been consulted about the development of the home and quality checks had only just begun to be completed to ensure the home could meet people's requirements. There had been few meetings with staff to ensure they were aware about the changes within the environment. The clinical governance measures were not robust enough and did not reflect whether lessons had been learnt from audits to measure the quality of the service. You can see what action we told the provider to take at the back of the full version of the report.

Some areas of the home which had been in need of repair had improved. Work had been completed to change flooring, redecorate communal areas, new furniture had been purchased and unsafe areas in bathrooms had new flooring. Schedules were in place to monitor the cleanliness of the premises. However, these had only just commenced and not been analysed for effectiveness of the programme. There was no maintenance or refurbishment plan in place to ensure people were living in premises of an acceptable standard.

Infection control prevention procedures had been put in place and staff were aware how to implement them to prevent people from being harmed.

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 consistently safe.

Checks had only just begun to ensure the home was a safe place to live.

Some parts of the home had been redecorated; new flooring and other furniture had been purchased.

Infection control and prevention policies were in place, but there had yet to be an analysis of the results of infection control audits.

We found action had been taken to improve safety.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

An analysis of audits was not undertaken to measure if the services being provided were suitable and could meet people's needs. However, staff had begun checks to measure whether care plans and the administration of medicines were meeting people needs.

People's opinions were not sought on the services provided, but they stated staff spoke to them and listened to their concerns.

We found not enough suitable action had been taken to show clear governance of this home.

We have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires Improvement ●

Woodside 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.

We undertook an unannounced focused inspection of Woodside Care Home on 25 January 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 21 July 2016 had been made. The team inspected the service against two of the five key questions we ask about services; is the service safe and is the service well-led. This is because the service was not meeting legal requirements in relation to those sections.

The inspection was undertaken by one inspector.

We also spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service.

During our inspection, we spoke with four people who lived at the service, two members of the care staff, two housekeeping staff, an activities organiser, a cook, the maintenance person, the administrator and the manager. We also spoke with the owner of the home. The registered manager was not available during our inspection. We also observed how care and support was provided to people.

We looked at records related to the running of and the quality of the service. Records included maintenance records, infection control policies and audits, minutes of meetings and audit reports the registered manager had completed about the services provided.

Is the service safe?

Our findings

At our previous inspection on 21 July 2016 we identified that people were not adequately protected because the premises were in a poor state of repair and there were no systems in place to monitor the environment for the safety of the people living there and visitors. There were also no systems in place to ensure infection control prevention procedures were being adhered to and people were free from harm. These were breaches of Regulations 15 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirements. At our focused inspection on 25 January 2017 we found that the provider had followed the action plan they had written to meet shortfalls in relation to Regulations 15 and 12 described above.

People told us they felt safe living at the home. They said they were pleased with the refurbishment work which had so far been completed. One person said, "The new flooring in the corridors makes it easier to walk, no lumps and bumps." Another person said, "The new chairs look really nice." People told us they liked the decorated sitting rooms. One person said, "The colours are restful."

People had plans in place to support them in case of an emergency. These gave details of how people would respond to a fire alarm and what support they required. For example, those who needed help because they would need assistance when moving around. A plan identified to staff what they should do if utilities and equipment failed. Staff were aware of how to access this document. However, some of the items listed on the fire and rescue services report from June 2016 had not been completed. This included suitable fencing being installed in the garden area where people could smoke. This meant that people did not have an effective exit point should a fire occur in that area. The registered person told us that the work had been hampered by bad weather, but was planned to take place soon. As the provider had not contacted the fire and rescue service we did so and they planned to visit to check the area in question.

We obtained people's permission to enter their rooms and we were escorted by the manager. We looked at 17 of the 20 occupied bedrooms. These were cleaner than at our last visit. There was suitable lighting and heat in each room and the furnishings were in a better state of repair. However, we informed the manager that in five bedrooms some furniture needed to be repaired. For example a chest of drawers where the drawers were not closing shut and could fall out, which could cause an injury. One bedroom had a small section of frayed carpet, which could cause a trip hazard. The manager immediately sent the maintenance person to complete the work. The bed linen was in a better state of repair and each person had a new mattress on their bed. Staff told us a lot of the bed linen and towels had been thrown away and new items purchased. We saw this in the stocks in the cupboards and in boxes in the manager's office, which was waiting to be distributed.

There were areas of the home which still needed some refurbishment. However, communal areas and bathrooms had been repainted and fresh wallpaper applied, new flooring had been laid and there were new armchairs in the sitting rooms. The dining room and two sitting rooms had been redecorated in restful

colours. Staff told us the redecoration had cheered people up and they felt proud to show people around the home. There were now no odours in the home.

Some doors were still scuffed in places and some bedroom carpets required to be replaced as staff informed us they had difficulty keeping them cleaned and maintained. The manager knew that some fabric armchairs still required to be purchased and told us these would be replaced as soon as possible.

The registered manager had commenced a daily record of a walk around the building. This included seeing which areas of the home required any maintenance work. This was then written in a separate book, which the maintenance person checked daily and signed when the work had been completed. There were no items outstanding in that book at this inspection.

We saw that notices had been placed on two bedroom doors as they were currently not in use and these informed staff to keep them locked at all times. We saw staff observed those instructions.

At our previous inspection workmen and staff from the adjoining hotel complex had access to the home. This had now stopped. Although work was still on going in the hotel, contractors were confining their equipment to the front of the hotel, which did not block the access to the home and was not causing a dust and safety hazard.

Since our last inspection the reception area had been altered. This made a more pleasant and clean area for people to walk into. All files were behind an enclosed area with only certain staff having access to that area as it was where confidential files were kept.

A staff member had taken on the role of the infection control lead two weeks before our visit and stated they were going through the last audits and revising some cleaning schedules and policies. These were not all yet in place. The infection control policy had been reviewed by the registered manager in July 2017 and was displayed as a reminder to staff. This also gave staff instructions on what to do if there was a serious outbreak of an infection to minimise the spread and prevent people from becoming ill unnecessarily. Staff had received training in infection control in June 2016 and July 2016, but this did not include new staff. The manager told us they were entering into negotiations with a local college to commence training for new staff.

New daily cleaning schedules had now commenced, but were currently being revised again in light of some work undertaken by the staff member who was the lead in infection control. The new schedules had only commenced a fortnight before our inspection so no analysis had yet been completed on their effectiveness.

We saw that in all areas which had light pull cords which were non wipable, these had been covered with a plastic sleeve. Staff told us this made it easier for them to clean. There were shelves in place around the home where there were supplies of disposable aprons and gloves and refuse sacks. These were full and we observed staff using the supplies when undertaking certain work. One shelf was still to be fitted near the kitchen, but the manager was aware.

In November 2016 commissioners had undertaken an infection prevention and control visit which identified 38 recommendations to improve practice. 24 had been completed by the registered manager. Staff were unaware of the items left to do as the report was missing. However, the finish date for the work was April 2017 and staff told us they would obtain the report and finish by that time scale.

The laundry room had almost been completed. Maintenance staff were still working in the area and trying to

keep the dust and disruption down to a minimum to enable staff to work effectively. The manager informed us this was a priority piece of work and would be completed soon. Staff told us it had been a difficult time for them to work in that area, but appreciated it was making a better working environment for them. Staff had identified to the registered provider cleaning equipment such as a vacuum cleaner which was not working efficiently and required to be replaced. Items of equipment were yet to be checked by the registered provider. This did not help staff who required all equipment to be in working order to enable them to do their work.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service well-led?

Our findings

At our previous inspection on 21 July 2016 we identified that there were no systems in place to monitor the quality of the services and no clear guidance from the registered provider to staff. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. At our focused inspection on 25 January 2017 we found that the provider had only partially followed the action plan they had written to meet shortfalls in relation to Regulation 17 described above.

There was now a registered manager in post. However, they were not available at the inspection and a different manager was currently monitoring the home. They had only been in position for two weeks.

Some systems for auditing and monitoring the service were in place but these were not all kept up to date. Audits on the reviews of care plans and the administration of medicines had been completed. However, the last care plan audit had been in September 2016 and the medicines audit in November 2016, but both had then ceased. This meant that the registered provider could not efficiently track if the care plans and medicines met people's needs. The audits that had been completed did not effectively identify areas for improvement. For example, the kitchen audit identified a problem with transporting meals to other parts of the premises, but there was no plan of action to show if all safety measures had been adhered to and food was transported correctly.

Staff produced a list of audits which stated had been completed in July 2016, August 2016, September 2016 and October 2016. Not all audits were in the files and no analysis of the audits had been completed to see if the services being provided were of a suitable standard for the people living there. The last infection control audit had been in October 2016, but staff told us this was to be reviewed in the light of work which had now been completed. The registered person had told us that a mattress audit was completed on a monthly basis, but this had not been taken place. So staff were unaware if the mattresses were suitable for people to use. The issues that had been identified up by the inspector on the walk around the building had not been identified by the registered provider on their walks.

The registered person stated they would hold monthly meetings with people, but only two had been held since our last inspection. They were in August 2016 and January 2017. There was not a system for recording whether suggestions had been implemented and followed up which meant the registered person could not demonstrate how effective these meetings were in influencing developments in the service. People told us that staff spoke with them daily and the registered provider spoke to them when they were on the premises, but they had not been asked about the standard of the environment or their views about the running of the home.

There were still some areas of the home that required refurbishment and redecoration. This included some bedrooms, bathrooms and toilets. There was no plan of maintenance or redecoration plan in place to show the registered provider was ensuring the premises were in a fit state of repair.

The registered person had stated they had employed an external assessor to complete some of the auditing work within the home. They had yet to produce a report, but staff confirmed the person had made a visit.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

There had been staff meetings since our last inspection. We saw the minutes of meetings in November 2016 and January 2017. This informed staff of changes to the service and what was planned for the future of the whole site. Staff had been given opportunity to ask questions and been given answers. Staff told us the atmosphere had recently lifted and they felt happy to come to work. One staff member said, "Everyone's happy now. It's a great place to work again." Another staff member told us, "I've been helped over a personal issue. The manager has taken the time and I feel happy at work." A system had been set up for when the registered provider was out of the country so they could communicate with them quickly and receive an answer the same day.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There were few systems in place to monitor the quality of the services on offer and no clear guidance from the registered provider to people who used the service.