

Greenacres Nursing Homes Limited

# Woodville Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Woodville Residential Care Home is a care home which provides personal and nursing care to 35 people aged 65 and over at the time of the inspection. The service can support up to 46 people. The service accommodates people in one building over two floors and has adapted facilities to meet people's needs. This included two lounges, one with a dining area, a separate dining room and a conservatory. An enclosed rear garden was also available that people could access.

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

The provider had made significant improvements to the home, they had shared with us an action plan which was reviewed on a weekly basis. People who used the service noted the improvements in relation to organisation and staff knowledge.

Audits and systems were now in place. These need to be continued and developed with clear oversight to ensure the improvements are sustained and embedded. Care plans had been identified by the provider as not always being up to date. A workstream was being developed to address this area.

The provider recognised their role in ensuring duty of candour and ongoing communications with people and relatives. Notifications were now being completed which enables us to monitor the service following any incidents or events.

The provider worked with health and social care partners and following external inspections any required actions were completed.

There were sufficient staff to meet people's needs and staff had received additional training to support their role. Staff were recruited following appropriate checks to ensure they were safe to work with people. People and relatives praised the staff for their kindness and compassion in the care they provided.

Risk assessments had been reviewed and all areas of risk were now being reviewed and any concerns mitigated with equipment or advice from other professionals. People were protected from harm with staff having clear understanding of what and how to report any safeguard concerns.

Medicines were now managed safely, and ongoing audits were being used to make further improvements. Infection prevention and control was now managed to ensure people were protected from the spread of infection. Staff understood the importance of personal protective equipment and used it appropriately. Government guidance was being followed for testing, admissions and visitors.

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

The last rating for this service was Inadequate (published 7 June 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 7 June 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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 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.

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 has changed from Inadequate to 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 Woodville Residential Care Home on our website at [www.cqc.org.uk](http://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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Woodville Residential Care Home

## 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 completed by one inspector

#### Service and service type

Woodville Residential 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.

There was no registered manager, however the provider had a manager to run the service with support from the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager had commenced their registration with us.

#### Notice of inspection

This inspection was unannounced.

### What we did before the 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 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 all this information to plan our inspection.

### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of care staff, domestic support, the regional manager and manager. We spoke with a professional who regularly visited the service who offered positive feedback. We reviewed a range of records. This included five people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at two staff files in relation to recruitment.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted four staff and five relatives by telephone for their feedback on the home. We also reviewed additional records and audits in relation to the actions the provider had taken.

# 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 Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient staff were available to support people's needs. This was a breach of regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (1).

- There were sufficient staff to support people's needs and they were now suitably deployed. One staff member said, "I didn't think it would work at first, but it works, we have more focus on a certain area." All the staff we spoke with discussed the improvements in relation to the allocation and how it had improved the organisation of the home.
- Relatives had also noted the changes, one relative said, "Before I felt staff were not always up to care standards, but now [name] looks well cared for and receives the support in a timely way."
- People and relatives all reflected on the kind and caring nature of the staff. One person said, "Staff are responsive and come to see me regularly, if I need them urgently, they will come when I press my all bell." One relative said, "They are looking after [name] and they look after me too."
- The provider had reviewed their dependency tool regularly to ensure the correct levels of staff were available to meet people's needs.
- Since our last inspection staff had received a range of training. One training course had really sparked the staff's enthusiasm, it was in relation dysphagia and diets. It featured different textures of foods and liquids to make it easier and safer for people to swallow. One staff member said, "It was really interesting as there have been lots of changes since our last training in nutrition."
- Staff were able to use their understanding to improve the care they offered to people. The training was the hands-on approach, having to support one another with a drink and being assisted with a meal. One staff said, "When I was being supported with a drink, I instinctively put my hands up to hold the cup. This led to discussions on how we can support people to have that bit of independence in a safe and respectful way."
- The provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks and a police check were undertaken prior to staff commencing employment. The provider had identified a review of the employment records was required to ensure they were up to date with any current guidance and had arranged for the human resources team to complete this.

### Assessing risk, safety monitoring and management, Using medicines safely

At our last inspection the provider had failed to mitigate risk and keep people safe. This placed people at

risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments and measures to mitigate the risks were now in place. We saw when people's health had deteriorated measures were taken to provide the required equipment, for example a pressure relief mattress to reduce the risk of sore skin.
- Falls information had been recorded and detailed risk assessments had been implemented and reviewed. Sensory equipment was used to alert staff if a person had fallen, this enabled staff to respond swiftly.
- The documentation for recording pressure relief support had been reviewed to make it clearer when a call was required and the actions from the completed task.
- Medicines were managed safely. A full audit of all the medicines had been completed. Several areas had been identified for improvement and many of these had been addressed, further checks were planned to continue to address any outstanding areas.
- One medicine change had been in relation to the medicine trolleys being divided into designated areas. One staff member told us, "The medicine trolleys are a lot better now, the change has made it easier to do the medicines as you can focus on each area with the one trolley."
- Medicine administration records were completed correctly and the stock we reviewed was in accordance with the required medicine levels to meet peoples prescribed needs.

Preventing and controlling infection; Learning lessons when things go wrong

At our last inspection the provider had failed to mitigate risk in relation to infection, prevent and control. This placed people at risk of cross infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Infection prevention and control had been improved in all areas. Personal protective equipment stations were fully stocked, and staff understood which PPE was required for different care tasks.
- A new procedure had been introduced for new admissions accessing the service. This included detailed care plans and information for staff to know how to support people new to the service.
- The provider had increased the domestic support within the home to ensure housekeeping staff were available to provide daily support, deep cleaning and maintaining high touch points.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was accessing testing for people using the service and staff. Tests were completed in accordance with guidance and appropriate action taken following any results of concern.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding was now embedded; staff had received additional training and their awareness raised in relation to raising safeguards in protecting people from harm.
- We saw safeguards had been raised and investigations completed. Outcomes from these had been shared with staff to reduce the risk of reoccurrence or any changes in practice.
- People we spoke with told us they felt safe and well cared for. One person said, "I am very happy and well looked after." Another person told us, "I am safe the staff are very thoughtful and caring." This meant we



could be assured any concerns would be raised and addressed.

# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had not ensured their systems were reviewed with oversight to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place to monitor and support the home. These now need to be sustained and embedded to maintain the quality and further improvements.
- Audits were now in place; these need to be continued and actions identified addressed. We saw how areas had been improved through this process. However, ongoing medicine and infection control audits had identified some minor areas which had not been initially noted. This meant that continued oversight is required to ensure standards are maintained.
- Care plans were required to be reviewed in detail and improvements made to ensure all risk had been identified and long-term health conditions needs reflected. This had been recognised by the provider and a work stream was being developed to address this area. We will review these changes at our next inspection.
- Audits had been used to reflect on safeguards, falls and the environment. We saw a daily walk round was completed and any areas noted for discussion or action. This meant any small issue could be addressed swiftly.
- A regular call bell audit was completed, and changes made to ensure the best response can be maintained. The manager now wears a pager to alert them of the call bells and when required to oversee any staff response. This ensures they have oversight of the staffing availability at these times and any actions which may need to be implemented to respond to the needs.

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

- People enjoyed living at Woodville Residential Care Home. Several comments reflected this, 'Staff are very good, they keep me lovely and clean and wash my hair,' 'I am happy with the care.' And 'I am very settled here.'

- There was a relaxed and homely feel which was reflected in relatives' comments. 'You are always made to feel welcome' and 'Staff are very caring.'
- The provider had taken the opportunity from the last inspection to learn from the findings and to make improvements. Learning from the issues raised have been shared with the providers other locations to continue to address all areas of quality, safety and improvements.

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

- Complaints had been addressed and referenced duty of candour when responding to relatives who had raised concerns.
- Notifications were now being completed, this meant we were able to monitor the service and review the actions taken following any incident or event.
- The provider had responded swiftly to our concerns raised at the last inspection. The changes which have been put into place have impacted on a more positive and responsive home. This meant people were receiving a better service and had more assurance of their needs being met

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

- Staff felt supported by the new management. One staff member said, "They are really approachable and organised. When I have asked for advice it is explain well." Another staff member said, "Its better management, they listen to what we are saying."
- We found the home to be more organised and staff were much clearer on their roles. We observed staff focused on tasks, however taking time to chat to people and engaging them in activities.
- At our last inspection we noted people had limited interaction. At this inspection we saw things had improved with staff directing and encouraging people to participate in an activity, for example playing pairs, engaging in a film or general discussion.
- People and relatives have been informed of the changes, however some relatives felt communication could be improved. It is anticipated further communications will be available as COVID-19 restrictions are reduced.

Working in partnership with others

- Partnerships had been established with health care professionals.
- The staff were able to contact the district nurse or GP practice if they had any concerns in relation to people's health and wellbeing. A health care professional told us, "Staff contact us and their follow through has been better since the new management arrangement." They added in relation to staffing, "This area seems to have improved as there is now a dedicated staff to support when I complete calls with people, and this helps with ongoing communication of any changes to care needs."
- The provider had received an infection, prevention and control inspection. Some areas of action were required, and the provider worked to ensure these were addressed swiftly.
- This showed the provider and manager are working with partners to drive changes or be responsive to people's needs.