

4AWH Operations Limited

Inwood House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Inwood House is a 'care home' that provides personal and nursing care to older people. At the time of this inspection 45 people were using the service. The service can support up to 55 people.

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

The provider had systems in place to ensure all risks were identified, however, these were not always managed effectively, and medicines were not always managed safely. People told us they felt safe and staff were recruited safely.

There had been some improvements in the systems to monitor and assess the service provided, such as falls analysis. However, the governance systems in place were not robust enough to identify the shortfalls we found during this inspection. There was inconsistent management in the service. This had a destabilising effect on the staffing, morale and improvements being made and sustained.

Training was up to date. People were supported to eat and drink and had a good choice of food. People's weight was monitored; however, actions were not always evidenced around action taken to manage weight loss. Staff ensured people received appropriate healthcare, when needed. People's rooms were personalised and appropriate signage to support people living with dementia was in place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and supported people with dignity. Staff encouraged people to make choices and supported them to maintain their independence. People's privacy was respected.

The home was responsive to people's needs and choices.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was inspected but not rated (published January 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service/We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and governance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 ●

Inwood 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 team consisted of two inspectors.

Service and service type

Inwood 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 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all this information to plan our inspection.

During the inspection-

We spoke with twelve members of staff including the operational manager, the registered manager and deputy manager from a sister home, three senior staff, one cook and five care staff. We spoke with four people who use the service. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, included policies and procedures were reviewed.

After the inspection

The manager and operational manager sent various documents to us electronically. We continued to seek clarification from the manager to validate evidence found. We looked at training data and quality assurance records.



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 some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure robust systems were in place to manage medicines, this was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not managed safely.
- There were inaccuracies and omissions with the administration and recording of medicines. Medicine administration records (MARs) did not always demonstrate that medicines had been administered appropriately and as prescribed.
- Following the last inspection charts were in place to record where on the body transdermal patches had been applied. However, we found the charts had not been completed correctly, which could have put the person at risk of skin irritation.
- Where people had external medicines, they did not always have a body map in place to show where the medicine should be applied. There were no records of the date the medicine was opened.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate medicines were managed safely. 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.

The provider responded immediately during and after the inspection. They confirmed required actions had been completed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure robust systems were in place to demonstrate risks to health and safety were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of

regulation 12

- Risks to people's safety had been assessed and action taken to mitigate risks. However, we found one person's care plan had not been updated to include details of a specific need. We discussed this with manager who confirmed by the following day this had been completed.
- Where people needed their food and fluid intake monitored, we saw staff kept records. However, systems were not in place to support effective monitoring of people's fluid levels. We discussed this with the manager during the inspection, they assured us this would be addressed.
- Systems were not in place to monitor that people had been repositioned in line with their care plan. We discussed this with the manager during the inspection, who put a new system in place immediately.

We found no evidence that people had been harmed, however, systems were not robust enough to demonstrate risks to health and safety were managed safely. 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.

Staffing and recruitment

At our last inspection we found that the provider had failed to ensure there were sufficient numbers of suitably qualified staff to ensure people's safety. This was a breach of Regulation 18 (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.

- Without exception staff expressed concerns about staffing numbers in the home. Staff told us, over the weekend staff numbers had been particularly low.
- We reviewed staff rotas and found they did not always reflect the staffing levels recommended by the tool used to calculate the staffing numbers required to meet people's needs. We discussed staffing with the provider who said they would review this.
- Several staff had recently left the service, and recruitment of new staff was ongoing; there was some use of agency staff to cover staff sickness and vacancies.
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had appropriate systems in place to safeguard people from abuse.
- People felt safe, comments included, "I feel very safe here, this is now my home" and "I feel safe here when the staff are here always there when you want them."
- Staff were able to describe signs of abuse and neglect and the new manager was clear on their responsibilities about reporting safeguarding concern.
- The manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections. Appropriate measures were in place to enable visitors to see their loved ones in a safe way, such as a visiting area.
- We were assured the provider was admitting people safely to the service. The provider followed current

guidance when admitting new people into the service. People were not accepted into the service without a negative COVID-19 test result.

- We were assured the provider was using PPE effectively and safely. Staff had received donning/doffing of personal protective equipment (PPE) and followed current guidance on the use of PPE.
- We were assured the provider was accessing testing for people using the service and staff. Staff had a COVID-19 lateral flow test weekly to ensure they had not contracted the virus. Most staff had received their COVID-19 vaccinations. The provider continues to test people who was using the service monthly. They had also been vaccinated against COVID-19 infections.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning regimes throughout the home was adequate. However, we observed dirty wet mops had been left in buckets and hung on the wall. This was addressed immediately.
- We were assured that the provider's infection prevention and control policy was up to date and staff were following the current government guidelines related to COVID-19.

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 not rated as we only looked at the parts of the key question, we had specific concerns about. At this inspection this key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were not consistently supported to increase their weight. This included where a person had experienced weight loss. The persons plan identified the need to monitor the persons weight monthly. Care records showed the person had been weighed but had not regained the lost weight. Records did not evidence if advice had been sort from the GP or dietician.
- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal.
- People told us the food was good, and had snacks and drinks offered throughout the day.
- The service worked with other agencies and professionals to ensure people received effective care.
- Where people required support from other professionals this was provided, and staff followed guidance provided by such professionals.
- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

Staff support: induction, training, skills and experience

- Staff told us they were not supported with regular supervision to ensure their performance and practice was monitored and supported.
- Staff highlighted they would welcome additional training in respect of meeting the specific needs of people such as stoma care and catheter care. The manager confirmed they were working with the district nurse team to provide this to staff.
- Staff told us they were provided with training. Staff were trained to be able to provide effective care. The training matrix showed some staff training was out of date. The manager explained there was a plan in place to bring staff up to date.
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. The induction covered topics such as moving and handling, safeguarding, whistleblowing and person-centred care.

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.

- Mental capacity assessments were in place to identify where people did not have the capacity to make decision about their care.
- Where people had been deprived of their liberty, we saw evidence of appropriate DoLS applications being made to the local authority.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

- Assessments of people's needs were completed, outcomes were identified, and care and support regularly reviewed. Care plans were being developed to include more personalised information.
- Care records showed health and social care professionals were involved in people's care and support and appropriate referrals were made.

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

- People's bedrooms were person centred and decorated to their liking.
- The service was well maintained, and accessible to the people using the service, such as wide corridors and doors to enable people who used a wheelchair to access areas safely.
- People told us they liked the environment they lived, and two people showed us their bedrooms, which they said they liked.
- A visiting pod had been put in place to ensure people were able to meet with their loved ones during the COVID-19 pandemic, and staff supported relatives to visit their loved ones within the building in line with government guidelines.
- Signage was in place throughout the home to support people who live with dementia.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection under the previous provider this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff sitting with people and talking. However, some interactions by staff were task and routine led.
- People told us they received good care and support from staff. Comments included, "The staff are very good, they help me, they are good with everyone."
- Where positive interactions took place, we observed support provided by staff as caring and kind. During these exchanges people were noted to have a good rapport with staff and there was much good humour and banter.
- People spoke positively about the caring nature of the care staff team.
- Staff were positive about their roles. One person told us, "I do love working here and the residents."

Supporting people to express their views and be involved in making decisions about their care

- People told us staff listened to their views and they were involved in making decisions about their care and support, as far as possible.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people to be as independent as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence.
- Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care.
- People's privacy and dignity was maintained. We saw staff knocked on bedroom doors before entering and spoke about people in a respectful manner. One person told us, "Staff, always knock on my door."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection under the previous provider this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had an individualised plan of their care, based on an assessment of their needs. Plans were reviewed regularly.
- People's care plans were detailed and contained information about people's likes, dislikes, specific needs, their personal preferences, and how staff should best support them to live happy, contented lives. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager understood their responsibility to ensure people were given information in ways meaningful to them.
- Different methods were used to support communication for people. One person used a white board to communicate with staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home had supported appropriate visits according to guidance. The home supported people to keep in touch with their relatives.
- The home allocated activities coordinator had recently left. We observed people were often unoccupied. Some people were engaged in activities throughout the afternoon. The provider had already taken steps to recruit into this post.
- The provider had invested in a digital platform which provided resources for activity ideas and exercise inspiration for people living in the home. This can be personalised and made unique for each individual.

Improving care quality in response to complaints or concerns

- There was a system in place to manage complaints. Where complaints had been received these had been managed appropriately.
- Relatives were confident complaints and concerns would be responded to without delay.

End of life care and support

- People were encouraged and supported to make decisions about their preferences for end of life care. However, this had not been recorded for all the people whose plans we reviewed.
- There was one person receiving end of life care during our inspection.

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 requires improvement. At this inspection this key question has remained the same. 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 failed to ensure systems were either in place or robust enough to demonstrate good governance. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Governance arrangements were in place, and management oversight had improved since the last inspection. However, not all the concerns we found during our inspection had been identified by the service.
- During the inspection we identified detailed audits of pressure care repositioning charts and monitoring of food and fluid were not taking place. During our last inspection we were assured improvements would be made to monitoring fluids and nutrition. However, this had not happened.
- The system in place to audit medicines management was not effective and did not identify the concerns found during the inspection.

Although we found no evidence people had been harmed this is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded to these concerns immediately during the inspection. Assurances were provided the audits would be implemented.

- Systems and processes to ensure oversight and governance in other areas had improved following our last inspection.

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 provider understood their responsibility to be open and honest when things had gone wrong. There was a system in place to manage this.
- Our records recorded that appropriate notifications were made to the Care Quality Commission as

required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Staff had not attended regular staff meetings to discuss any concerns or issues. Responses were mixed in relation to moral. Staff told us they confident to raise concerns with the managers who were covering the service, however, were concerned about new managers starting and making changes. Staff felt this happened each time manager changed.
- The covering managers were visible in the home and spent time speaking with people and staff.
- Feedback from people, relatives and staff on the service had been requested and the information returned had been collated. The operations manager had an action plan in place for any improvements required.
- We saw evidence of partnership working with other agencies to meet people's needs. Such as, GP, speech and language therapists and the district nursing team.

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 Doing all that is reasonably practicable to mitigate any such risks. The proper and safe management of medicines
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).