

Ruby Care Limited

Woodlands Farmhouse

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Woodlands Farmhouse is a residential care home providing personal care to up to 13 people. The service provides support to older people. At the time of our inspection there were 9 people using the service.

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

Various changes in the management of the home over the last 14 months had caused disruption to the service people received. The checks designed to ensure a high quality service had not been used or used consistently to ensure the quality of the service continued during periods of change.

Record keeping had become poor, with some records either not found or possibly not kept. Some other management systems had also been changed but not followed through or completed by managers who had then left.

People, and the service overall, would benefit from a period of management stability and a reintroduction of effective systems and structures to ensure people received high quality care and that any issues or improvements needed were identified and acted upon.

People said they liked the meals but had no real choice. Mealtime experience and menus were therefore going to be reviewed by the provider.

People said they made choices about their day to day lives. There was mixed understanding and application of the MCA by staff so people's legal rights were not always upheld.

People were cared for by staff who required refresher training in some areas. Staff supervision also needed to be improved and sustained.

Medicine management had been improved; people's medicines were managed safely. Regular auditing of medicines was now in place.

People needed to be better protected from the risk of infection. General cleaning of the home needed to be improved and new carpets were needed and were on order. The infection control policy needed to be reviewed to reflect current staff practice.

Staff were recruited safely. There were enough staff to keep people safe but staffing levels and times, particularly in respect of the night shift needed review to ensure people had the care they needed and had genuine choice in their care.

People said they felt safe and would talk with staff if they had any concerns. Staff knew how to report concerns and were confident people were protected from abuse or mistreatment.

Accident and incidents were recorded and reviewed. People's care plans and risk assessments were being updated and reviewed on the on line care planning system.

People said they were happy at the home and knew they could speak to staff about any issues they had. There was a stable, caring staff team. People told us they were happy with their own rooms and the environment had been improved for them over time.

People were supported with their health care and staff said they had a good relationship with health care professionals. The service worked in partnership with other agencies to ensure they provided good care and followed good practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 23 February 2018).

Why we inspected

The inspection was prompted in part due to concerns received about medicine administration, care planning and risk assessing, record keeping and management systems and structures. A decision was made for us to inspect and examine those risks.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed to requires improvement following 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.

Enforcement and recommendations

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 and will take further action if needed.

We have found 1 breach in relation to governance at this inspection. Please see the action we have told the provider to take at the end of the full version of this report. We have also made 3 recommendations relating to staffing, people's mealtime experience and application of the MCA.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Woodlands Farmhouse

Detailed findings

Background to this inspection

Inspection team

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 Health and Social Care Act 2008.

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 one inspector.

Service and service type

Woodlands Farmhouse is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, this included notifications made by the service with the Care Quality Commission. We sought feedback from the local

authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

Inspection activity started on 19 January 2023 and ended on 16 February 2023. We visited the service location on 24 January and 7 February 2023.

We spoke with 5 people who used the service about their experience of the care provided. We spoke with 6 members of staff including the registered manager, the home manager, the deputy manager and care staff.

We reviewed a range of records. This included 3 people's care plans and care records. We looked at MCA assessments, best interests decisions and Deprivation of Liberty Safeguards applications. We looked at a variety of records relating to the management of the service.

After the inspection visit

We continued to seek clarification from the manager and provider to validate evidence found. We also reviewed updated care plans, records related to staff training, infection control and quality monitoring.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection we have rated this key question requires improvement.

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.

Preventing and controlling infection including the cleanliness of premises

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Staff were in the process of improving the general day to day cleaning of the home. The provider had ordered new carpets as those in use were badly stained and worn and needed replacing.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. Most of the provider's policy was up to date. However, some of the policy referred to practice, such as daily tests for staff for COVID 19 and social distancing rules, which is no longer current. This policy therefore needed to be amended.
- We were assured that the provider was using PPE effectively and safely.
- 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 accessing testing for people using the service and staff.
- The premises were clean and odour free throughout. The laundry area was well organised, clean and odour free.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- People were able to have private and professional visitors at any time. One person said, "My daughter is coming in today to see me. She pops in a lot."

Staffing and recruitment

- There was only 1 member of staff on duty at night (from 7pm until 7am). There were people who needed care at night and those who also need 2 staff for some aspects of their care. The practice of only having 1 staff member on duty may therefore affect people's care or the choices available to them. For example, if a person who needed 2 carers wanted to go to bed after 7pm or get up before 7am they would not easily be able to. The staff member lone working at night would have to call the 'on call' staff member and ask them to come in to help them.
- Although we did not identify any impact on people at this inspection, this issue was discussed with the

registered manager. In respect of fire safety, the registered manager shared the plans which were in place; each person had an emergency evacuation plan. Staff on shift and those nominated who lived on site would assist people in an emergency. This plan was especially important at night to ensure people's safety. The provider had trialled changing the times of the day and night shift but this is something they wanted to try again. One senior staff member said, "I would like to look at staff rota times again; maybe the day team stay until 9pm; we did trial it before but I would like to do this again as I think it would be better for people and staff."

We recommend the provider refers to current good practice guidance to ensure people were supported by the right number and skill mix of staff to meet their care needs.

- People and staff told us they thought there were generally enough staff to care for them. People said they liked the staff and they treated them with kindness. One person said, "There are always nice staff to help you." Another person said, "The staff are very good; they pamper me. I can't fault them."
- Staff were able to spend quality time with people on both days we visited; they were not just focussed on care tasks or other routines in the home such as laundry or cooking. One staff member said, "It feels like you don't get rushed here. We have time to spend with people and that is really encouraged here."
- Staff were recruited safely. This included references from previous employers and checks to ensure staff were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management

- Concerns were raised regarding risk management by the local authority quality team when they visited the home in November 2022. We found there were regular safety checks for the building including appropriate checks and maintenance of fire detecting and electrical equipment. There had been a long-standing issue with hot water exceeding safe limits which was a scalding risk; this had now been resolved as safety valves had been fitted.
- Staff carried out risk assessments to ensure people received care and support in a safe way. We found not all risk assessments in care records were up to date and/or reflective of people's current or changing needs. However, the provider had recently moved all care records to a new electronic system and all assessments were being reviewed as part of this process. Assurances were given by the registered manager that all risk assessments would be accurate in the new system. This work was almost completed.
- Staff knew people well and understood the risks for each person. Staff worked in a way which minimised risk whilst promoting people's independence.

Using medicines safely

- Concerns were raised regarding medicine administration by the local authority quality team when they visited the home in November 2022. They reported regular errors were being made, medicines were being missed, stock control was not effective and people's medicine records were not accurate.
- We found improvements had been made. One staff member (with a nursing background) had led this work. Staff recently used an electronic medication administration system but due to poor internet coverage within the home this had not worked as it should. Staff therefore now used paper records as they had before.
- Staff administering medicines had received training and then needed their competency assessed. It was not possible to determine if all staff member's competency assessments were in date due to poor record keeping. Records of assessments which were believed to have been completed could not be found so every member of staff was currently being reassessed by a senior member of staff to help ensure people's safety.
- People had a safe place to keep their medicines and received them as prescribed. Where prescribed medicines were not given, codes were used to confirm the reason. Variable doses were accurately recorded.

Systems and processes to safeguard people from the risk from abuse

- People looked very comfortable and relaxed with the staff who supported them. People said they felt safe and staff treated them with kindness. One person said, "It is safe. If it wasn't you would have to report them I suppose." Another person said, "Oh yes. It is very safe here."
- There were safeguarding and whistle blowing policies in place and staff understood their role when reporting potential abuse or harm.
- Staff had completed safeguarding training. Staff we spoke with understood how to identify and report safeguarding concerns.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated and where appropriate, measures were put in place to mitigate the risk of reoccurrence. Lessons learned were shared with staff.

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 our last inspection we rated this key question good. At this inspection we have rated this key question 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

- People said they were reasonably satisfied with the meals served in the home. One person said, "I enjoy most of the food but not all of it." Another person told us, "The food is alright, just alright." People were served their meals by care staff or assisted with them if people needed help to eat or drink. Some people ate in the dining room; others chose to eat in their own rooms.
- People said there was no choice as such as there was only one main meal prepared each lunchtime. People could ask for something different if they did not want this meal but there were no set choices. No one we spoke with knew what meal was being served. One person said, "I have no idea what we're having and no one has said."
- The menu board on the wall in the hallway was blank on both days of our visits, so people could not refer to it. The local authority quality team also noted the menu board was not in use when they visited in November 2022. This means this had been a long-standing issue.
- Staff told us there was a 2-week rolling menu. There was no cook so care staff had to undertake the daily cooking tasks. Main meals were 'batch cooked' fortnightly and then frozen. Care staff defrosted and heated up one main meal each day so each person had the same meal. There was no real choice. This was discussed with the registered manager who said they would review meal choices for people.
- Care plans contained information about people's food preferences and specific instructions around their diets. Staff were knowledgeable about people's specific needs. For example, one person with a visual impairment was supported in line with their care plan to enable them to eat independently.

We recommend the provider consults current good practice guidance in respect of providing a good meal time experience for people living in the home.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Concerns were raised regarding application of the MCA by the local authority quality team when they visited the home in November 2022. Overall, we found there was a mixed understanding of the MCA. People were encouraged to make their own choices and decisions; staff sought consent from people before providing care. Some people lacked the mental capacity to make some decisions for themselves. Where others, such as family members, had legal authority to make decisions on people's behalf the provider obtained a copy of the legal authorisation. This confirmed who could make decisions and what type of decisions they could make.
- We reviewed some records of best interest decisions which had been made. Some had been made in line with the MCA; others had not. For example, 1 staff member had made a best interest decision for 1 person. However, this person had a relative with legal authority to make decisions on their behalf and a copy of this authority was in the person's care records. The staff member had not consulted the person with authority, as they should have done, and had made this decision alone for the person. This meant their legal rights had not been protected.
- Staff had received training about the MCA. Staff said they used the information they knew about the person and encouraged them to make as many decisions as they could. Staff consulted others, such as family members, to make sure any decisions made were in the person's best interests when this was needed.
- The provider had made applications for people to be deprived of their liberty where they required this level of protection to keep them safe. Where DoLS applications had been authorised, the provider was meeting any conditions in place.

We recommend the provider reviews good practice guidance in respect of the application of the MCA to ensure people's legal rights are properly protected and decisions are made in line with the MCA Code of Practice.

Staff support, training, skills and experience

- The registered manager told us they were committed to formally supervising staff every 6 to 8 weeks. These supervision meetings were an opportunity for staff to discuss their work, people's care and safety and their training requirements to help develop or improve their practice. Records we looked at showed staff were not being supervised regularly. For example, one staff member last had a supervision meeting in 2021; nothing had been recorded since then. Another member of staff only had 2 supervisions in 2021 and 1 in 2022.
- The registered manager had started a new supervision record for 2023 in an effort to improve things. The new plan was to record not only formal supervision meetings, but also spot checks on different aspects of staff practice such as the use of PPE, manual handling and food hygiene. This showed all staff have had at least 1 supervision this year.
- People told us they liked the staff who worked in the home and had confidence in them. One person said, "The staff are always helpful."
- Staff received training specific to their role and there was a formal induction process for new staff. One staff member said, "I had a very good induction, which included shadow shifts. I was asked if I felt ready to

start on the floor. I could have had more shadow shifts if I needed them."

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

- People told us they were happy with their own rooms. One person said, "I have a really nice room upstairs." People's bedrooms were personalised with their pictures, photographs and their personal belongings.
- There were communal areas such as a lounge, a dining room and a kitchen which people used when they wanted as well as spending time in their own rooms.
- The registered manager told us the environment had needed improvement and most of this had been done in the last 18 months; the final work was ongoing when we visited. Two flats on the first floor had been fully refurbished to offer 'independent living' environments; both were currently empty. The home had been redecorated, new fire doors fitted and additional storage space created to help keep the home tidy and free of clutter.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved into or stayed at the home, their needs were assessed. This included working with other health and social care professionals to complete their initial assessments.
- Concerns were raised regarding care planning by the local authority quality team when they visited the home in November 2022. These had therefore been reviewed by the registered manager and most plans had been updated; this work was ongoing when we visited. People's care plans included information on how staff were to meet their personal care needs. Further work was needed to ensure that all sections of people's care plans were fully completed, were person-centred and reviewed regularly to ensure they met people's current or changing needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People said they were happy with their health care and they saw their GP if they were unwell. There were regular virtual and face to face health reviews for people. Staff were able to refer any healthcare concerns and they had good relationships with local healthcare professionals.
- People's care records detailed the involvement of specialist or consultants, speech and language therapists, GPs and district nurses.

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 our last inspection we rated this key question Good. At this inspection we have rated this key question 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; Continuous learning and improving care

- The current registered manager (who also owns and is the provider for the company) had wished to take a 'step aside' to develop the company's other care location further. There had been 4 new home managers in the last 14 months, none of whom had remained in post long. This had caused lots of disruption to the service. The manager employed 6 months ago to manage the home on a day to day basis decided they did not wish to register with us and had taken on the deputy manager role. Another new manager was then recruited in December 2022 and planned to register with the CQC.
- Both the new manager and the deputy manager supported the inspection on the first day and discussed improvements they felt were needed. The deputy manager said they had managed to improve some aspects, such as staff practice and medicine administration. However, the service was not at the standard they wished it to be or expected.
- The new manager was not working in the home on the second day of our visit and it was unclear when or if they would return to the home. Therefore the registered manager was now back in day to day charge of the home supported by the deputy manager and another of the organisation's experienced managers who knew people, staff and the home very well.
- The concerns and shortfalls raised in the local authority quality team's report following their visit to the home in November 2022 had not been identified by the provider's own auditing systems. There were audits and checks but these had not been completed consistently by previous managers. Care plans and risk assessments had not been reviewed or updated. Medicine administration had become unsafe as errors were being made. Staff supervisions were not being carried out. Some record keeping was poor; records had either not been kept, could not be found or had significant gaps.
- Effective oversight and governance of the service had therefore been very difficult and where issues arose or when improvement were needed they were missed or not always followed up. This meant the quality of the service was inconsistent and in some areas it had declined. The registered manager told us, "The problem is that each manager came in, wanted to make changes but then never stayed to see them through. So we have ended up in a bit of a mess and have to go back to basics."

The shortfalls in the governance of the service were a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The current management team (the registered manager, deputy manager and the organisation's other manager) were fully committed to stabilising and improving the service. They had recently introduced a manager's checklist (which included checks on medicine records, fire safety, the environment and staff delegated tasks). They also had a formal manager's communication form so that each member of the management team knew what actions they were responsible for and how/when they were to be completed.

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

- People told us they were happy living at the home. They felt well cared for and said staff knew them well. One person said, "I am quite happy here. I want to live here [and nowhere else]." Another person told us, "I quite like it here. I can't fault the home really." We had positive feedback from people about the kindness and caring qualities of staff. Staff spoke fondly and knowledgeably about the people they cared for.
- There were no formal meetings for people living in the home but the service was small enough for staff to speak with people every day to gain their views or to talk through any worries or problems. One person said, "I can talk about what I like or don't like. I like it here. I'm happy."
- The changes in managers and in their different management styles had caused some unrest within the staff team; we were told 2 staff had left due to this. Staff were confident the morale, wellbeing and atmosphere at the home would now improve as the registered manager was back in day to day charge.
- Staff felt they had been valued and listened to before and would be again. The management team and staff team were fully committed to improving the service to the standard it once was. One staff member said, "I have to say though [despite the recent changes] it is a really supportive home to work in. Staff here have been brilliant, very supportive of each other."
- Staff meetings were held. There were meetings for day staff in April and September 2022 noted but no records of either meeting could be found so it was not possible to see what had been discussed or agreed. There was a night staff meeting in May 2022 which 5 staff attended but the record of this was very sparse and no outcomes or actions had been noted.

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 registered manager understood their responsibilities to be open, honest and apologise if things went wrong.
- The management team had made sure we received notifications about all important events so we could check appropriate action had been taken.

Working in partnership with others

- The provider had built "a very strong relationship" with the local GP surgery. People were also supported by a quality improvement lead nurse, who carried out medical checks and provided support for the staff team. The provider was working with the local authority's quality team following their visit in November 2022. Their report detailed the improvements required in several areas including medicine administration, the environment, care planning, risk assessing and general record keeping. The provider had accepted their findings and had put an action plan in place to address all of the issues. This was being worked through when we visited.

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 The shortfalls in the governance of the service were a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.