

Woodheath Care Limited

Woodheath Care Home

Inspection report

40 Ford Road
Wirral
Merseyside
CH49 0TF

Tel: 01516772496

Date of inspection visit:
30 March 2016

Date of publication:
20 April 2016

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 focused inspection of this service on 29th October 2015 and 6th November 2015. At that inspection a breach of legal requirements was found. This was because people who used services were not protected against the risks when receiving care or treatment. The provider had not assessed the risks to the health and safety of service users of receiving the care and treatment and did not do all that is reasonably practicable to mitigate any such risks. These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We issued the provider with a warning notice in relation to the breaches. A warning notice is an enforcement action used by the Care Quality Commission to direct a provider to improve their service to meet requirements of a specific regulation within a set time period. We gave the provider until the 01 March 2016 to meet their legal requirements in relation to assessment and mitigation of risk.

We undertook a focused inspection on the 30 March 2016 to check that they had met the requirements of the warning notice and their plan in order to meet the legal requirements in relation to the breaches described above. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Woodheath Care Home' on our website at www.cqc.org.uk

Woodheath Care Home is registered to provide nursing and personal care for a maximum of 59 people. This consists of two units, these are Apple House which provides residential care and has capacity for nineteen people and Cherry House which is nursing care and has capacity for 42 people, five of these beds are for Intermediate Medical Care.

The home had a manager in place who was in attendance during our inspection but is not yet registered. 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.

We saw improvements had been made to care plans and risk assessments, medication processes and quality assurance processes.

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's safety was improving

All people at the home could access emergency call bells in their bedrooms.

Medications were appropriately managed and audited.

Risk assessments had been updated and improved.

Requires Improvement ●

Is the service well-led?

The service is well led but the manager is not yet registered with CQC

Improvements had been made in the culture of the home and the way in which the service identified, assessed and managed risks to people's health, welfare and safety.

Quality monitoring systems were in place to enable the provider to come to an informed view of the standard and quality of care.

Requires Improvement ●

Woodheath 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 a focused inspection of Woodheath Care Home on 30 March 2016 which was unannounced. The inspection was carried out by one adult social care inspector. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our focused inspection 29 October 2015 and 6 November 2015 had been made.

We inspected the service against two of the five 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 these questions at our last inspection in October and November 2015.

We contacted the local authority safeguarding department prior to carrying out the inspection. We reviewed the information we already held about the service and any feedback we had received including whistleblowing information. We observed care and support for a number of people who lived at the home. We reviewed a range of documentation including care plans, medication records, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.



Our findings

At our focused inspection of Woodheath Care Home on 29 October 2015 and 6 November 2015 we found that the home was not protecting people sufficiently from the risk of receiving inappropriate or unsafe care. We saw that care records had conflicting information, this meant that the staff had previously had no clear instruction on how to deliver safe person centred care. We saw that people had not been able to call for help due to call bells not being available and we had previously seen medication not being appropriately monitored and documented. These incidences were a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focused inspection on the 30 March 2016 we found that the provider had taken appropriate action to meet the majority of the shortfalls in relation to the requirements of Regulation 12 described above.

We walked about the building and saw that everyone who was in their bedrooms had access to either a call bell or alarm pad. This meant that they could call for help if they needed it. We also saw that people had their own topical medicines in their rooms. This was reflected in peoples care plans along with body maps of where the creams where to be applied.

We looked at four care documents and saw that each person had two files, one was their main care plan and the second was a carers support plan where daily monitoring information was held. We identified that the majority of these were completed and the one that had not been completed was brought to the managers attention and rectified immediately.

We saw that new end of life care plans had been implemented and these reflected a persons care including medications. These had been reviewed regularly, an example of this was observed when a person was unable to have solids any more and the staff immediately informed the G.P. who changed medications to liquid. This was all fully documented in the care plan and easily followed. We also saw that the home had implemented pain indicators within care plans. This gave the staff guidance on how to provide care for a person appropriately and what to monitor when helping with personal care.

We saw that all staff had received up dated moving and handling training and we saw that hoists and slings were freely available and used appropriately. We also saw that moving and handling care plans had been updated and this information had been transferred to people's evacuation plans, this meant that most of the information matched.

We were also able to see how the home worked with other professionals, for example we saw how a dietician had been involved in a person's care and we were able to track progress up to the person being discharged from the dietician service.

We reviewed the provider's emergency evacuation plans and saw that adequate arrangements were now in place. Each person had a personal evacuation plan and there were clear guidelines on what action staff needed to take in the event of an emergency situation. These plans were updated weekly ensuring relevant information was on hand.

We looked at the medicines and saw that improvements had been made to storage and documentation. We asked the nurse on duty to take us through processes regarding refusals and she was able to show us documented evidence of when a person has refused medications and what actions had been taken. We saw that medication stocks matched what had been reported and we noted that the end of life medications were appropriately stocked and monitored. We saw that the manager had implemented a new medication auditing system that was being completed by the manager on a monthly basis.



Our findings

At our focused inspection of Woodheath Care Home on 29 October 2015 and 6 November 2015 we found that the provider did not have effective systems in place to identify, assess and manage the risks relating to the health, welfare and safety of people at the home.

At this focused inspection 30 March 2016 we found that the provider had made considerable improvements to the culture of the home and the way in which the service identified, assessed and managed risks to people's health, welfare and safety. A new manager had commenced working at the home but was not yet registered with CQC although an application is in progress.

For example, at our previous inspection we raised concerns with the registered manager and provider about records in the home and the inconsistent recording of issues relating to care records and risk assessments. We saw that new care plans and risk assessments had been introduced with additional carers support notes that meant the service was able to monitor and act on any identified changes to people well being. We also noted new end of life care plans that were updated and were easily followed.

During the inspection we met a staff member who informed us of the positive changes that had been made by the manager to the atmosphere and working of the home.

We saw that the manager had implemented new infection control procedures and made personal protective equipment such as gloves and aprons easily accessible through wall mounted containers.

Quality monitoring systems were in place to enable the provider to come to an informed view of the standard and quality of care, examples of this was the implementation of a range of audits including medication, care plans, risk assessments, pressure care and dependency. We also saw how the manager had introduced monitoring information regarding bed rails, mattresses and the checking of trained nurse's registration numbers.

The manager was able to show us that she had included the relatives throughout the changes as she had held two meetings in the last three months that showed transparency and a wish to work with people to improve the service.

We were also able to see how supervision and appraisal systems had been implemented by the manager and were being used to support the staff employed by the home. The manager had also held staff meetings

so that the team were also included in the changes to the home and that staff were made aware of their responsibilities to the people who use the service.