

Woodhall Care Services Ltd

Woodhall Care Services Ltd

Inspection report

Bradford Chamber Business Park
New Lane, Laisterdyke
Bradford
West Yorkshire
BD4 8BX

Tel: 01132290850

Website: www.woodhallcareservices.co.uk






Date of inspection visit:
28 August 2019

Date of publication:
25 September 2019

Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|---|
| Is the service safe? | Requires Improvement  |
| Is the service effective? | Good  |
| 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

Woodhall Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled people. At the time of the inspection the service was providing personal care to 95 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks relating to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service provided a range of care packages. Most people who used the service were very happy with the care and support provided by Woodhall Care Services. People and relatives told us the service was caring and safe. One person told us, "I feel safe because they are trustworthy and respectful in every way."

Medicines were not always managed in a safe way. We saw improvements had been made to systems, but we identified inconsistencies in record keeping. Information about when and how to administer medicines and creams was not always clear.

The registered manager had introduced a range of quality checks and audits. However, these were not effective in all areas. For example, the issues we identified with medicines had not been identified.

People's care needs were assessed, and they received good quality person centred care from staff who knew them well. Staff were caring and compassionate. Call times were reliable, and people told us they were supported consistently.

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 supported this process.

People's health and dietary needs were met and there were established links with health professionals and other agencies. Staff were knowledgeable about people and the topics we asked them about. They received a range of training, supervision and appraisal.

The registered manager provided the service with leadership and promoted a positive team culture. They were passionate about continuing to improve the quality of the service.

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 requires improvement (published 11 September 2018) and there was a

breach 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 the provider was still in breach of regulations.

Why we inspected

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

We have found evidence the provider needs to make improvements

Enforcement

We have identified a breach in relation to good governance.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 effective.

Details are in our effective findings below.

Good ●

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 ●

Woodhall Care Services Ltd

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.

Inspection team

The inspection was carried out by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. 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

Notice of inspection

We gave the service notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 August 2019 and ended on 30 August 2019. On the 28 August 2019 we visited the provider's offices to review documentation relating to people's care and the management of the service. Between 27 August 2019 and 30 August 2019, we made phone calls to people who used the service, their relatives and staff.

What we did before inspection

The provider completed a provider information return. 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 asked for feedback

from the local authority and commissioning teams in Bradford. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and 12 relatives about their experience of the care provided.

We spoke with the registered manager and nominated individual and nine care staff.

We received feedback from a health care professional and a social care professional.

We reviewed a range of records. This included seven 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.

After the inspection

We asked the registered manager to send us further information after the inspection. This was received promptly and considered as part of the inspection.

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 people could be harmed.

Using medicines safely

At the last inspection, the service was not always following safe medication practises. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Since the last inspection the provider had introduced individual medication profiles. They identified people's prescribed medications, the reason for administration and possible side effects. However, when we compared the profiles with Medication Administration Records (MARs) we found information was sometimes inconsistent and did not provide a reliable overview of people's medication. Hand written information on MARs was not always clear and legible.
- Where people were administered medicines from a dosset box there was no breakdown of the individual medicines on the MAR sheet. This meant there was not a clear record on the MAR sheet of which individual medicines had been administered.
- Where people required support with the application of creams we found the provider had improved recording processes, including body maps to highlight where creams should be applied. In most cases information about when and where to apply creams was clear. However, we did identify some records where the instructions were unclear.
- Protocols were not in place detailing when staff should offer 'as required' medicines. This did not support safe and consistent practise.
- Monthly medication audits were in place, but they had not been effective.

We found no evidence that people had been harmed however, systems were either not in place or robust enough 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.

The provider responded immediately during and after the inspection. They confirmed discrepancies would be investigated and all MARS would be reviewed to ensure there was a clear list of all prescribed medicines.

- Most people we spoke with were happy with the support they received with their medication.

- Staff who supported people with their medicines received regular training. Competency checks were carried out in line with recognised good practise.

Staffing and recruitment

- Safe recruitment processes were followed.
- Staffing levels were maintained, and people received timely and consistent support from a well-established team. The service had an established and consistent staff team.
- People and relatives were generally happy with call times and told us the out of hours service worked well. Staff confirmed call times were of enough length.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and trusted the service. One person said, "I feel safe because it is a very good service. It's the way carers talk to me, they are very helpful and ask me what I want."
- Staff had completed safeguarding training and had an understanding about how to raise concerns.
- Safeguarding referrals had been made appropriately and actions put in place to ensure the safety of people.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risk to people's health and safety were assessed and a range of risk assessments completed and regularly reviewed. Staff understood people's needs well and how to manage any risks.
- A health care professional confirmed the provider was proactive about planning joint visits to complete moving and handling plans.
- The registered manager promoted an open culture in relation to accidents and incidents. Improvements had been made to monitoring systems to ensure outcomes and lessons learned were recorded and shared.

Preventing and controlling infection

- Staff completed training in infection control. They confirmed they had access to aprons and gloves when supporting people with personal care or preparing food.

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 rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before being offered a service.
- People and relatives, we spoke with told us the care and support was effective, describing the service as "Wonderful", "Exceeds expectations" and "Absolutely fantastic."
- People's care plans described the support required for each call and reflected their personal choices and preferred routines. Care plans and call times gave time for people to chat.
- Staff said care plans were clear and updated if people's needs changed. They said this supported them to care for people effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed and met by the service.
- Where people needed support with meals we saw their preferences were recorded. We saw one person's plan stated, "Leave a large glass of juice and fruit, jelly and snacks." Records showed staff prepared refreshments before leaving the call.

Staff support: induction, training, skills and experience

- People and relatives were confident in the abilities of staff. One relative said, "I can tell staff are well trained in the way they help [person.]"
- Staff said training was valuable and gave them the skills needed to undertake their role. We reviewed the training matrix for the service which showed mandatory training was up to date.
- Staff received regular supervision and an annual appraisal. Spot checks were carried out regularly to ensure staff were following care plans and risk assessments.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained information about their health needs. Staff had an understanding about how and when to contact other agencies.
- People and relatives said people's health needs were supported. One relative said they were kept up to date about their relative's health needs.

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 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.

When people receive care and treatment in their own home an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service had not needed to make any DoLS referrals for people who used the service. Where people lacked capacity to make decisions we saw a range of best interest decisions had been followed.
- People we spoke with said they had been involved in their care.

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 this key question was rated as good. At this inspection this key question 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 received a range of positive feedback from people and their relatives. They told us staff always treated them with kindness and respect and they were complimentary about the care they received. One person said, "Really nice carers. They do everything I want, chat to me, they know me well. I have the same carers."
- The service made efforts to help ensure people were supported by people who spoke their own language and understood their culture to help in the provision of person-centred care.
- Staff we spoke with demonstrated good caring values and a desire to provide people with high quality personalised care. They knew people well and their choices and preferences.
- We saw a range of thank you cards from people and relatives. Comments included, "You all provide a very caring service" and "Thanks for that little extra touch."

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

- Staff had formed good relationships with people They supported people to make decisions about their care and were able to give positive examples on how they did this daily. They confirmed call times were not rushed and there were opportunities to chat with people.
- People were involved in providing their feedback through reviews. We saw evidence people's views were recorded and changes made to care plans where requested.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported in a respectful and dignified manner.
- People and relatives gave examples about how their independence was promoted. One relative said, "[Person] has difficulty with speech but carers encourage [person] and give [person] time to get their words out. They don't rush [person] in conversation."
- Staff spoke about promoting people's independence and they gave person centred examples of how they respected people's privacy and dignity.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection the rating has improved to good. This meant people's needs were met through good organisation and delivery.

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

- People and relatives said person centred care was provided at the service.
- Care plans were reviewed regularly and there was evidence of people's involvement and updates made to reflect changes to required care and support. Some care plans would benefit from more person-centred information.
- We saw the service was responsive and flexible to people's needs. A health care professional told us, "They are quick to look at improved ways of working or to raise a flag if they think something is not right."
- Staff had a good understanding of people's individual care needs. This provided us with assurance care plans were followed.

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 service identified people's communication needs by assessing them.
- People's care plans had clear information to support staff to communicate with people with a hearing or a sight impairment.
- The service matched staff and people in term of their preferred language. One relative commented on the improvements they had seen in a person because of this. They said, "[Person] is calm with them because of the language. Woodhall Care Services has made leaps and bounds in terms of the changes in [person] They are less aggressive and irritable."

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints, concerns and compliments. The information was used to understand how they could improve or where they were doing well.
- Complaints and compliments were discussed at team meetings.
- People told us they knew how to complain and would feel comfortable talking to staff or the registered manager if they had any concerns.

End of life care and support

- The registered manager told us the service was not currently supporting anybody at the end of their lives.

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 requires improvement. At this inspection this key question remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found systems of governance and quality assurance were not sufficiently robust. We saw improvements had been made but the service continued to be in breach of regulation as we found concerns about medication administration had not been identified through audits. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The registered manager had introduced a range of detailed checks since the last inspection. They confirmed this had contributed to improvements in the overall quality of the service. However, when we reviewed medication checks we identified gaps in signing and inconsistencies which had not been identified through audit
- The registered manager and staff we spoke with were clear about their role and responsibilities and had a good knowledge of the service.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.

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

- The registered manager and nominated individual worked closely in partnership. People and relatives were generally positive about the management team. One relative said, "[Managers] will listen and work with what you want for your relative. They are very trustworthy and reliable, take changes on board and start it straight away."
- Staff praised the registered manager and said morale and teamwork was good. Staff described the registered manager as approachable and helpful. One staff member said, "Woodhall is a fantastic company to work for. The management team have always been on hand to give advice and support."
- Meetings were held regularly. These were used to discuss quality issues and ongoing ways of improving the service.
- The registered manager had conducted surveys with people, relatives and staff and the feedback was generally positive. Information had been collated to produce an action plan.

Continuous learning and improving care;

Working in partnership with others

- The registered manager understood their legal responsibilities and were committed to learning and improving care. They were receptive to feedback throughout the inspection and responded quickly to address issues we raised. They demonstrated they were committed and passionate about continuing improvements.
- The registered manager and provider had developed an action plan to further develop the service.
- The registered manager worked in partnership with others including health and social care professionals. They attended local forums and workshops coordinated by the local authority. One social care professional commented, "Woodhall Care services have always gone above and beyond to provide the best support."

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 |
|--------------------|---|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Robust systems and processes were not always in place to assess, monitor and improve the safety of the service.</p> <p>This was a breach of Regulation 17 (1) (2) (a) (b) (c) (e) Health and Social Care act 2008 (Regulated Activities) Regulations 2014.</p> |