

The Woodlands Care Home TWCH LLP

# The Woodlands Care Home

## Inspection report

61 Birkenhead Road  
Meols  
Wirral  
Merseyside  
CH47 5AG

Date of inspection visit:  
10 November 2022

Date of publication:  
07 December 2022

Tel: 01516324724

Website: [www.thewoodlandsresidentialhome.co.uk](http://www.thewoodlandsresidentialhome.co.uk)

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Woodlands is a 'care home' and supports up to 16 older people and those living with sensory impairments across two floors. People in care homes receive accommodation, nursing or personal care as a single package under one contractual agreement. At the time of our inspection one person was receiving support.

### People's experience of using this service

A number of identified improvements had been made since our last inspection. 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.

Systems and processes to assess, monitor and mitigate risk to people had been improved upon; one person living at the home was receiving the care and support they needed. Care records and risk assessments contained up to date information and staff were familiar with the level of tailored care the person needed. Clinical tools and charts were being completed; these were being used as a measure of monitoring risks which had been identified.

Significant improvements had been made to environment and exposure to risk had been mitigated. Fire safety concerns had been addressed, health and safety certificates were in place and the provider had purchased the required safety equipment that was needed to support with transfers and emergency situations.

Safe medicine procedures and arrangements were in place. Medicines were securely stored; staff received the necessary medication administration training and were having their competency levels checked.

Quality assurance measures and governance procedures had improved. The quality and safety of the service was now being monitored, assessed and improvements were being made. An experienced manager had been appointed and there was a greater level of provider oversight. New systems had been embedded, ensuring that feedback about the provision of care was regularly captured as a way of driving service improvement.

The provider was now compliant with 'safer recruitment' practices; there was evidence of pre-employment recruitment checks, appropriate references and the required level of identification that was needed. Staff told us they felt supported. One staff member said, "Unbelievable support and the improvements are absolutely brilliant." Learning and development opportunities were being supported, supervision and appraisals were taking place and staff had completed all the necessary training that was expected of them.

New safeguarding measures and systems were in place. Safeguarding incidents were recorded and referrals were made to the necessary authorities in a timely manner.

The home had been refurbished since our last inspection. We observed a clean, hygienic and well-maintained environment. Improved infection prevention and control (IPC) measures and arrangements had been embedded and we were assured that people were no longer exposed to risk. IPC audits were being completed, staff had access to the appropriate PPE and COVID-19 guidelines were being followed accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was inadequate (published 16 June 2022), we identified a number of regulatory breaches. The provider completed a number of action plans after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made, the provider was no longer in breach of regulations and the service has been rated requires improvement.

This service has been in Special Measures since 16 June 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures

#### Why we inspected

We carried out an unannounced inspection of this service on 10 and 16 May 2022, a number of regulatory breaches of legal requirements were found in relation to need for consent, safe care and treatment, staffing, recruitment and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, well-led which contain those requirements.

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 from inadequate to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Woodlands Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, 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 safe.

Details are in our safe findings below.

Good 

### 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 

# The Woodlands Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and an inspection manager.

#### Service and service type

The Woodlands is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC 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 no registered manager in post. A new manager had been appointed and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

We provided a short period of notice of this inspection as we needed to ensure there would be staff / management at the service who could support the inspection.

### What we did before the inspection

We reviewed information we received about the service. We sought feedback from the local authority and professionals who work with the service. 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 used all the information to plan our inspection.

### During the inspection

We spoke with one person who lived at The Woodlands Care Home. We also spoke with the manager, quality assurance manager and two members of staff.

We also spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included one person's care record, medication administration records, one staff personnel file in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

# 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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risk was managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of this regulation.

### Assessing risk, safety monitoring and management

- Effective systems and processes to assess, monitor and manage risk had been embedded.
- Care records and risk assessments contained the most up to date and relevant information. Tailored assessments ensured that areas of risk were being monitored and any concerns were being effectively addressed and followed up on.
- Clinical tools and charts were now being completed as a measure of monitoring and managing risk. For example, we saw completed repositioning and fluid balance charts for one person who was living at the home.
- Personal emergency evacuation plans had been reviewed and updated; plans contained the relevant information, and evacuation equipment was now in place.
- The environment was well maintained, and people were not exposed to risk; the required health and safety checks and certificates were now in place and improved fire safety measures had been implemented. For example, all fire doors had been replaced and risk had been mitigated.

### Using medicines safely

At our last inspection the provider failed to ensure medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of this regulation.

- Safe medicine management processes were now in place.
- Staff received the necessary medication administration training and routine medication competency checks were completed.
- Medicines continued to be stored in a trolley within the office however a lock had now been installed on the office door.

- Room temperatures were now being monitored to ensure medicines were stored within recommended ranges. We did find several gaps across the month of November. The manager was responsive to our feedback and expressed that this would be addressed with the staff team.
- Routine medicine audits were being completed and any errors or discrepancies were addressed in a timely manner.

### Staffing and recruitment

At our last inspection the provider failed to ensure safe recruitment practices were followed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of this regulation.

- Safe recruitment practices and procedures were now in place.
- One new member of staff had been recruited since the last inspection and the appropriate pre-employment checks had been carried out. There was evidence of suitable references and correct identification contained within their staff personnel file.
- Disclosure and barring service (DBS) checks had also been completed on new and existing members of staff.

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

- New safeguarding systems and processes had been implemented.
- Safeguarding incidents were now being recorded and reported to the necessary authorities in a timely manner.
- Safeguarding training was provided; staff knew how to report any concerns that presented, and action was taken to address unnecessary risk.

### Preventing and controlling infection

- Safe IPC measures, systems and arrangements were now in place.
- The home had been refurbished since the last inspection. It was clean, hygienic and well-maintained. People were no longer exposed to unnecessary risk.
- Routine IPC audits were being conducted and follow up actions to address improvement could be evidenced.

### Visiting in care homes

- The provider's approach to visiting was in line with current government guidance. Relevant COVID-19 visiting procedures were in place, families were communicated with, people / visitors were kept safe, and the risk of transmission was reduced.



# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the systems and processes surrounding people's care, treatment and support needed to be further embedded and improvements needed to be sustained.

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.

At the last inspection the provider failed to ensure people's consent was sought in line with the principles of the Mental Capacity Act. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements had been made and the provider was no longer in breach of this regulation.

- Consent to care and treatment had been sought and information was clearly documented in the care record we reviewed.
- Records clearly indicated that the person was involved and empowered to make decisions on the care they received.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure staff all staff have the necessary knowledge and skills to support people safely. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements had been made and the provider was no longer in breach of this regulation.

- Staff received the necessary training relevant to their role.
- Since the last inspection, staff were being supported with regular supervisions as well as learning and development opportunities.
- Staff had completed a whole range of different training courses and were supported to develop their skills, knowledge and awareness of the people they were supporting.

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

- One person living at the home received the required level of eating and drinking support.
- Nutrition and hydration support needs were routinely monitored and effectively managed.
- A nutrition and hydration care plan was in place, a diet and fluid balance chart was routinely completed and a referral to an external healthcare professional had been completed when concerns presented.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Consistent, effective and timely care was being provided; one person living at the home was supported to access other healthcare provisions when needed.
- One care record we reviewed indicated that referrals to outside agencies had taken place as a measure of providing holistic level of care.
- Needs and choices were assessed; the quality and safety of care was centred around standards and guidance as well as preferences and wishes of the person receiving support.

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

- Adaptations, design and decoration had improved since the last inspection.
- A refurbishment project immediately commenced following the last inspection; aspects of the home had been re-plastered, re-decorated and flooring had been replaced.
- We also observed refurbished bathrooms, toilets and a walk-in wet room had been installed.
- One person we spoke with confirmed they were happy living at The Woodlands Care Home; they had chosen their own wallpaper and received support to personalise their own space as much as possible.

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership need to sustain improvements which have been embedded as a measure of creating a culture that consistently supports the delivery of high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the provider failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 17.

- Systems and processes to monitor the quality and safety of care had been implemented; continuous learning processes and improving service delivery was now a priority.
- We saw a range of different audit tools and checks that helped to monitor, assess and improve the provision of care being delivered. For example, new food and hygiene audits, safeguarding monitoring measures and IPC audits had been created following the last inspection.
- Action plans were devised following the last inspection as a measure of addressing the concerns identified and improving the quality of care.
- Actions were addressed, and the provider was no longer in breach of any regulations.
- An improved governance system was in place; a greater degree of oversight had been implemented since the last inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A new manager had been appointed since the last inspection. The manager understood their role and responsibilities as well as the regulatory requirements that needed to be complied with.
- Improvements and robust oversight had been implemented by the provider since the last inspection; Improved systems and processes to enhance the quality and safety of care were being embedded and utilised.
- The provider acknowledged areas of improvement were required following the last inspection, and whilst it was recognised improvements had been made, we need assurances that they can be sustained over a longer period of time.

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; Working in partnership with others

- The manager was aware of duty of candour responsibilities.
- Improved systems and processes had been embedded to ensure all incidents were reported, investigated and shared with the necessary people, services and agencies as a matter of priority.

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

- We received assurances that there was a renewed commitment to ensure an improved, positive, person-centred approach to care was being delivered.
- We observed positive interactions and engagement between staff and one person living at the home.

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

- Systems to engage and involve others had improved.
- Satisfaction surveys were now being circulated to people and staff as a measure of capturing feedback and helping to drive service delivery.
- Staff expressed that they have felt supported and have witnessed positive change since the last inspection. Feedback we received included, "I love my job. I feel supported. The new manager is very nice, very approachable and has made lots of positive changes" and "The new manager is really good and he's so helpful."