

Woodland Healthcare Limited

Woodland Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Woodland Court is registered to provide accommodation and personal care for up to 39 people who may also require nursing care. The service is located in a residential area of the seaside town of Torquay. On the time of our inspection, there were 21 people living at the service.

Peoples' experience of using this service and what we found

Some people were placed at risk of unsafe care or inappropriate care and treatment. We identified care was not always planned to reduce risk and records were not always accurately maintained.

Governance systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of people at the service were not always fully effective.

People received their medicines as prescribed, however we have recommended the provider seeks guidance from an accredited source to ensure medication polices are reflective of published best practice and that this is fully embedded in the service.

Staffing levels in the service were safe. We received some mixed feedback in relation to staffing levels which related to the timeliness of support received at night. Staff we spoke with felt staffing levels were sufficient. Staff recruitment was completed safely.

Staff received training in safeguarding and knew about the different types of abuse. Staff were able to explain reporting processes. We were assured the service was preventing and controlling the spread of infections.

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. Where required, applications had been made to lawfully deprive people of their liberty.

People said staff were caring and treated them with dignity and respect. One person said, "I'm confident in the staff. They help me to shower. They are always respectful."

There were processes in place to ensure that accidents and incidents were recorded and analysed to identify trends or patterns. Regular health and safety checks of the environment and equipment used within it were completed.

The provider and registered manager encouraged feedback from people, relatives and staff through questionnaires to improve the service people received. People, relatives and staff were positive about the registered manager.

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 Good (published 8 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 have made a recommendation in relation to medicines management.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

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 not consistently safe.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service well-led?

The service was not consistently well-led.

Requires Improvement ●

Woodland Court

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 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

This inspection was carried out by one Inspector, a specialist nurse adviser and an Expert by Experience. An Expert by Experience is a person who had personal experience of using or caring for someone who uses this type of care service.

Service and service type

Woodland Court 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. 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 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 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 also reviewed additional information we held about the service, this included previous inspection reports and statutory notifications. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law.

During the inspection

We spoke with 3 members of staff. This included the registered manager, clinical and care staff. We spoke with 10 people who lived at the service and 1 person's relative.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not comment directly on their experiences.

We reviewed a range of records, including people's care records, staff recruitment files, records relating to safety checks including fire safety and accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance.

Following our site visit we contacted 4 healthcare professionals to seek their views on the service and received feedback from two of them. We spoke with a further four members of staff. We also received further clarification and documentation from the service to validate evidence found.

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 the rating has changed to 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.

Assessing risk, safety monitoring and management

- People were not always protected from the risks associated with incomplete or inaccurate records. Care and treatment records relating to people's specific conditions were not always complete or aligned to recognised best practice.
- A person who required oxygen had an oxygen specific care plan and risk assessment in place, however this contained conflicting information about the level of oxygen required. Additionally there was no reference to the potential infection prevention requirements for the equipment associated with the equipment being used. There is published guidance relating to the management of oxygen in care homes.
- There were examples of other records that were contradictory. For example, there were inaccuracies on the handover documents relating to people's fluid levels and food consistencies. This placed people at risk.
- Further development and introduction was needed on care planning associated with artificial feeding support, the use of pacemakers and people who had an intravenous cannula fitted to manage the associated risks.
- People who lived with specific conditions such as diabetes and epilepsy had care and treatment plans in place where required. This supported staff in meeting their needs and being responsive in the case of an emergency.
- There were governance systems that ensured the environment and equipment was effectively maintained. This included checks in relation to electrical equipment, fire systems and mobility equipment.
- People had current individual emergency evacuation plans in place to ensure the right level of support was provided if needed. Records were readily available for emergency service personnel if required.

Using medicines safely

- People's medicines were managed safely, however we identified improvements were required in some areas of medicines management to reduce risk.
- People's Medicine Administration Records (MARs) confirmed their identity, contained a current photograph, listed known allergies or intolerances and where required contained body maps.
- Where people were administered pain relief patches, we found records were not always accurate. For example, one person's patch application did not correlate against their MARs stating a weekly patch was applied over 2 consecutive days. There was no record of why this had occurred.
- On the day of our inspection, some medicines requiring cold storage were not stored securely due to the medicines fridge being broken. The registered manager immediately rectified this.
- Where people had 'as required' medicines such as pain relief, most protocols for use were in place for this. We found a small number of examples where protocols required further information. This was highlighted to

the registered manager.

- We identified the service was not operating in line with the providers policy. For example, the controlled drug destruction was not done as stated in the policy, the time and date of 'as required' medicines was not recorded and not all of the handwritten entries on MARs were countersigned by 2 staff.
- When people received topical creams, people received their creams as required. A small number of records required clarity as to where topical creams should be applied and how frequently.

We recommend the provider seeks guidance from an accredited source to ensure medication policies are reflective of published best practice and that this is fully embedded in the service.

Staffing and recruitment

- The provider and registered manager ensured there were sufficient numbers of staff deployed to meet the needs of the people at the service.
- Staffing rotas were completed in advance and staffing levels were adjusted to the occupancy level within the service.
- People and their relatives gave mixed feedback on staffing levels. Positive feedback included, "Sometimes they can be low on staff but they manage. When I ring my bell, sometimes they come straight away, they are pretty good." We received some less positive feedback from people about the promptness of support received at night which we fed back to the registered manager.
- Staff we spoke with were generally positive about the staffing levels within the home. Staff said people's needs were met but all commented on the challenges that came as a result of unplanned sickness.
- Staff had been recruited safely. Relevant pre-employment checks had been carried out. We identified in 1 recruitment file that a full employment history had not been completed for 1 member of staff; this was addressed with the registered manager during the inspection.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff and there were systems and processes in place to identify, escalate and manage safeguarding concerns.
- When asked if they felt safe, a person said, "It's the best place I've ever been in and I've been in some dumps. The food, the people, everything. They do everything for you."
- There were appropriate safeguarding policies in place and training was provided to staff to help them understand how to recognise and report safeguarding concerns.
- Staff understood safeguarding reporting processes and were able to explain how they could report concerns both internally and externally.
- There were systems that monitored safeguarding reports and escalations by the service to the local safeguarding team.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Where identified as being required, DoLS applications had been made to the relevant local authority. At the time of our inspection, nobody had an authorised DoLS in place.
- Where required, we saw records that mental capacity assessments were completed, and best interest decision processes were followed.
- The service identified if people had an appointed Lasting Power of Attorney (LPA) in place. A copy of the relevant record was held on file and the relevant people were consulted when needed.

Preventing and controlling infection

- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We identified that some improvements were required in relation to the planning and recording of cleaning schedules relating to equipment associated with the use of oxygen and nebuliser equipment.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance.
- At the time of our inspection, there were no restrictions on peoples' relatives and friends being able to access the service and see people living at Woodland Court.

Learning lessons when things go wrong

- There was a reporting system in place for accidents and incidents.
- Staff followed a reporting process to ensure incidents or accidents were escalated to the registered manager and senior staff.
- There were systems in place that ensured accidents and incidents were reviewed. Records reviewed showed a post event analysis was undertaken.
- There was evidence of monthly reviews that analysed key information to identify patterns or trends. We identified to the registered manager that some of these had not been completed every month as required.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. 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

- People and their relatives spoke positively about the level of care and support they received from the service.
- The feedback we received from people and their relatives included, "I'm well looked after even though I'm independent. It's nice to have the staff around. They will tell me when to have a shower. They will help me if I want."
- Staff understood their roles and people's needs. The staff we observed during our inspection provided person-centred care tailored to the individual they were supporting.
- The service had received several compliments from people who had provided feedback on the care they or their relative had received. One said, "Many thanks to you all for the care, love and support you have given."
- We received some less positive feedback from a small number of people about the care they received from some night staff. This was communicated to the registered manager.

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

- People were always involved in making day to day decisions. Our observations during the inspection supported this.
- Some of the feedback we received from people and their relatives showed how people were supported to be involved in decisions. One relative said commented on how they had worked with the registered manager to move their relative into a different bedroom.
- Staff were observed supporting people to make decisions with choices. This included choices in food, drink, activities or where in the service they wanted to be.
- People were encouraged to share their views through feedback systems operated by the provider as part of the service governance.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and treated them with dignity and respect when helping them with daily living tasks.
- People and their relatives commented positively about how staff respected them. One person said, "I'm confident in the staff. They help me to shower. They are always respectful." Another said, "They will always tell me what they are doing. I used to be afraid of the hoist but I'm OK with it now. I don't feel uncomfortable during personal care."
- Staff were observed promoting people's privacy and dignity when assisting with personal care and mobility. Records within the service were stored confidentially.

- People's support plans detailed the level of support people needed. This included, for example, in relation to their independence with mobility and personal care.

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 the rating has changed to Requires Improvement. We identified some governance systems were not consistently reliable and effective. Some risks were not always identified or managed.

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

- There were systems in place to monitor safety and the standard of care provided, however we identified these were not always fully effective.
- Improvements were needed in relation to the management of medicines within the service.
- Where oxygen was in use a person had an oxygen specific care plan and risk assessment in place. However, this contained conflicting information about the level of oxygen required. This had not been identified and addressed through current governance arrangements placing the person at risk.
- Governance systems had not been effective in identifying that some records were contradictory in relation to food and fluid needs.
- Care plans had not been completed around the use of a pacemaker or for a person who had an intravenous cannula fitted which placed these people at risk.
- There were quality performance monitoring processes in use. Audits for matters such as environmental management, training, catering and health and safety were completed.
- The provider had oversight of the service through quality auditing. The most recent audit had identified improvements were required to external areas of the building.
- The provider had ensured that the current performance ratings were displayed within the service in line with regulatory requirements.
- The provider had notified CQC about any significant events at the service in line with 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

- There were appropriate policies in place relating to the duty of candour and the requirements of the provider in place.

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

- People confirmed they knew who the registered manager was and spoke positively of them. One comment we received was, "She's good, very nice. Incredibly helpful."
- People told us if anything arose they would be able to raise it. Most people we spoke with told us they had never complained or raised concerns.

- People we spoke with said they would recommend the service to others. One comment received was, "I'd recommend it, it's very caring and the best place I've been in. I like it here." People spoke positively when we asked them what they liked about Woodland Court. One person said, "I like the privacy I have, the cleanliness, the staff are friendly enough."
- We asked people what they felt could be improved at the service. No significant concerns were raised however some people felt more opportunity to go outside or different activities may be beneficial.

Continuous learning and improving care and working in partnership with others;

- There were surveys sent to people, relatives, healthcare professionals and staff as part of the ongoing business development. Results of the most recent surveys showed positive feedback.
- The registered manager held meetings and produced a, 'What you said – What we did' record. Recent records showed changes in food choices, activities provision and maintenance had happened following people's feedback.
- The service worked with other health and social care professionals to meet people's specific needs. This included, for example, social workers from the local authority and other health professionals. One professional we spoke with commented, "[Registered manager] is always willing to work alongside other professionals."
- Community links were established with local community builders to increase access to the local area for people. The service also had links with local schools.

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

- The service had ensured people had the opportunity to express their views and opinions of the service and we saw records that supported this.
- Staff confirmed they were kept up to date with things affecting the overall service through frequent conversations. Staff meetings were held when required and we saw minutes to support this.
- Staff spoke positively about their employment and said the leadership was of a high standard. One staff member, when asked about the registered manager said, "She's brilliant to work for, she'll sort anything out for you if you need anything at all. She's fantastic."
- All of the staff we spoke with told us they would recommend the service as both a place for a friend or relative to be cared for in and as a place to work.