

# Todaywise Limited

# Woodheyes

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Woodheyes is a residential care home providing personal care to older people with dementia and sensory needs at the time of inspection. Care was delivered over two floors in one adapted building, with passenger lift access. The service can support up to 38 people. At the time of our inspection there were 27 people living at the service.

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

Some quality assurance systems and processes in the service needed improvement. Not all audits were robust enough to identify shortfalls.

People's needs and risks were not always fully assessed. We could not be assured people were supported to have maximum choice and control of their lives. Mental capacity assessments were not robust or detailed. This meant staff may not be able to support people in the least restrictive way possible and in their best interests; the policies and systems in the service needed improvement.

The number of staff on duty at times, and the lack of supervision were the only concerns staff highlighted for improvement.

People, relatives and staff were complimentary about the provider and manager, who had recently taken up their position. Staff noted improvements made at the service following our previous inspection, most notably infection prevention and control, where government guidance was now routinely followed.

People were supported to access healthcare services when required. People had access to their medication when they needed it, and medicines were managed safely. Minor concerns of medicine administration were noted.

People felt safe and protected from harm and abuse by staff who had been trained in safeguarding procedures. Staff were recruited safely.

People and relatives told us staff were caring and compassionate and were treated with respect. The service was welcoming, and there was a positive atmosphere. Complaints were investigated and people and relatives felt able to raise their concerns.

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 and update

The last rating for this service was inadequate (published 21 January 2021). The service has been in Special Measures since 21 January 2021. 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 focused inspection of this service on 29 October 2020. Breaches of legal requirements were found, and the service was placed in special measures. We imposed conditions on the providers registration. A director completed an action plan after the last inspection to show what they would do and by when to bring about the improvements needed.

We undertook this focused inspection to check the provider 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 and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at were used to calculate the overall rating at this inspection. 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 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 Woodheyes 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 until we 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 safe.

Details are in our safe 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** ●

# Woodheyeyes

## 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 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 care service.

#### Service and service type

Woodheyeyes is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a registered manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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 reviewed information we had received about the service

since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and 10 relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, manager, assistant manager, senior care workers, care workers, chef and housekeeping staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Staffing; Learning lessons when things go wrong; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- People's needs and risks were not always assessed, managed and monitored safely. Risk assessments and care plans were in place, however, despite regular reviews the systems and processes in place did not identify the shortfalls found during this inspection.
- People were at risk of having decisions made for them that may not have been in their best interest. When people lack understanding to make decisions, mental capacity assessments which involve relevant health and social care professionals should be completed.
- We reviewed three people's mental capacity assessments and found information was identical in all their assessments. This suggested people had not been properly assessed and were at risk of having their liberties unnecessarily deprived. We discussed this with the provider and manager who agreed with our findings, and following the inspection undertook a review of all mental capacity assessments.
- Staff told us they read people's care plans and risk assessments. One told us, "I read the care plans, they are person centred and accurate." However, our findings were in direct conflict with this because of the shortfalls we identified. This meant staff may not always have accurate information, and provide support to people inadvertently against their wishes.
- Care plans contained Recommended Summary Plan for Emergency Care and Treatment forms (ReSPECT) and Do Not Attempt Resuscitation forms (DNAR's) where required. However, one person's documentation contained conflicting information regarding their mental capacity to make end of life decisions. A GP was contacted on the day of the inspection, an assessment was undertaken, and a new documentation was implemented according to the expressed wishes of the person. All other ReSPECT and DNAR's for people were subsequently reviewed following the inspection.
- Where people required equipment to monitor them safely, we found it to continually be in use. One person told us, "I have got a buzzer and would press it, but I have got a mat and when I put my feet on that it buzzes, that is good." This meant staff were alerted and could respond when the person was moving around.

### Staffing and recruitment

- Staff gave mixed feedback on staffing levels. Whilst some staff said there were enough others said there were not. One staff member told us, "You do your best but they [residents] just don't get the care they deserve as there aren't enough staff to go around, especially in the afternoons. I think the management sometimes cut down on staff." Another staff member said, "We try not to miss anything, but we just don't have much time for anybody. When you shower residents you have to rush, you don't let the residents see that, but the staff are under pressure and the staff get stressed, but we don't compromise the residents."
- Notwithstanding staff feedback, people and relatives told us there were enough staff and their needs were met in a timely way. One person told us, "Staffing levels are good." Another person told us, "You press the buzzer and they [Staff] come within a couple of minutes." A relative said, "Staff appear to cope fine, and aren't rushing around."
- Staff were recruited safely. Records showed recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff.

### Preventing and controlling infection

- Significant improvements were made to infection prevention and control measures. This meant as far as practicably possible people were protected from the risk of acquiring infectious diseases including COVID-19.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- Lessons were learnt following the previous inspection. Improvements to infection prevention and control measures and practice had been made, and government guidance in relation to COVID-19 was now followed. This meant people were at significantly reduced risk of acquiring infections.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. Records showed safeguarding concerns were reported to the local authority and CQC.
- All of the people and relatives we spoke with told us the service was safe. One person told us, "I feel safe and the carers come when I need them. A relative said, "Absolutely [name] is safe and cared for well."
- Staff had received safeguarding and whistleblowing training and knew how to identify potential signs of abuse and report their concerns. Staff said they were confident if they raised a concern they would be listened to.

### Using medicines safely

- Medicines were managed safely. One person told us, "I have tablets every day in the morning and in the night, they always ask can they give them to me, and always stay with me."
- Medicine administration records (MAR) were in place, and people received their medicines as prescribed. Where people were prescribed topical medication, for example creams, records were not always completed



following administration. The manager immediately implemented a topical medicine record (TMA).

- When people were prescribed medicines 'as and when required' (PRN), the correct protocols were in place to inform staff when to administer these medicines. Records confirmed when and why they had administered PRN medicines.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. Further improvement was needed, and those Improvements identified needed to be embedded and sustained over time.

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; Continuous learning and improving care

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. Systems and processes were either not in place or robust enough to demonstrate the regulatory activity was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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; Continuous learning and improving care

- There was no registered manager in place at the service. A new manager had been employed at the service for three weeks. They told us they intended to register with CQC, and we will monitor this. The provider was legally responsible for the delivery of the regulated activity.
- Systems and processes to assess people's mental capacity assessments were not robust. This meant people could have their liberty unnecessarily deprived. The manager told us they would review all mental capacity assessments considering our findings. Following the inspection all people's capacity was reassessed.
- Quality assurance systems and processes were in place including audits of IPC, medicines and accidents and incidents. However, a falls audit on 3 March 2021 had not been analysed to identify any themes and trends, and one record was missing from the audit. The manager said they would investigate the missing record and undertake an analysis of the data.
- The manager told us the provider was open and transparent about the concerns we raised during the previous inspection. They felt supported by the provider who was regularly at the service and had plans in place to bring about further improvements. For example, comprehensive supervisions for staff focusing on their views and well-being.
- All legally required notifications were submitted to CQC as required. CQC's rating of performance was displayed at the location and on the providers website.
- Staff told us improvements had been made following the previous inspection. One said, "We [staff] have

learnt a lot [from previous inspection], with the infection control there is forms up to say certain area when they have been cleaned and who by. We have PPE stations all around the home now."

- People and relatives told us they were satisfied with the service. One person told us, "Whatever we need we get, I am very happy and very comfortable here." A relative said, "There is a warm, friendly and generally happy atmosphere in the home."

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

- Despite several staff raising concerns about staffing levels, and whilst staffing was discussed in management meetings, records showed these were not discussed in care and ancillary staff meetings. This meant opportunity to gain staff feedback about their views was missed.
- Relatives were not always provided with opportunity to be involved in reviews of their family members care needs with one reporting no involvement for eighteen months [the time since they were admitted to the service].
- People and their relatives spoke positively about the management and staff team, in particular, how they were kept up to date throughout the COVID-19 outbreak and communicating with them on a frequent basis.

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 management team were aware of the duty of candour, which sets out how providers should explain and apologise when things have gone wrong with people's care.

Working in partnership with others

- The local authority commissioners told us improvements had been made at the service, and how the provider and had worked in partnership with them.
- The service worked in partnership with other agencies, such as health professionals to ensure people received joined-up care. This meant people had the right access to support when they needed it. One relative told us, "The deputy manager took [name] to dentist and is going back again for another appointment. Again, the deputy manager is taking them to that too."