

Woodland Healthcare Limited

Mr 'C's

Inspection report

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Date of inspection visit:

25 May 2022

26 May 2022

30 May 2022

Date of publication:

06 July 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mr C's is a residential care home providing personal care to up to maximum of 40 people. At the time of our inspection there were 26 people using the service.

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

People and their relatives told us they felt safe living at Mr 'C's and spoke positively about the management and the caring culture of the staff.

People were protected from the risk of abuse as staff knew the correct procedures to follow to keep people safe.

The service had infection control processes in place to reduce the risk of people contracting COVID-19. However, during the inspection we observed some staff not wearing their face mask correctly. This was immediately addressed by the manager.

Care records were person-centred and risk assessments provided written guidance for staff on how to minimise or prevent the risk of harm. Systems were in place to manage risks associated with the building and equipment. During the inspection we found missing fixtures and fittings that posed a risk to people's safety. This was immediately rectified.

People were receiving their medicines safely and improvements had been made to medicine's management and administration to ensure people received their medicines as prescribed for them.

People and their relatives told us there were enough staff to meet their needs. Staff were recruited safely, and recruitment checks had been completed before staff started work at the service.

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.

People had been asked for their opinions on the quality of the service. Staff had opportunities to discuss the service and voice their opinions. However, some staff told us they did not have formal one-to-one meetings or supervisions to discuss their performance or training needs. We made a recommendation to the provider about this.

Systems and processes were in place to monitor the service and make improvements. The providers checks and audits were effective in identifying shortfalls and action had been taken to rectify these. This ensured good governance of the service and resulted in the service improving since the last inspection.

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 13 April 2021) and there were breaches 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 we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. During this inspection we also checked the service had followed their action plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the Safe and Well-led key questions, 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 requires improvement to good. 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 Mr'C's on our website at 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mr 'C's

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

The inspection team was made up of one 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 care service.

Service and service type

Mr'C's 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. Mr'C's is a care home without nursing care. 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 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. 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 took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection

We spoke to six people who used the service and one relative about their experiences of the care provided. We also spoke with six relatives on the phone. We spoke to 14 members of staff including the registered manager, the manager, deputy manager, care staff, the chef, maintenance man and receptionist. We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at three 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, 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had not ensured the safe management of medicines. This was a breach of regulation 12 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.

- People were receiving their medicines safely. Medicine administration records (MAR) had been completed and showed people had received their medicines as prescribed for them.
- At the last inspection, we observed the morning medicines round took too long and resulted in people not always receiving time specific medicines when they should. At this inspection improvements had been made. The manager told us they had separated the medicine round into two areas with a member of staff for each area administering medicines. This meant that medicines were being administered in a timely manner and people were receiving their medicines when they needed them.
- Improvements had been made to ensure there were sufficient stock of people's medicines. Stock checking systems were now in place and auditing processes had been strengthened.
- At the last inspection we found that where people were receiving medicines to be given 'as required' (PRN) for pain and heightened behaviour, there was not always enough detail in medicine records to advise staff. Since the last inspection the service had sought advice from their pharmacy and had made improvements to their PRN protocols. We discussed with staff about further developing their PRN protocols to include person centred information. Following the inspection, the manager sent us examples of PRN protocols with person centred information included.
- During the inspection we saw some missing signatures on topical medicine administration records (TMAR) of people's prescribed creams. Although people told us staff were applying their creams and they had no concerns in relation to their medicines, we discussed what we found with the manager. The manager told us they were confident staff were applying creams but had forgot to complete the TMAR's. They assured us they would address this with staff and would increase managerial oversight of records to ensure that staff were completing them when they applied people's creams.

Preventing and controlling infection

- We were not fully assured that the provider and staff were using PPE effectively and safely. At the start of the inspection, we observed two staff not wearing their face mask correctly. Although staff told us they had moved their mask to take a drink, we raised this with the manager. The registered manager told us they would be addressing the issue with staff and all staff would undertake refresher training in infection prevention and control.

- People and their relatives told us staff always wore PPE when they supported them. One relative told us, "The staff wear full PPE and when we visit, we have to have a test and wait in the car park for the results, then we wear full PPE too."

- 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 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 were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Assessing risk, safety monitoring and management

- Systems were in place to manage risks associated with the building and equipment was regularly checked and serviced to ensure it was in safe working order. However, during a tour of the building we saw radiators were missing covers in two people's en-suite bathrooms and one window restrictor had come apart. We asked staff about this and was told that the people living in the rooms with missing radiator covers were not independently mobile and did not use their bathrooms. Staff had not noticed the window restrictor. We raised this with the manager who took immediate action. This immediate action had ensured that the environment was safe for all the people who lived there, staff and visitors.
- Other risks to people's health, safety and welfare had been assessed, managed and reviewed.
- Risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, care plans for people with mobility problems included clear guidance of how staff should move them safely.
- Where people needed equipment such as sensor mats or bed rails to keep them safe, we saw these were in place.
- Staff understood the risks and knew people well.

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)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of abuse. Staff received training to ensure they knew the correct procedures to follow to keep people safe. Staff knew how to report any concerns they may have and were confident they would be listened to. One told us, "I would go straight to the manager and let them know. I know there is a number you can call if we are not comfortable talking to someone in the home. The information is on display all around the home as well."
- People and their relatives told us they felt safe living at Mr'C's. One person told us, "I'm being cared for wonderfully well. I've never had such care and consideration. I feel very, very safe." A relative told us, "Yes she is safe, and she seems to be happy when I talk to her. The staff are friendly and were very good over the pandemic." Another told us, "I think she is safe they seem to know her well."

Staffing and recruitment

- Staff were recruited safely. Recruitment checks had been completed before staff started work at the service. These checks included Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People, relatives and staff told us there were enough staff to meet their needs. A relative told us, "In my experience there are enough, I never see them rushing around but they get the job done. They are lovely and so caring."

Learning lessons when things go wrong

- Action was taken following accidents or incidents to help keep people safe. The registered manager monitored all accidents and incidents. This ensured robust and prompt action was taken and lessons were learnt to drive service improvements.

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 requires improvement. At this inspection the rating has changed to good. 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; Continuous learning and improving care

- Following our last inspection, we asked the provider to send us a report of action they would take to address the issues we found. Although we received this report, we did not receive an update from the provider to show that actions identified had been addressed. At this inspection we discussed the providers action plan with the registered manager, and we saw that all actions identified had been addressed.
- At our last inspection, checks and audits had not been sufficiently robust in identifying the shortfalls regarding the management of medicines. At this inspection, systems and processes had been improved to ensure the manager and the registered manager could monitor medicines management, identify issues and make improvements. We discussed with the manager about making further improvements to their auditing processes to ensure staff were identifying when signatures were missed on TMARs. Following the inspection the manager told us they had introduced daily oversight of the TMAR's.
- Processes were in place to monitor and analyse accidents and incidents and the analysis was used to identify issues and mitigate the risk. This ensured good governance of the service and resulted in service improvement.
- The service had a registered manager who was also the registered manager of another local service operated by the same provider organisation. The day-to-day oversight of the service was provided by an onsite manager and deputy manager.
- The manager was knowledgeable and had experience to perform their role. They had a clear understanding of people's needs and oversight of the service.
- Staff demonstrated an understanding of their roles and responsibilities and told us they had confidence in their manager. One said, "[Manager's name] is excellent, she is very accessible and always someone you can speak to, she is an excellent manager."
- The provider had informed the CQC of significant events including incidents and events impacting on the service.

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 registered manager and the manager understood their responsibilities in relation to the duty of candour. The Duty of Candour is to be open and honest when untoward events occurred.

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

- People and their relatives spoke positively about the management and the caring culture of the staff. One person told us, "I know the manager, she comes in to say hello and is very good." Another said, "I'd rather be here than anywhere else." A relative told us, "I have confidence in them, they call me if there is anything she needs."
- Staff and managers demonstrated a person-centred approach and care records reflected this.
- We saw there was a positive, open atmosphere between people and staff. Staff spoke about people with care and compassion. One staff member told us, "The staff are obviously there for the residents, and they are like extended family. We all work well as a team."

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

- People had been asked for their opinions on the quality of the service. Quality surveys were used to obtain feedback and to identify any areas for improvement.
- Staff told us they had some opportunities to discuss the service and voice their opinions on a day-to-day basis. However, some staff told us they did not have formal one-to-one meetings or supervisions with their manager to discuss their performance or training needs.

We recommend the provider seek advice and guidance from a reputable source in developing effective staff supervision processes in order to support staff.

Working in partnership with others

- Staff worked in partnership with other agencies and health professionals to improve outcomes for people and ensure they received specialist healthcare when they needed it.