Midland Healthcare Limited

Woodlands Care and Nursing Home

Inspection report

Wardgate Way
Holme Hall
Chesterfield
Derbyshire
S40 4SL

Tel: 01246231191

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on 4 February 2019 and was unannounced. At the last inspection in May 2017, the provider was not meeting the standards we inspected and were rated as requires improvement. This was because they had failed to take the action they assured us they would in relation to people's safety and welfare. At this inspection we found that they had made improvements in some areas however, they were not complying with all regulations and meeting fundamental standards. This is the third consecutive time the service has been rated 'Requires Improvement'.

Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive and we found systems in place to ensure improvements were made and sustained were not effective.

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

Woodlands Care and Nursing Home provides accommodation for up to 50 older people, this included people with nursing care needs and some people living with dementia. At the time of the inspection there were 27 people living there.

The service did not have a registered manager. The previous registered manager was no longer working in the service; however their name remains on this report until they are de-registered. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The provider had appointed a new manager who was planning to apply to the Commission for registration.

The provider's quality assurance systems had not been effective in learning lessons and ensuring timely improvements were made within the service. People's care was not always fully assessed and not all their needs were responded to, including how risks were managed. People's care records did not always reflect how they needed to be supported. People felt there were sufficient staff available to provide their care and support, however the staffing arrangements did not allow for staff to be involved with meaningful activities with people.

Medicines were not managed safely. Safe systems were not in place to ensure medicines were suitably administered and stored. Infection control practices were adhered to by most staff, but we observed people did not have an opportunity to wash their hands before meals and people did not use individual slings when being supported to move. Staff had received training to develop and maintain their skills and knowledge; however, we found this had not always enabled them to provide care under best practice guidelines.

People felt that the staff were kind and caring. However, dignity was not always promoted in relation to personal care and ensuring people received the care they needed to be safe and well.

People enjoyed a variety of food and drink. Improvements had been made with how this was monitored. People were supported by staff who were recruited safely.

Where people had provided information about how they would like to be cared for at the end of their life, this was recorded. Staff felt they supported people at the end of their life with compassion and care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People made decisions about their care and staff helped them to understand the information they needed to make any decisions. Staff sought people's consent before they provided care and they were helped to make decisions which were in their best interests. Where people's liberty was restricted, this had been done lawfully to safeguard them.

People and staff were positive about the recently appointed manager and how the service was currently managed. People had access to a range or health care service to keep well. People felt any complaint or concern would be responded to.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Registration Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not managed safely. Risk assessments were not always completed to ensure people with complex needs received suitable support. People felt there was enough staff to provide safe and effective care, however how staff were deployed meant people's opportunities to engage was limited. Improvements were needed with how infection control standards were maintained. Staff understood how to raise safeguarding concerns. Staff were suitably recruited into the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported by staff who received training, however improvements were needed to ensure staff had the skills to provide care under best practice guidelines. People enjoyed a variety of food which looked appetising and they had a choice of what they could eat. People could consent to their care and where they lacked capacity, best interest decisions were made. People had access to health and social care professionals and care and treatment was sought where people needed this.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Privacy and dignity was not always promoted. People felt that staff were kind and caring and confidentially was promoted. Visitors were made welcome.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care did not always reflect how they needed to be supported. People's care plans did not always include information to enable staff to support people in a person-centred way. People did not always have opportunities to engage with activities that interested them. Complaints were

responded to and people's views were sought.

Is the service well-led?

Requires Improvement

The service was not well led.

This was the third inspection that the service had been rated overall requires improvement. The quality assurance systems were being used regularly. However, this had not ensured timely improvements had been made within the service. People and staff were positive about the recently appointed manager.

Woodlands Care and Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was carried out on 4 February 2019 and was unannounced and carried out by two inspectors.

During the inspection we spoke with six people who used the service, two relatives and visitors, three care staff members, the cook and laundry assistant, a nurse, the area manager, the manager, and regional manager. We also spoke with two social care professionals and received information from service commissioners. We viewed information relating to five people's care and support. We also reviewed records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

On our previous inspection we found improvements were needed with how the provider managed infection control standards and how risks were managed. On this inspection we found further improvements were needed.

On our last inspection we identified that people were sharing slings when they used a mechanical hoist. We reported that this was not safe as all people should have individual slings following an assessment to ensure they were suitable. Risk assessments had been completed and the manager informed us that people had their own sling, but we saw these were not used. There was also a risk with infection control; staff confirmed they were washed on a regular basis but not after each use. This does not meet best practice guidelines.

When some medicines were administered, the nurse dispensed and administered these by hand, touching the medicines. The nurse confirmed that this practice did not comply with the providers medicines procedure for safe administration of medicines or with best practice guidelines. Some people needed a thickening agent prescribed to be added to their drinks. We found three tubs of this agent stored openly in the dining room. This presented a risk, as this prescribed agent could present a choking risk if taken by people who used the service. The staff and manager had not identified this. We asked the nursing staff to make alternative arrangements for its storage to ensure people were not placed at further risk of potential harm.

Medicines were not always stored safely. There were two medicines cabinets stored during the day in the dining room. We found that staff had locked the front of the cabinet but had not identified that the rear of the cabinet was unlocked, and medicines could be accessed. We spoke with the nursing staff to ensure this was made safe. There were no temperature checks completed when medicines were stored in the dining room which meant the provider could not be sure that all medicines were stored within a suitable temperature range. Where people no longer needed medicines or no longer used the service, we found these medicines had not been disposed of. Some medicines should have been disposed several months previously, although no action had been taken and there were no records of medicines waiting for disposal.

Lessons had not always been learnt to ensure improvements had been made within the service. The local authority had identified that improvements could be made when supporting people with complex behaviour. This included ensuring accurate records were kept describing any behaviour, what had occurred before and after this, and how people were supported. On this inspection we found that one person was anxious, and their behaviour upset other people in the home. We saw when staff spent time with them, they became less anxious, however without company they shouted out and became distressed. The risk assessments and care plans to support them to manage their behaviour were not detailed enough to assist staff; when we spoke with staff, they were unclear about how to support this person effectively. The lack of suitable guidance and recording meant that any behaviour was not assessed and reviewed, and this placed them and others at risk of receiving poor care.

This evidence demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

On our last inspection we found that although staffing had been assessed as being suitable, we found that staff were not effectively deployed and there were times when people were left unattended in the communal areas. This meant people were left at risk, for example risk of falling should they decide to move unassisted. On this inspection we found improvements had been made. Due to the number of people using the service, there was one lounge and dining room being used. We found that there was always a staff member present in this area throughout the day to ensure they were available to support people when this was needed. People and relatives felt there was enough staff available to provide support.

Other risks to people's well-being and safety had been assessed and reviewed each month to take account of people's changing needs and circumstances. For example, there were risk assessments for where people were at risk of developing sore skin; we saw that they received their support according to the recommendations made to reduce this risk. When people needed to use a specialist mattress or cushions, these were in place and maintained at the correct setting for their weight. People were assisted to reposition at agreed intervals to help maintain their skin integrity and referrals were made to the necessary professionals when needed. We saw that records were maintained to confirm when people had been assisted to reposition. Daily checks were made to ensure electrical pressure mattresses were at the correct setting to ensure these were effective. People who had been assessed as requiring bedrails on their beds to help prevent them falling, had protective covers over them to reduce the risk of entrapment. These assessments identified potential risks to people's safety and the staff knew how to mitigate risk.
People were satisfied with the standard of cleanliness in the home. We saw staff wore gloves and aprons where this was needed. There were hand gels in the entrance hall for visitors to use when they visited the home and proactive equipment was readily available and stored throughout the home to ensure staff had easy access to this equipment. The home was clean and there were no mal odours around the home.

When new staff started working in the service all recruitment checks had been carried out. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People felt safe living at the service and relatives also told us that they felt people were safe. Staff had an understanding about the types of potential abuse and we saw the provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people's safety. Where any concern had been identified, reports had been made to ensure people were protected from future potential harm.

There were regular checks of fire safety equipment and fire drills were completed. Staff knew how to respond in the event of a fire and each person had a 'Personal Emergency Evacuation Plan' which staff were aware of. The management team ensured that other checks, such as electrical or health and safety assessments, were also completed to help maintain people's safety.

Requires Improvement

Is the service effective?

Our findings

On our last inspection we found improvements were needed as the staff did not fully understand the circumstances which may require them to make an application to deprive a person of their liberty. On this inspection we found improvements had been made.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We heard staff checking for people's consent and giving people choices before providing care. It had been identified that some people may no longer be able to make decisions about their safety or whether they understood why they needed to be supported. Capacity assessments had been completed for these decisions and described how capacity had been assessed and a best interest decision had been recorded. Staff understood that people could make some decisions about their day to day life even if they had been assessed as lacking capacity. Staff offered people choices about what they wanted to eat and how they wanted to spend their day. Where any restrictions had been identified, the manager understood their role to ensure applications to lawfully deprive people of their liberty had been made and continue to provide care in the least restrictive way.

Concerns had been identified by health and social care professionals that suitable records had not been maintained of what people ate and drank, and action had not been taken where there were concerns. We saw that the manager had considered this and there were new forms in place which recorded this information. There was guidance about how the amount of fluid people needed based on their size and weight and staff understood that where this was not met, action needed to be taken.

People could choose what they wanted to eat or drink. The daily menu was written on a white board in the dining room, although the writing was not clear and there were no pictures or photographs to support understanding. Staff knew about people's preferences and their likes and dislikes were recorded. Where people needed support to eat, we saw staff sat with people and offered kind support and spoke with people throughout the meal. Where people had a visual impairment, staff explained where food was placed on the plate according to a clock face, so people could remain independent and chose what food they wanted to eat throughout the meal. Some people had food they could eat independently with their fingers. Before the meal, staff had not considered that people may wish to wash their hands which was not respectful.

Training was provided to enable staff to gain the skills needed. This included training such as moving and handling and safeguarding, infection control and fire safety. One member of staff told us, "We have recently

completely the safeguarding training. The trainer was very good and throughout the course, they kept checking that we were alright, and we understood what was being taught." Another member of staff told us, "I've had dementia training, and this included explaining how people living with dementia may see themselves, so may not see themselves as elderly. This helped to understand how some people behave and how they see things." Although people and the staff team felt they were skilled and knowledgeable to support people, we also observed staff did not always working in accordance with best practice in regard to administration of medicines, how to support with complex behaviour. This was an area that requires improvement.

The home enabled people to move around easily, whether this was independently or with the use of mobility aids. The provider had recognised that improvements were needed, and the home was being redecorated and modernised. One lounge and dining room and been completely redecorated and the manager explained that people would now be able to use this area again. The corridors had hand rails fitted to help people to mobilise independently. The staff explained that further improvements around the home were planned and following our inspection the provider confirmed that this included having photographs and signs on people's bedroom door and around the home. They also told us that people would be able to have a choice of colour of their bedroom door to assist them to identify their room.

Requires Improvement

Is the service caring?

Our findings

On our last inspection we found improvements were needed with how people's dignity was promoted. On this inspection we found improvements still needed to be made. People gave mixed views on how staff respected their dignity and we saw staff were not always responsive to people's needs in a respectful and dignified way. We saw some people were seated for a long period of time over the lunch time meal. One person was helped from the table and supported to sit down in the lounge area; the staff did not make necessary checks on their welfare and we needed to inform them that the person needed to use the bathroom and needed help to change their clothes. Some women were seen to have facial hair that had not been shaved. One person commented that they must look 'a right state' and were worried about what family may think if they visited them.

One person became anxious and shouted out, which upset other people. We saw when staff spoke with them, they were comforted and stopped shouting. These periods of interaction were brief and when alone they began to shout again. People within the communal area often shouted back that they should be quiet, and their behaviour affected other people's mood and interrupted what they were involved with. There was no agreed support plan to support this person to reduce their anxiety or to help other people who may be affected by this. People and their relative's involvement in their care planning and review was inconsistent. People were not aware they had a plan and staff confirmed reviews were conducted without consulting with people.

We saw other examples where staff followed best practice when communicating and supporting people living with dementia. Examples included staff speaking with people when they walked into their room and engaging in conversation with people when delivering care or helping them to move with a hoist. We saw staff used suitable body language and facial expressions to help communicate and adjusted the tone of their voice to help communication where people were struggling to interpret speech due to a hearing or sight impairment.

People and visiting relatives told us staff were kind and caring. An example was how staff took an interest in what people were doing, talked about their family and interests. Where people were involved with adult colouring, the staff made checks that their pencils were sharpened so they could colour the small intricate areas of the art work. One person said, "The staff are very thoughtful." People told us that they felt staff knew them well. Bedroom doors were closed when care was delivered, and staff knocked and spoke with people when they went into their rooms.

Relatives and friends of people were encouraged to visit at any time and felt welcome. One relative said, "The staff are always very welcoming." Relatives told us they could visit anytime and there was a variety of communal areas where people could spend their time. We saw family and friends visit throughout the day.

The staff did not discriminate based on sexual orientation or sexual gender and consideration was given to people's preferences in relation to their diverse cultural and human rights. Staff recognised that people moved into the home from the local area and were familiar with local cultural differences and the terms

people used when expressing themselves.

People were dressed in a style of their choosing and had matching accessories and people could have their bag near to them. We saw when people were supported to move staff remembered to take their personal belongings with them and asked people where they could place them so they could reach them. We saw that staff respected people's personal space.

Requires Improvement

Is the service responsive?

Our findings

On our last inspection we identified that people's care records were not personalised and did not always reflect how people needed to be supported. Although improvements had been made, further improvements were still needed.

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care to determine how people wanted to be supported. This information was used to develop a support plan and one member of staff told us, "The care plans used to be electronic and they weren't the best. They have been redone now and they are a lot more informative and easier to read."

People or their relatives completed a life history document which gave personal information about people`s past lives, hobbies and interest. Care records were being reviewed however, where people's needs had changed or there were different circumstances, the staff had not always identified this. For example, one person was experiencing difficulties when eating and staff explained they were not eating the usual food they often enjoyed. Staff had spoken with the person and relatives and had considered using dentures grips to help secure their dentures which may support them when eating. We saw from their records that each month they had lost a small amount of weight; over a longer period time this meant they had lost a significant amount of weight, which may account for poorly fitting dentures. The staff had not considered this and they had not had a recent check with the dentist. We discussed this with the manager to ensure this was reviewed.

People had mixed views about the level of support they received to engage with their interests. One person told us, "I enjoy colouring, but I love knitting. We don't get an opportunity to do this now though." Another person told us, "We just sit here doing nothing. We just watch the television but not all of us can see this because of where it is." One relative told us, "The television is on most of the day but I'm not sure anyone is watching it. There's no sound on there and they have the subtitles up but it's too far away for some people to see it."

Staff explained all activities were organised by them, although they did not always have time to engage with people. During our inspection, some people were involved with colouring, but no other activity was offered to people. We saw people were often asleep, disengaged, or spoke with people sat next to them. We saw people had recently had an opportunity to have their nails painted and a manicure, however, this care had not been maintained and the varnish was chipped, and some people's nails were dirty. One person told us, "It doesn't look very nice." Staff confirmed that people had limited opportunities to get involved with activities. One member of staff told us, "It's getting better but there isn't much for people to do."

The provider understood their responsibilities to ensure people were protected under the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. The manager told us they had facilities to provide information within an accessible format although agreed that this had not been completed. For example, the care records had

been written and designed for staff and people did not have an accessible copy of their records. Information was not displayed in an accessible format, for example how the meals served was displayed. This is an area that requires improvement.

People confirmed they would feel comfortable telling the manager or staff if they had any concerns. A complaints procedure was in place and guidance was available in communal areas of the home on how to express a concern or raise a complaint. A system was in place to record the complaints received.

The service provided nursing care and supported people at the end of lives. Support plans were in place to help ensure staff had the information they needed to care for people appropriately. This care was led by the nursing staff and supported by care staff.

Requires Improvement

Is the service well-led?

Our findings

On our last two inspections we found that improvements were needed to ensure people received safe and effective care. On this inspection we found improvements were still needed. The overall rating for this service is requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on three consecutive inspections. This shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved.

This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the systems to monitor and assess the service to drive improvements were not effective and lessons had not been learnt. The provider's quality monitoring system included checks on how the service was provided, however suitable improvements had not been made in a timely manner to ensure people received positive outcomes. The management team had now developed a service development plan and improvements had been made with staffing, however our inspection identified that further improvements were still needed. People were not always supported in a way to keep them and others safe; risks to people's safety had not always been assessed and reviewed and improvements were needed with infection control standards. Medicines were not stored or administered safely and training needed to be improved to ensure staff understood how to provide care in line with best practice guidelines.

This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection the management of the home had changed and the registered manager was no longer working in the service. The provider had recruited a new manager who told us they would be submitting their application to become the registered manager.

The management team had organised meetings with the staff team to ensure they were aware of changes being made in the home and how improvements were planned. Whilst quality assurance systems had improved they had not been suitable enough to drive continuous improvement. The management team were working with the local authority to ensure they were working in accordance with people's needs and obligations with the commissioning contract. A recent monitoring visit form the local authority had been carried out and the provider was working with them to address any shortfalls identified. The provider had recognised further improvements were needed and had voluntarily agreed with the local authority that people would not be admitted within the home until improvements had been made.

The manager had taken steps to work in partnership with other agencies. The management team had met with other professionals such as local doctors' surgeries and community mental health teams, including the dementia rapid response team to build relationships and improve ways of working for the benefit and safety

of people.

People and staff felt the new manager was approachable and supportive. The manager worked alongside staff and they felt that the new manager was keen to listen to them and take their comments on board. One member of staff told us, "Things are a lot better now. We know we have a way to go, but things are a lot better and the new manager will listen to what we have to say. The new owner is spending money decorating and the home is looking better too."

The registered manager actively sought people's views both in meetings and informally, and people and staff felt that their suggestions were appreciated and encouraged. The staff told us they now felt valued and that their views were respected. The staff understood their role and responsibilities and received regular supervision to review how they worked; this also identified their skills and where they needed support.

There was a regional manager and director of the service who visited the home and carried out audits. We saw that actions arising from these visits were shared with the manager. Actions were added to the home improvement plan and reviewed on subsequent visits.

The provider and manager understood the responsibilities of their registration with us. The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home in line with our requirements.

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
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and Treatment was not always provided in a safe way for service users . Systems to ensure proper and safe management of medicines was not in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (1)Systems and processes had not been established and operated effectively to ensure improvements within the quality and safety of the services provided. 17(3) The registered person must send a report setting out how and the extent to which the registered person will ensure the service is assessed and monitored to bring about improvements.