Kodali Enterprise Limited

Woodside Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

About the service
Woodside Care Home is a residential care home which can provide personal care for up to 42 people. The service is provided in a two storey building which is attached to a hotel also owned by the provider. When we inspected there were no people living in the service.

People's experience of using this service and what we found
There were no people using this service when we inspected. However, we found the provider had not ensured the premises were safe and meeting legal requirements, or that any service provided would be safe and well managed.

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)
We did not rate the service at our last inspection because the service was not providing care and no people were living in the service (published 7 April 2021).

Why we inspected
We carried out this inspection because the provider informed us they had made improvements and were planning to provide care to people in the future. This inspection was carried out to assure ourselves sufficient improvement had been made so the service could meet the needs of people when admitted.

We found the provider had not taken sufficient action and remained in breach of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Follow up
The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

Our last inspection rating for this key question was inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service well-led?

Inspected but not rated

Our last inspection rating for this key question was inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Woodside Care Home

Detailed findings

Background to this inspection

The inspection
This was a targeted inspection to check the providers progress because they had informed us they had made improvements and were planning to provide care to people in the future. We needed to assure ourselves enough improvement had been made so the service could meet the needs of people when admitted.

Inspection team
This inspection was carried out by an inspection manager and one inspector.

Service and service type
Woodside Care Home 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 manager registered with the Care Quality Commission. The provider told us they were in the process of appointing a manager. When a manager is registered with the Care Quality Commission it means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave a short period notice of the inspection because we needed to be sure the provider would be available at the service to speak with us.

What we did before the inspection
We reviewed information we had received about the service since the last 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with the provider and a compliance manager ('the compliance manager') from a consultancy organisation commissioned by the provider to support service improvement. We did not speak with people or look at care records as there were no people using the service when we inspected.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Inspected but not rated

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Our last rating for this key question was Inadequate. This meant the service was not safe and placed people at risk of harm. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to assure ourselves sufficient improvement had been made so the service could meet the needs of people when admitted.

At our last comprehensive inspection in September 2020 the service was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the service remained in breach of this regulation.

Assessing risk, safety monitoring and management
• At the time of the inspection the service was not sufficiently safe for people to live in.
• Fire doors had not yet been fitted on the first floor and in the attic space. There was a large volume of combustible material in both of these areas. This increased the risk of a fire spreading rapidly throughout the building.
• A prohibition notice served by Lincolnshire Fire and Rescue Service (LFRS) remained in place. This meant people were not permitted to live in the service until LFRS were satisfied the service was safely meeting legal fire safety requirements.
• The provider told us hoisting equipment had recently been checked for safety but they were unable to provide us with written evidence to support this.
• The environment continued to pose a risk. Although new flooring had been laid this had been laid over previously uneven flooring. This meant some parts of the floors remained uneven and the risk of falls remained.

Preventing and controlling infection
• Equipment, such as hoists and kitchen appliances, were not clean and showed evidence of surface damage and rust. The surface damage meant it would not be possible to ensure the equipment was cleaned effectively and therefore posed an infection control risk.
• A safety mat in one bedroom was torn and odorous, net curtains in one room were torn and privacy screening was not in place in a shared bedroom. The provider told us net curtains were due to be replaced and a deep clean of the building would be carried out.
• The provider did not request evidence of Lateral Flow Device (LFD) testing before the inspectors entered the building until prompted. There was no evidence available to show staff or trades people who were working in the premises had undertaken COVID-19 testing.
• In addition, no-one in the building was wearing a mask when inspectors arrived. The provider did put a mask on at an early stage of the inspection, however no-one else did. As there were no people using the service at the time of this inspection the risk of transmission was minimised. However, this did not provide

assurance that systems to prevent the spread of infections were fully embedded or followed.

The continued failure to ensure the safety of the service, was an ongoing breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspected but not rated

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.

Our last rating for this key question was Inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to assure ourselves sufficient improvement had been made so the service could meet the needs of people when admitted.

At our last comprehensive inspection in September 2020 the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the service remained in breach of this regulation.

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

• At the time of the inspection the provider had not clearly identified and taken action to address some of the concerns described in the safe section of this report. For example, surface damage to hoisting equipment. We requested an updated improvement plan which the provider was not able to share with us during the inspection. This was provided by the compliance manager shortly after the inspection.

• The action plan showed a considerable amount of actions remained outstanding. For example, failing to act on advice to change a shared to room to a single occupancy room. At the inspection we saw this remained in place and was not set up in way that would ensure people's right to privacy was upheld.

• The provider told us they planned to initially admit people to the ground floor only. They described plans to close off the first floor and attic space to ensure people could not access those areas and refurbishment work could continue. However, there was no evidence to show the increased the risk of a fire spreading throughout the building described in the safe section of this report had been considered.

• The provider told us they would be commissioning their current consultancy organisation to take over the running of the service, who would then appoint a nominated individual. However, there was no firm plan in place and the provider's plan was not confirmed by the consultancy organisation.

The continued failure to ensure adequate leadership and governance was an ongoing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Since the last inspection the care consultancy organisation had provided us with policies and procedures to demonstrate they had been reviewed and updated to reflect regulatory requirements.