

Bupa Care Homes (ANS) Limited

# Woodend Care Home

## Inspection report

Bradgate Road  
Altrincham  
Cheshire  
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Tel: 01619295127

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Woodend Care Home is a care home providing personal and nursing care to 52 younger and older adults and people living with dementia. The service can support up to 78 people.

The accommodation is over three floors. One floor provides dementia care with the remaining two floors providing nursing and residential care.

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

We received good feedback about the home. This reflected a positive culture change within the service since the last inspection in December 2019. A new registered manager was in place and improvements to governance systems had been effective. In order for the service to be rated good sustained improvement is required over a period of time.

Effective systems were in place to ensure that all areas of the home were safe. Infection prevention and control was well managed. Systems had improved to ensure people now received their medicines safely and issues with oral care had been resolved. Staffing levels were safe and people told us they felt safe.

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 12 March 2020) with breaches in Regulations 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

This service has been in Special Measures since March 2020. 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 comprehensive inspection of this service in December 2019. Breaches of legal requirements were found and we served two Warning Notices for Regulations 12 and 17.

We undertook this focused inspection to check they 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 on this

occasion were used in calculating 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodend Care Home 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 reinspection 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.

**Requires Improvement** ●

### **Is the service well-led?**

The service was well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Woodend Care Home

## 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 as part of our Thematic Review of infection control and prevention in care homes.

#### Inspection team

The inspection team consisted of two inspectors, a medicines 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

Woodend 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 had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and make arrangements to speak with people and staff. This helped minimise the time we spent in face to face contact with the management team.

#### 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. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

During the inspection, we spoke with the registered manager, the regional manager, a unit manager, the clinical lead, a nurse, a senior carer and five care workers. We spoke with five people who lived at the home and five relatives. We viewed four care plans and associated risk assessments. We looked at multiple medication records and medication audits. We viewed records for oral care. We viewed three recruitment records of new staff members. We viewed documents relating to the management and the safety of the home and audits to monitor and improve the service.

#### After the inspection

We continued to seek clarification from the provider 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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. People were safe and protected from avoidable harm. In order to be rated good sustained improvement is required over a period of time.

### Using medicines safely

At our last inspection the provider had not ensured people were protected against risks associated with unsafe management of medicines. 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.

- Medicines were managed safely.
- Medicines were stored safely and at the right temperature.
- Records showed that people received their medicines in the right way.
- Medicines that are controlled drugs were managed appropriately. Controlled drugs are subject to strict legal controls and legislation determines how they are prescribed, supplied, stored and destroyed.
- Agents used to thicken drinks were kept safely and records made of their use.
- The home had clear policies and procedures for managing medicines.

### Staffing and recruitment

- The people we spoke with were positive about the staff and the staffing levels. One person told us, "When I ring my bell, they come quickly and will help with the things I can't manage, I can do a lot for myself and they don't take over. They know my likes and dislikes and even know whether people take sugar in their tea" and "I feel safe here and the staff know how to look after me. The staff are very caring and know me very well".
- Staffing levels had improved. The registered manager had closed one floor at the home after the last inspection to help improve staff deployment.
- Staffing levels were constantly reviewed and staffing levels had been changed if required. Use of agency staff had reduced. Staff told us there were no concerns about staffing levels.
- There was a calm atmosphere in the home throughout the inspection and we observed that people were relaxed and had their needs attended to promptly.
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

### Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce the risks involved in the delivery of care to people.
- Care plans and risk assessments provided clear guidance on how to manage and reduce identified risks.

- The service had effective systems in place to ensure that all areas of the home were safe. This included up to date safety certificates for gas and electric systems and regular checks of fire safety equipment.

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

- People told us they felt safe.
- Staff received regular safeguarding training and were confident at identifying and reporting any concerns. The home had a whistleblowing policy in place and staff were confident to report to outside agencies if required.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

#### Preventing and controlling infection

- The home had a comprehensive COVID policy that covered infection control, cleaning, and waste disposal procedures.
- The premises were visibly clean and hygienic. Thorough cleaning took place throughout the day.
- All the staff we spoke to told us they had received good support to manage infection prevention and control. Additional training had been provided during the pandemic and staff were clear about their responsibilities. One staff member told us, "Yes, we have good support during covid. We have always had PPE and never ran out. We received daily updates. We received good support to manage staff anxieties. Management have been great. This is the best manager I have worked for."
- We saw personal protective equipment such as gloves, aprons and masks were readily available around the home and the procedures in place were clear and embedded in every day practice.

#### Learning lessons when things go wrong

- There was an open and transparent culture where staff felt confident to report any accidents and incidents.
- An analysis of accidents and incidents was regularly completed to highlight patterns and themes and reduce the risk of a similar accident or incident occurring again.



# 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. Improvements had been made and the service was well led. In order to be rated good sustained improvement is required over a period of time.

At our last inspection there was a continued breach of Regulation 17. The providers governance systems were not robust and did not identify the concerns raised during the inspection.

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; Continuous learning and improving care

- Effective systems had been implemented to ensure previous concerns had been addressed. This included the safe management of medicines, oral care and ensuring agency staff all received inductions.
- Staff told us there had been a significant improvement in how the home was managed since the last inspection. They highlighted the strong leadership of the home and new initiatives to make their tasks and roles clearer. One staff member told us, "Yes, I can say hand on heart that it is well managed now. The training has improved. The support is very good and we are encouraged to speak up and things get done when you raise them".
- Regular and effective auditing was now in place to ensure the service was always improving. The registered manager received good support from the provider and there were clear systems in place to support quality assurance.
- The home complied with all regulatory requirements. This included the submission of notifications which they are required to send to us by law.

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

- The management culture was positive and proactive and this had permeated all aspects of the service. People told us, "We have a good manager here, you can talk to him and say what you want to him and he listens" and "I know the manager, he is very nice, very pleasant and I am comfortable with him so can talk to him. We have a pleasant atmosphere here, it is very relaxed. I am quite happy living here".
- The registered manager valued the staff team and was keen to praise the hard work of the whole team since the last inspection and had introduced initiatives to support their development.
- Staff reported a high level of job satisfaction and were proud of the quality of care provided. One staff member told us, "It is more person centred and the staff are happier. The communication has improved with the new manager. The home is more dementia friendly now, for example. Staff are clearer about what our tasks are. His door is always open and I trust him. The food has improved as well, it is now fresh".

- We received positive feedback from people and their relatives about the manager and the staff. People told us, "I am treated with respect by everyone. They knock on my door before they come in and always greet me with a cheery good morning and they treat everyone the same" and "I am quite happy living here. The staff are kind and caring, some especially so."

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 was aware of and understood their responsibilities in relation to the duty of candour. There was an open, inclusive and transparent culture in place with the registered manager operating an open-door policy. The Local Authority reported an open and transparent culture when we contacted them before the inspection.

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

- There was good engagement in place and communication was effective. Feedback from people, their friends and family and staff were positive about the culture of the service. They all felt involved and reported that communication with the registered manager and other senior staff was good. The registered manager kept in regular contact with families and relatives. This included a newsletter.

Working in partnership with others

- The home had worked closely with the local authority and the CCG to improve since the last inspection.