

Woodchurch House Limited

# Woodchurch House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Woodchurch House is a residential care home providing personal and nursing care for up to 60 people. The service supports people with a range of nursing needs including people living with dementia. The service is arranged across 2 floors with lift access. The second floor is mainly for people living with dementia. People had access to shared lounges and dining rooms and accessible bathrooms, gardens and grounds. At the time of our inspection there were 32 people using the service.

Woodchurch House also provides personal care for people living in their own homes, within the same accommodation. These people have a tenancy agreement and a separate agreement for their care provision. There were 43 people receiving personal care in their 'own homes'. People receiving personal care can choose to have their care provided by another care provider. However, everyone living in Woodchurch House had their care provided by staff employed by the service. The manager confirmed that everyone received the same level of care and support, so we included everyone in this inspection. We are working closely with the provider to reduce the number of people with tenancies to enable the whole service to be available for people who require accommodation with nursing or personal care.

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

People and their relatives told us they felt safe and were happy living in Woodchurch House. One person said, "Yes, I'm safe, I'm well looked after, and my room is lovely and clean." A relative told us, "It is safe, because it is well run, with plenty of staff and it is clean."

People's risks had been assessed and documented and staff knew people well. Staff knew about the individual risks and what to do to keep people safe. Risk assessments were reviewed regularly. The service was clean and infection control was managed well.

People were protected from the risk of abuse by staff who were trained in safeguarding processes. Staff were confident to report concerns and said actions would be taken as appropriate. Medicines were managed well, and lessons were learned and shared if something went wrong.

People were involved in decisions about their care, and they received care which promoted their dignity and encouraged independence. Relatives told us they were kept up to date with any changes in their loved one's condition. One relative said, "They always let me know if they have called the doctor."

People and their relatives spoke highly of the staff, describing them as kind, caring and friendly. Staff enjoyed working at Woodchurch House and told us teamwork was good.

Quality assurance processes were in place to monitor the service and regular audits were undertaken on a range of aspects, such as medicines and infection control. A new manager was in post and staff told us they found them approachable and supportive with an open-door policy.

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.

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

The last rating for this service was good (published 15 September 2021).

#### Why we inspected

This inspection was prompted in part by a review of the information we held about this service and in part by a notification of an incident following which a person using the service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of unwitnessed falls. This focused inspection looked at the key questions of safe, caring and well led and examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

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.

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 remains good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodchurch House 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, 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

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

The service was well led.

Details are in our well led findings below.

**Good** ●

# Woodchurch House

## 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

This inspection was carried out by 2 inspectors and 2 Experts 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

Woodchurch House 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. Woodchurch House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 1 month and had applied to register. We are currently assessing their application.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 9 people who used the service and 9 relatives about their experience of the care provided. We observed multiple interactions between people and staff throughout the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 11 members of staff including the manager, deputy manager, compliance manager, nurses, care workers and various support staff. We also spoke with 2 professionals who were visiting the service. We reviewed a range of records including 8 people's care records and electronic medication records. We looked at 4 staff files to review their recruitment. A variety of records relating to the management of the service were reviewed including health and safety checks, meeting notes and audits.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident that actions would be taken if they were to report something. Staff told us their safeguarding training was up to date.
- Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed and showed staff cooperated with investigations. Lessons learned were shared.
- People told us they felt safe living in Woodchurch House. One person said, "There is always someone around, so I feel safe." Another person said, "I have no concerns about our safety here." Relatives agreed their loved ones were safe. They told us, "Yes they are safe, [relative] is clean and being cared for", "Yes, it is safe and secure", "Yes, because the way they care for [relative]".

Assessing risk, safety monitoring and management

- Risk assessments were clear, comprehensive and up to date. They contained enough information for care staff to provide safe care and manage any risks, such as falls, skin damage or choking. The provider used recognised tools for assessing risks such as skin damage, nutrition and pain. Daily records of care and support provided were comprehensive and included references to activities, nutrition and hydration. Staff were knowledgeable about the people they were supporting and knew how to provide safe care.
- Where people required monitoring charts such as weight, fluids or repositioning, these were in place and had been completed correctly. Where people required special pressure relieving mattresses, the required settings were documented and checked regularly.
- The provider had systems in place for regularly reviewing the care plans and risk assessments and these were up to date. Any changes in a persons' needs were shared with staff during handover meetings which were documented. Staff were required to confirm they had read the most recent information, and this was monitored by the manager.
- Environmental risks were managed including fire safety, hot water, window restrictors, electrics and maintenance of equipment. The service had a maintenance folder which was checked daily so that faults could be rectified without delay.

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. The manager had made appropriate DoLS applications to the local authority and there were systems in place to keep these under review. Any conditions related to DoLS authorisations were being met.
- Decision specific mental capacity assessments had been completed. Best interest decisions were made where necessary and involved other professionals and relatives.

#### Staffing and recruitment

- There were enough staff deployed to meet people's needs. Call bells were answered quickly, and call bell audits were undertaken regularly. Where people waited longer than 5 minutes, this was flagged on the call bell audit and discussed at daily staff meetings.
- People and relatives told us there were enough staff to support them. One relative said, "Yes, there are always plenty of staff." Another relative told us, "Whenever I have been, there seems to be staff around."
- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). DBS checks provide information about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their personal identification number to confirm their registration status.

#### Using medicines safely

- Medicines were managed safely in line with national guidance. Medicines used regularly were stored in locked cabinets in people's rooms. Other medicines were stored correctly in temperature-controlled conditions. Medicine administration records were completed accurately.
- Medicines were administered by nurses or care workers who had been trained and assessed as competent. Training and competency records were up to date.
- Medicines were audited regularly by the deputy manager and checked by the manager. Medicine errors were documented, investigated and lessons learned shared during meetings.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The provider was facilitating visits to the care home in accordance with current guidance. Visiting to the care home was unrestricted.



### Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents and staff knew what to do if someone had an accident. Records had been completed and were up to date. Professional advice was sought if necessary, for example, from the GP, emergency services or occupational therapists.
- Accidents and incidents were investigated to identify learning. Actions were taken to prevent recurrence. For example, staff used a different chair for one person to minimise the risk of them slipping from the chair. Other preventive measures were in place, such as low-rise beds, crash mats and sensors. One person told us, "I had a fall in the shower room. I've now been told to use my walker all the time."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind, caring and treated them respectfully. One person said, "The staff are lovely, they are kind and respectful. They chat to me about my family." Another person said, "They treat me with respect when they are doing personal care."
- Staff were knowledgeable about the people they were supporting. They knew people's likes and dislikes and knew how to support people the way they wanted to be supported. One person said, "The staff have enough time to care for me and they know me well." Relatives agreed. One relative said, "Yes, they know all about my [relative]." Another relative told us, "They know my [relative's] likes and dislikes."
- Relatives described the staff as caring, kind, polite, compassionate and friendly. One relative said, "They are all lovely, they always talk to me and ask if I want anything." Another relative told us, "Staff are so caring and friendly, and they really interact with the residents."

Supporting people to express their views and be involved in making decisions about their care

- People's care plans were developed with them and their relatives where appropriate. People were encouraged to share their life experiences so that staff could get to know them better. People's likes and dislikes were documented and included in their care plans, for example, what time they liked to go to bed or get up and where they liked to eat their meals.
- Communication needs were documented so people could be supported in the best way to be involved in decisions about their care. People were supported to use their hearing aids or spectacles where required to help communication. Staff were knowledgeable about people's communication needs, for example, a staff member told us they had to repeat things several times for a person to help them understand.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect; their privacy was protected, and they were encouraged to be independent where possible. We saw bedroom doors were closed whilst people were having their personal care needs tended to by staff. Staff knocked on the door before entering people's rooms.
- Staff were sitting with people, talking to them and addressing them by their preferred names. One person told us, "The staff are very nice, kind and respectful when they do my personal care."
- Staff recognised and responded to individual needs and promoted independence. Care plans detailed what people could do for themselves and what they might need support with and included information about equipment used to support independence, for example, walking frames or hoists. One person told us, "I am encouraged to do as much as I can for myself." One relative told us, "Staff encourage [relative] to walk around the garden." Another relative said, "They encourage [relative] to be as independent as possible."

- People's confidential information was kept securely, accessed only when required and by those authorised to do so. Information held electronically was protected by individual passwords.

# 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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager promoted a positive culture in the service and there was a commitment to continuous improvement. The manager had an open-door policy and encouraged staff, people and relatives to share their views.
- The manager was very visible within the service. Staff told us the manager walked around the service frequently. One staff member said, "[Manager] is always on the floor checking things are being done as they should be." People and relatives knew the manager. One person said, "There is a new manager, they came and introduced themselves." Another person told us, "The new manager is a breath of fresh air." A relative said, "I met the new manager today."
- Staff told us teamwork was good. One staff member said, "It is a good place to work. Other staff are all helpful, especially seniors and management." Another staff member said, "It is a good place to work. If there is a problem, the manager is always there. Everyone is friendly."

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Relatives told us, and records confirmed staff were in contact with them if there was an incident. One relative said, "If anything happens, they will call me, they are pretty good to be fair." Another relative told us communication was, "really good, they call me if there are any changes with [relative]."

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

- There was a clear management structure, nurses and care staff understood their responsibilities to meet regulatory requirements. Staff told us the manager was supportive and approachable and were confident in reporting any concerns. One staff member told us the manager was, "friendly, but knows where to draw the line."
- The manager met daily with duty managers and other head of departments to ensure that key messages about people were shared in a timely way. A daily manager's report highlighted any actions needed, for example, staff supervisions or care plan reviews.

- The provider had a quality monitoring process. A range of audits were undertaken regularly, for example, infection control, medicines, care plans and clinical indicators. Audits results, action plans and outcomes were reviewed by compliance managers and overseen by the provider through regular board reports.
- Services providing health and social care to people are required to inform CQC of important events that happen in the service. This is so we can check that appropriate action has been taken. The manager had correctly submitted notifications to CQC.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements, The last inspection rating was prominently displayed in reception as well as on their website.
- Woodchurch House did not have a registered manager. However, a new manager had started in the service a month before our inspection and had submitted their application to CQC. We are currently assessing that application.

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

- Staff were invited to meetings and staff were encouraged to contribute and share their opinions or any suggestions for improvement. Staff told us they enjoyed working at Woodchurch House.
- People and their relatives had been invited to meetings and had shared ideas for improvement. The provider had invited several relatives to join a working group to look at the quality of the service. One of the relatives involved in this group said, "As a result of these meetings, there has been more staff training, more activities and an improvement to the environment for people living with dementia. The new manager will be able to see what we have been doing to improve things. I'm pleased with the results so far."
- The manager and provider acted on feedback from people and relatives. For example, relatives said they found it difficult to discuss things with the nurses as they did not always know who was on duty. As a result, the manager put photographs with names near the lifts to show which nurse was on duty on each floor.

Continuous learning and improving care; Working in partnership with others

- Nurses attended regular clinical meetings where key clinical issues were discussed, such as wound management, weight loss and falls prevention. Action plans were in place to ensure that issues were addressed and reviewed, for example, referrals to dieticians or specialist nurses.
- The service was committed to continuous improvement and lessons learned from incidents, accidents or complaints were shared with the team. There was an improvement plan in place being monitored and updated weekly.
- The service benefited from best practices that had been successfully implemented in another service. For example, regular meetings were now scheduled with local health and social care partners to improve communication and foster closer partnership working.
- Managers and nurses liaised regularly with other health professionals, such as dieticians, speech and language therapists, specialist nurses and hospice teams to ensure people got the best support.
- A professional visiting the service during our inspection said they thought this was a good service. They said the manager and nurses were always helpful and knowledgeable.