

Harbour Healthcare 1 Ltd

Woodlands Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Woodlands Care Home is a care home providing personal care to older people and people living with dementia. The service accommodates 55 people in one adapted building. At the time of the inspection 54 people were using the service.

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

We found systems for managing medicines were not always safe. Medicines were ordered, but not always delivered or booked in in a timely manner. As a result, people did not always receive their medicines as prescribed.

We have made recommendations about the effective recording of people's needs within care plans and auditing systems.

Staff were trained to recognise potential risks and signs of abuse. Risks to people's safety and wellbeing were assessed and reviewed by managers. Staffing levels were safe and reviewed regularly by managers. Staff used personal protective equipment (PPE) appropriately when supporting people.

Healthy lifestyles were promoted, and systems were in place to make sure people's health needs were met. Menu planning met people's dietary needs and considered individual and cultural preferences. Staff had the skills and knowledge to deliver care effectively. The environment was well maintained and designed to meet people's needs.

People's needs were assessed and reviewed regularly, and staff were trained to provide support whilst promoting independence. People told us staff were polite and always asked before providing support.

Feedback we received from people who used the service and their relatives was complimentary about staff. People had access to healthcare professionals. People and their relatives told us they were involved in the support planning process to ensure it met their needs

The registered manager had a clear focus on quality and worked alongside staff. Staff worked well with other services and appropriate referrals were made in a timely manner.

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 Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection and update

This service was registered with us on 7 January 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Enforcement and Recommendations

We have identified a breach in relation to managing medicines safely at this inspection. Please see the action we have told the provider to take at the end of this report.

We have made recommendations about improvements in care plan records and auditing.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Woodlands 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 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, 1 medicines inspector 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

Woodlands Care Home 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. Woodlands Care Home 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 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 CQC 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the 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 (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 the registered manager, the regional manager and 5 support staff. We spoke with 11 people receiving support and 5 relatives. We reviewed 3 people's care records. We reviewed records and audits relating to the management of the service.

We asked the registered manager to send us documents before and after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

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.



Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- A new electronic medication administration system had been put in place. Although training had been provided and completed online, more training and support was required to help embed the new systems safely.
- Medicines were ordered for people but were not arriving in a timely manner. The ordering and communication systems between the home, the GP and the pharmacy were not effective as people were not having their medicines because there was no stock in the home.
- One person's anticipatory medicines which included controlled drugs (medicines liable to misuse), given to people receiving end of life care, were not stored safely and properly recorded in the controlled drugs register.
- People were at risk of receiving out of date medicines. Staff did not always record the date liquid medicines had been opened.
- Medicines patches were not safely applied as there were no system in place to ensure the site of application was rotated properly.

We found no evidence people had been harmed. However, medicines were not safely managed which placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff safely administered covert medicines (medicines hidden in food or drink and appropriate paperwork was in place for this).

Systems and processes to safeguard people from the risk of abuse

- The provider had processes in place to protect people from the risk of abuse. The registered manager acted in a timely manner to address concerns and allegations of abuse and took action to make sure people were safe.
- Staff had completed safeguarding training and were confident about raising concerns. People told us they

felt staff knew how to keep them safe. One person said, "I can't fault staff in any way; they are lovely. I know I am well looked after and safe here. There is nothing too much trouble for the staff to do for you."

Assessing risk, safety monitoring and management

- The provider had systems and processes in place to identify risks associated with people's care and support needs and actions were in place to reduce risks occurring.
- The registered manager regularly carried out audits to monitor the safety and quality of the care people received.
- The provider carried out regular health and safety checks, including fire safety, to ensure the building was safe. People told us they felt safe. One person said, "I feel very safe here and the staff are smashing."

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. The registered manager looked at people's individual needs to determine how many staff were needed on shift per day to keep people safe.
- The provider had robust recruitment processes in place. Recent recruitment records showed staff had been recruited safely with appropriate checks and a formal induction process.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- No restrictions were in place regarding visiting. We observed safe visiting arrangements were in place which helped to minimise the risk of the spread of infection.

Learning lessons when things go wrong

- The registered manager recorded and investigated concerns in a timely manner to keep people safe.
- Lessons learned were shared with staff to reduce the risk of issues reoccurring and to improve the quality of care provided.



Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager ensured assessments had been completed prior to people moving into the service; these helped ensure the environment was suitable and staff could meet people's needs.
- The provider included people, and where appropriate, their relatives when assessments were completed.
- Staff asked people who used the service for important information about their likes, dislikes and life history so these could be included in care plans.

Staff support: induction, training, skills and experience

- Staff received effective induction, training and supervision to ensure they were skilled and competent to carry out their roles. Relatives said they felt staff were well trained. One relative told us "The staff are well trained in dementia; we are lucky as they retain staff and know the residents well; they have a very personal touch."
- The provider completed regular supervision and spots checks with staff to ensure they were providing the correct support to people.
- Ongoing training was completed by all staff as required. Staff were supported with job progression and professional development.

Supporting people to eat and drink enough to maintain a balanced diet

- The provider ensured people's care plans included information about their needs regarding fluids and nutrition.
- The registered manager recognised people's cultural and religious needs and ensured staff respected people's needs and wishes when supporting them at mealtimes.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. Relatives told us they felt confident in staff supporting people's dietary needs. One relative said, "Staff work closely with the GP and the dietician and encourage [my relative] to eat and drink; they do all they can and never give up. They are extremely patient."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked closely with a range of professionals and partner agencies, to ensure people received effective support.
- The registered manager ensured people were encouraged to make healthy lifestyle choices.
- Support records showed advice given by health professionals was acted upon, and staff were prompt in raising concerns or issues.
- Staff provided support to people to maintain their oral health needs where this was identified as a need; this was recorded in support plans.

Adapting service, design, decoration to meet people's needs

- The building was designed appropriately, to enable people to have as much independence and personal freedom as possible.
- Consideration had been given to ensuring the environment on specific units was suitable for people living with dementia. For example, bathrooms considered contrasting colours to support vision and depth perception. Do you have more information about what this looked like?

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to make their own decisions and choices. Capacity assessments had been carried out when required and decisions had been made in people's best interest for those who lacked capacity. The assessment covered details of any Lasting Power of Attorney in place.
- The registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire.

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. People said staff supported them and were respectful. One person told us, "Staff are always helpful and friendly; there is always a nice atmosphere here with lot of familiar faces. Staff tell you everything they are doing; they never do anything behind your back. If you need help, they will help you, if you ask for anything, they will do whatever you ask."
- The registered manager was confident in supporting equality and diversity. Staff received equality training and were able to support people's religious and cultural beliefs.

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

- The provider fully involved people in decisions about their support and treatment. Staff regularly asked people if they wanted to make any changes to their support plans, and the plans were changed accordingly. This included people's likes, dislikes and preferences for their care and routines. One person said they felt staff knew their likes and dislikes and knew and respected them well.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and maintained their privacy. Staff followed people's support plans which described what people could do for themselves. People felt they were treated with respect and supported well with their needs. One person told us, "Staff know me really well, my likes and dislikes. I'm able to decide when I want support and when I want a rest."

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some care plans had multiple guidelines which made it more difficult to easily identify the latest and most relevant information.
- The level of personalised information in people's care plans varied and in some cases was hard to find. One person's care plan identified they needed support with a catheter but did not state the frequency.
- We did not identify any harm cause to people and the registered manager responded immediately to rectify the concerns we identified.

We recommended the provider reviews their systems and processes for maintaining people's care plans and updates their practices accordingly.

- The provider regularly reviewed care plans and kept information about people's needs up to date.
- Staff had a good understanding of people's needs and told us they were kept informed of any changes to people's care and support through handovers at each shift change.
- Relatives praised the person-centred approach of staff. One relative told us, "Staff are kind, caring, and patient; each person has a key worker who keeps us fully informed about our relatives."
- The registered manager liaised with relevant healthcare professionals to provide appropriate support and end-of-life care.
- Staff understood people's needs and followed best practice for end-of-life care. They respected people's religious beliefs and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager assessed people's communication needs and continually reviewed this. Information was available for people in alternative formats such as other languages, large print and audio. Staff supported people from different cultural backgrounds with a variety of communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to follow their interests and take part in social activities. The provider offered a range of culturally appropriate activities including local community interactions, themed events, and groups based on people's interests and hobbies.
- The provider offered a range of culturally appropriate activities including local community interactions, themed events, and groups based on people's interests and hobbies. People said there were plenty of meaningful activities available. One person told us, "I play domino's and draughts and I like walking in the garden when its fine. I go out with my daughter and there are community trips arranged regularly." People said there were plenty of meaningful activities available. One person told us, "I play domino's and draughts and I like walking in the garden when its fine. I go out with my daughter and there are community trips arranged regularly."

Improving care quality in response to complaints or concerns

- The provider had processes in place to seek feedback and respond to concerns when raised.
- The registered manager/provider analysed complaints to identify learning and improve the quality of the service provided to people.
- Staff listened to people's concerns and acted upon them. One person told us, "If I had any concerns, I would be happy to say so and I'm sure staff would listen and act on it."
- Relatives knew how to raise concerns and felt confident they would be dealt with. One relative said, "I would feel very comfortable in raising concerns if we ever needed to. If there are any issues, then staff will always ring us to let us know; they keep me updated with everything."

End of life care and support

- People's care records identified if they had a 'do not resuscitate' order in place. Relevant professionals supported end of life care.
- Where people had been willing to discuss their wishes for this stage of life, their care record reflected this.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The providers systems and processes for monitoring the safety and quality of the service did not identify the issues we found regarding care planning and record keeping.

We recommended the provider reviews their systems and processes for monitoring the safety and quality of the service and reviews their practices accordingly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People benefitted from a positive culture and person-centred care which focused on their needs, wishes and outcomes. Staff worked closely with people and their relatives to understand their cultural beliefs and backgrounds. Relatives told us managers and staff were inclusive and approachable. One relative said, "I would feel very comfortable in speaking to anyone about any concerns I had, especially the team leaders who are brilliant. Communication is very good and the [registered] manager is very approachable. I would highly recommend this care home to anyone."
- The provider had robust processes in place for receiving feedback and suggestions on how to improve the quality of support.

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; Continuous learning and improving care

- The registered manager understood the requirements of the regulations to notify CQC of certain events and to comply with duty of candour responsibilities when things had gone wrong.
- The provider encouraged staff to continue their learning to meet the changing needs of people using the

service.

- People and staff were encouraged to share their views and put forward ideas. People felt comfortable raising concerns with managers and were confident they would be listened to.
- Relatives felt confident in raising concerns and stated they were kept up to date when things went wrong. One relative told us, "The service is really well managed, and I can go to the office at any time and speak to [the registered manager] or any of the staff. I asked [the registered manager] about communication and now we receive regular email updates and they also produce a newsheet every 3 months; we are so happy with the service and the marvellous staff."

Working in partnership with others

- The provider had systems in place to effectively communicate with other agencies which led to positive outcomes for people. The registered worked jointly with district nurses to mitigate peoples' risk and promote their independence.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment <ul style="list-style-type: none">• Medicines management was not always safe which placed people at risk of harm.