

Central and Cecil Housing Trust

Woodlands House

Inspection report

118 Cavendish Road
London
SW19 2HJ

Tel: 02085438651
Website: www.ccht.org.uk

Date of inspection visit:
03 May 2017

Date of publication:
08 June 2017

Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

Woodlands House is a large care home which provides accommodation and personal care and/or nursing care for up to 64 older people. People using the service had a wide range of healthcare and medical needs, some of who are living with dementia. The home is able to accommodate up to 12 people who require intermediate care. Intermediate care is provided to people who need extra support for a short period of time to help them recover from illness or injury. The overall responsibility for the provision of intermediate care lies with another service provider. However staff at this service provide people with support with their personal care and nursing needs. At the time of this inspection there were 45 people using the service.

At the last Care Quality Commission (CQC) inspection in March 2015 the service was rated 'good' overall. However in the key question 'Is it well led?' we rated the service 'requires improvement'. This is because we found a breach in legal requirements. The provider was not submitting notifications about significant events that took place at the service in a timely manner. We carried out a focussed inspection in June 2015 and found at that time the provider was meeting the legal requirement. We were able to improve their rating for the key question, 'Is it well led?' to 'good' because we saw evidence of consistent good practice in relation to the submission of notifications.

At this inspection we found the service remained 'good' overall. The service demonstrated they met the regulations and fundamental standards. However in the key question 'Is it responsive?' we rated the service 'requires improvement'. This is because we found people may not be having all their social and physical needs met. People told us there was not enough to do to keep them active and engaged. Senior managers were already aware, prior to our inspection, that improvement was needed in the planning and organisation of activities and were taking steps to address this at the time of our inspection.

Although people said the provision of activities at the service needed to improve, they were generally satisfied with other aspects of the service. The provider maintained appropriate arrangements to deal with people's complaints and concerns if they were dissatisfied with any aspect of the service.

People continued to be safe at Woodlands House. Staff knew how to protect people from the risk of abuse and followed appropriate guidance to minimise identified risks to people's health, safety and welfare.

Some people said at busy times the service appeared short staffed. However there were enough staff to keep people safe and the provider reviewed staffing levels monthly. The provider had arrangements in place to check the suitability and fitness of all staff. However senior staff were reviewing arrangements for carrying out criminal records checks on existing staff, after our inspection, to ensure they had full assurance about staff's on-going suitability to work at the service.

People had a current support plan which reflected their choices and preferences for how their care and support needs should be met by staff. These were reviewed regularly by senior staff. Staff received relevant training and were well supported by senior staff to help them to meet people's needs effectively.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services when needed. Medicines were managed safely and people received them as prescribed.

Staff were kind and treated people with dignity and respect. They ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The environment was clean and clear of slip and trip hazards. The premises and equipment were regularly maintained and serviced to ensure these were safe.

Since our last inspection there had been a change in leadership at service and provider level. People and staff spoke positively about the new home manager and said they were open, approachable and supportive. Senior managers at provider level had oversight and scrutiny of the service and supported the home manager to ensure quality standards were met. Audits were used to identify areas of the service that needed to improve to ensure people experienced good quality safe care and support. The home manager took responsibility for ensuring these improvements were made.

Senior managers were working proactively with the service provider for intermediate care. Managers from both services acknowledged there had been challenges in ensuring people using this service received joined up, seamless care and support. However they were working together to address issues and improve standards so that people received the care and support they needed.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Requires Improvement ●

Some aspects of the service needed to be improved. People may not be having all their social and physical needs met. People told us there was not enough to do to keep them active and engaged.

People's support plans were current and reflected their choices and preferences for how they were supported. These were reviewed regularly by senior staff.

People were generally satisfied with the support they received. The provider maintained arrangements for dealing with people's complaints appropriately.

Is the service well-led?

Good ●

The service remains Good.

Woodlands House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated 'good' at least once every two years. The inspection took place on 3 May 2017 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During our inspection we spoke to 12 people who lived at the home. We also spoke to a visiting relative and a healthcare visitor. We spoke to the senior staff team which consisted of the home manager, deputy manager, the clinical services manager and the quality compliance manager. In addition we spoke to a registered nurse, a team leader, three senior care support workers and six care support workers. We also spoke to three senior managers and a GP employed by another service provider, who had overall responsibility for the provision of intermediate care at the service.

We looked at records which included six people's care records, 10 medicines administration records (MARs), 12 staff files and other records relating to the management of the service. We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People said they were safe at Woodlands House. One person said, "I do feel okay here and I don't worry about anything." Another person told us, "I feel looked after and safe and sound." A visitor said, "On visits I have never seen anything to make me worry about [people's] safety."

There were enough staff to meet people's needs during our inspection. However we received feedback from people which indicated there had been times, particularly during busier parts of the day such as meal times, when the service appeared short staffed. One person said, "I am in the lounge in the day and you wait a while because they are busy. They are quicker on the top floor and I like to go up there for activities. I sometimes use the bell in my room at night and you wait for a few minutes usually. Sometimes a bit longer." A relative told us, "They [staff] all do a bit and cover each other's floors. They are rushed in the mornings but evenings seem okay after tea and then it is a bit rushed again. They seem short staffed all the time."

We observed during the lunchtime meal service on the top floor of the home, for a period of time, there were two staff to assist 10 people with their meal one of whom needed extra support and attention because they became distracted and kept leaving the dining area. This did improve later as a staff member was deployed from the ground floor to provide extra support. At other times we saw staff were visible and responding to people's request for support promptly.

We discussed the feedback we received and our observations with senior managers. They told us they were confident there were enough staff deployed across the service to meet people's needs. They reviewed staffing levels monthly using a dependency tool to assess the level of support people required to meet all their needs. The home manager said call bell response times were monitored by them monthly and they had not identified through their checks that staff were taking too long to respond to these. They also told us the deputy manager was able to provide additional support to the ground floor of the home when required so that there would be enough staff to meet people's needs safely in this part of the home. Senior managers told us based on our feedback and observations they would review the way staff were deployed in the home to reassure themselves that people's needs were being met safely, at all times.

Since our last inspection, the provider had ensured all staff continued to be informed about how to protect people from abuse. Training in safeguarding adults at risk remained a mandatory requirement for all staff and this was refreshed annually. This helped staff to be aware and stay alert to signs of abuse or harm and the appropriate action they must take to safeguard people if a concern should arise. Staff confirmed they had received training and told us what steps they would take to safeguard people which included reporting any concerns immediately to their line manager or to another appropriate authority.

Staff were supported to reduce identified risks to people's health, safety and welfare to keep them safe from injury or harm. Senior staff continued to assess, monitor and review risks posed to people by their healthcare needs and by the wider environment. They updated people's support plans so that there was current guidance for staff on how to ensure identified risks were reduced or minimised in order to keep people safe. For example, where people were at risk of falling due to their healthcare needs, their support

plans directed staff in how to appropriately support them to move and transfer safely. This included guidance on how to help people get in or out of their chair or bed and supporting people to move around the environment by encouraging them to use walking aids for extra stability and support.

The provider ensured the premises continued to be safe for people. Regular maintenance and servicing of the premises and equipment was undertaken. We observed the environment was clean and clear of slip and trip hazards so that people could move safely around. One person said, "I like to walk around because it gives me something to do. It has to be kept clear because I really don't want to fall over."

The provider maintained recruitment procedures to check the suitability and fitness of any new staff to support people. Although the provider had carried out criminal records checks on the majority of staff in the last three years, we identified two long serving members of staff for whom no criminal records checks had been undertaken in over nine years. As a result the provider did not have full assurance about their on-going suitability to work at the service. We discussed this with senior managers who told us they would review this immediately and seek the appropriate assurances.

People were supported to take the medicines prescribed to them. One person said, "They bring them at mealtimes or just after. I never have to wait too long for them. I know what they are for. Sometimes they tell me or remind me because I forget." Another person told us, "I know what they are for...they chat to me about them if they are changed by the GP." The provider continued to maintain appropriate arrangements for safe medicines management. We checked stocks and balances of medicines and people's individual medicines administration record (MAR) which showed no gaps or omissions. This indicated people received their prescribed medicines. Medicines were administered by staff who were all suitably trained. They were stored appropriately and securely in the home.

Is the service effective?

Our findings

Since our last inspection, staff continued to receive training and support from the provider to help them to meet people's needs. All staff were required to attend training in topics and subjects relevant to their work to keep their knowledge and skills up to date. Staff spoke positively about the training they received. One staff member, who was a registered nurse, told us they had also received specialist training to help develop their clinical nursing skills.

Staff met with their line manager through a programme of regular supervision (one to one meeting) at which they were encouraged to discuss and reflect on their working practices and any additional support they needed to help meet their work priorities. Staff also had an annual appraisal of their work performance. They told us they felt comfortable discussing any issues or concerns about their roles with their line manager through the supervision and appraisal process.

Senior staff monitored and reviewed people's ability and understanding in being able to consent to and make specific decisions in relation to their care and support. Where people lacked capacity their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests.

We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 who lack capacity to agree to their care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We found applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisations and senior staff reviewed these every month to check they were still appropriate and in the person's best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the Act.

People were encouraged to eat and drink sufficient amounts to meet their needs. People, in the main, enjoyed the meals they ate. One person said, "It is nice, plenty of it. I choose in the morning from a couple of things." Another person told us, "It is varied. Some days better choice than others. There are good portions, too much really." And a relative said, "Oh I think [family member] eats enough but could be more choices." Staff were well informed about people's individual dietary needs including their specific likes and dislikes, as set out in their individual support plans. Where people had food allergies or required special diets due to their healthcare needs, this was catered for when planning meals. Staff recorded what people ate and drank. They used this information along with monthly nutritional risk assessments to check whether people

were eating and drinking enough. Where any concerns about this were identified they sought specialist support for people, for example, from a dietician.

Staff helped people to stay healthy and keep well. They supported people to see healthcare professionals such as the GP, dentist or chiropodist when needed. One person said, "I see all sorts here, dentists, opticians." Another person told us, "They sort everything out like that and you only have to ask and they will send a nurse and she will call the doctor." On the day of our inspection an optician was visiting the service to carry out general check-ups and eye tests with some of the people using the service. They told us, "They explain things well to residents about what is happening."

Regular health checks were carried out by staff and documented in people's individual records. For example, people's weights were monitored to check for weight loss or gain that could be detrimental to their overall health and wellbeing. Staff maintained daily records of the support provided to people and recorded their observations about people's general health and wellbeing. When staff became concerned about a person's health and wellbeing or a person became unwell, staff sought support promptly from the appropriate healthcare professional.

Is the service caring?

Our findings

People spoke positively about the staff that supported them. One person said, "They ask me how I like things." Another person told us, "The regular ones are very nice and ask how I am. They involve my family, ask how they are, offer tea." Another person said, "They are kind and caring. They have been lovely and held my hand and been reassuring when I have felt ill."

Throughout our inspection we observed a number of positive interactions between people and staff. During an organised musical activity we saw staff encouraged people to participate, offering praise and reassurance where appropriate. Staff continually offered people choices, listened to what people had to say and respected their wishes. For example after the musical activity ended, a staff member asked each person if they would like a drink and gave them different options to choose from. Once people were given their chosen drinks staff sat with people and chatted with them while they enjoyed their drinks. At lunchtime we saw staff explain to people what the meal options were and made sure people were able to have what they asked for. One person did not want their initial choice. A staff member brought out a plated meal with different options on it and showed this to the person, talking through the different foods on the plate. The person was encouraged to pick what they wanted and we noted they were happier with their choices and finished their meal.

Staff were patient and considerate towards people. We observed during a one to one nail painting activity, a staff member gently held a person's hands as they waited for the nail paint to dry. The staff member explained they did this because the person's hands closed involuntarily and they wanted to make sure the nails didn't smudge. Before the lunchtime meal people were helped to take their seats in dining rooms and staff checked they were comfortable. During the meal people were not hurried and left to eat at their own pace. Staff only brought out the next course when people were ready for this. We saw a staff member gently supporting one person who was initially reluctant to eat but with positive encouragement and praise was able to eat most of their meal. In another instance we saw a person tell a staff member they were in pain and they were supported to take their prescribed medicine for this, promptly.

People's right to privacy and to be treated with dignity was respected. One person said, "They always knock and say hello when they come in. I have a lock and I use it if I want to stay in bed in the morning." Another person told us, "I think they give me some privacy and they tell me I can lock the bathroom door and they will wait outside." Another person said, "They respect time I would like on my own." We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff told us they kept doors to bedrooms and communal bathrooms closed when supporting people with their personal care to maintain their privacy and dignity.

Staff encouraged people to be as independent as they could be. One person said, "They help and give me some advice on how to do things like wash and dress on my own which I like." Another person told us, "They offer assistance with everything. I like to do things myself but it is nice to know they are there, on hand" And a relative said, "They do encourage independence which is good and sometimes assist with [family member] so she helps herself." People's support plans set out the level of support they required from staff

and what people were able to do for themselves. This provided staff with information about how to support people in such a way so that people were able to retain as much control and independence as they could.

Is the service responsive?

Our findings

People told us there was not enough to do at Woodlands House to keep them active and engaged. One person said, "We don't do much. When we have entertainers they are good. We used to do flower arranging and I liked it but we don't do that anymore." Another person told us, "The activities are sparse." A relative said, "It is often very quiet and my [family member] is lonely. There isn't so much for her to do." And, "They used to do more. A woman came to use iPads with them, flower arranging, exercise but they don't do that much now." People felt there were fewer activities at the home than before because staff were busier with other tasks. One person said, "Most of them are in a rush but they are good when they do things." And a relative said, "If they had more staff they would have time to give [family member] one to one care and time to residents."

When we asked people and relatives what the provider could do better at the service, all told us the range of activities on offer at the home and in the community should be improved. Typical comments we received included, "I would like to go out more to shops and parks"; "just some more things going on, activities and people to chat with"; "dancing and singing more often"; "activities like sewing and baking I would enjoy and perhaps gardening" and "they could organise someone from church to give communion and a few more different activities, like they used to do."

During our inspection we observed some activities did take place around the home. On the top floor of the home a singing session had been organised and staff brought people from other parts of the home to the session so they could be included too. The atmosphere was fun and people appeared to enjoy themselves, joining in by clapping, singing and dancing along to the different songs. In other parts of the home we saw staff sit with a few people and engage them in one to one activities such as reading the newspaper or painting their nails. In the bespoke hair salon, people were having their hair cut, washed and blown dry.

However it was clear that most of the activities that took place were ad hoc rather than part of a planned programme of events taking place in the home and community. This meant there was a risk that people may not be having all their social and physical needs met and there were fewer opportunities to do so than previously. We discussed the feedback we received and our observations with senior managers who told us they were already aware, prior to our inspection, that improvement was needed in the planning and organisation of activities and were taking steps to address this.

People continued to be involved in planning how their care and support needs should be met. One person said, "I have a folder and they write down what I want or answers to their questions in it. I make choices for myself and how I like things and it is in my plan." Another person told us, "I have a plan and sometimes they ask me questions and what I think I would like more or less help with."

People's support plans were current and contained information about their life histories, their likes and dislikes and their specific preferences for how support should be provided. There was detailed information in support plans for how people should be supported with the tasks of daily living, for example, the help they needed in the morning to get ready for the day ahead, how they wished to receive personal care, the clothes

they wanted to wear, how they wished to spend their day and the meals they preferred to eat. This ensured people should receive support that was personalised and focused on their needs being met.

People said, in the main, staff knew how to meet their needs. One person said, "The ones who have been here a while do." Another person told us, "They make sure they read the folder and I tell them things if I think they are unsure." However one person we spoke to said despite making a request to have their spiritual needs met staff had yet to organise this for them. We raised this with the home manager who said they would deal with this on the person's behalf.

People's care and support needs were reviewed by senior staff every month. Where changes were identified as being needed to the level of support people required, their support plans were updated and information about these changes was shared with all staff involved in their care. For example for one person whose mobility had recently deteriorated, senior staff had reassessed the level of support the person now required, identified new risks to them as a result of their reduced mobility and updated the person's support plans with new guidance for staff on how to support this person appropriately whilst keeping them safe. This was communicated to all staff involved in the person's care.

Although people and relatives said the provision of activities at the service needed to improve, they were generally satisfied with other aspects of the service. Comments we received included, "I like the food here and my room is very pleasant"; "some of the carers are lovely, very kind. I like my room"; "the food is very nice and it is lovely and clean here" and "when we do activities they are great".

The provider maintained appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was accessible in the home and people said they knew who to make a complaint to if they were unhappy with any aspect of their care and support. Records showed when a concern or complaint had been received, the home manager had conducted an investigation, provided appropriate feedback to the person making the complaint and offered an apology, when appropriate, when people experienced poor quality care and support from the service.

Is the service well-led?

Our findings

Since our last inspection, there had been a change in management at the service. The provider appointed a new home manager in February 2017 after the previous manager left at the end of December 2016. At the time of this inspection the new manager had submitted their application to CQC to become the registered manager for the service. A registered manager is a person who has registered with 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 2008 and associated Regulations about how the service is run.

People spoke positively about the new home manager. One person said, "He is a nice chap, quite new. I would talk to him if I needed to and he asks what we think of things like food or an activity." Another person told us, "He seems very nice. I've been introduced and he comes in for a chat or to help sometimes." Another person said, "I tell him what I think about things and he says 'thank you it is helpful to know'. You can chat and laugh with him." And a relative told us, "He seems very good, efficient. You often see him mucking in. I think he is busy trying to get things better. How they used to be." Staff also had positive things to say. One said, "He's there for staff and he's a person you can talk to." Another told us, "He made it clear that his door was always open."

We received feedback from people and relatives that indicated the provider had not been as effective as they could have been, in communicating important information about changes at the service. Some people and their relatives were unhappy about the provider's recent decision to move nursing care provision from this service to another of their services locally, as they did not wish to leave Woodlands House. A relative told us the reasons for this were poorly explained and caused unnecessary anxiety to them and their family member. We saw the provider had taken action recently to respond appropriately to people's concerns about this change. Senior staff arranged meetings with people and their families to provide more information about the proposed changes and listened to their concerns. The provider agreed that people who did not wish to move would not be made to and were able to stay at Woodlands House and have their nursing needs met.

We were also aware the provider was actively looking to sell Woodlands House at the time of this inspection to another provider. People and relatives said they were anxious about the sale and the effect this would have on them. Senior staff had held a series of meetings with people and relatives to explain the reasons for this sale and the steps they would be taking to ensure people continued to receive good quality care and support through the sale and transfer of the service to any new provider. The minutes of these meetings were provided to all people and relatives to keep them updated and informed about what was happening at the service.

People and relatives were offered opportunities to share their views and feedback about the service through the provider's annual satisfaction survey. The provider analysed completed surveys to identify areas of the service that required improvement. We also saw there was a programme of 'residents and relatives' meetings. But some people and relatives said they were not aware of these. It was clear from minutes of

meetings these had taken place recently but these comments indicated that not all people knew when these were scheduled for which meant the provider was potentially missing opportunities to gain their feedback about the quality of the service.

In addition to a new manager, there had also been changes to the senior management team of the organisation, providing additional oversight and challenge to the service. A clinical services manager and a quality compliance manager had been appointed and worked closely with the home manager to ensure the provider's aims and objectives for the service were delivered so that people experienced good quality care and support. Using the provider's quality assurance framework, senior managers and the senior staff team at the service carried out a range of audits to check that expected service standards were being met in relation to the provision of good quality care and support to people. Any shortfalls or gaps identified through these audits were dealt with through the service's improvement plan. The home manager was responsible and accountable for ensuring these improvements were made, providing senior managers with regular updates about progress against these. We saw through regular staff team meetings, senior staff shared outcomes and any learning from these audits with staff to enable them to reflect and improve on their working practices where this was needed.

Senior managers were working proactively with another service provider to ensure people received the care and support they needed. Some of the people using the service were receiving intermediate care and support. Woodlands House was responsible for ensuring people's personal and nursing care needs were met whilst the other service provider ensured people received clinical support and input from GP's, a Pharmacist, physiotherapists and occupational therapists. The current arrangement commenced in October 2016.

Senior managers at both organisations acknowledged there had been some challenges in ensuring that people received joined up, seamless support through this arrangement. However we saw managers from both organisations were well informed about the issues and had set in place additional arrangements to continuously monitor and review whether expected service standards were being achieved through this arrangement and people received the support they needed. Senior staff told us some benefits had already been felt through this process including specialist training and support for the service's nursing staff and improved communications between staff at both services through daily and weekly meetings to discuss people's progress against their care goals and objectives.