

Hemunjit Ramparsad

Woodlands

Inspection report

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 10th December 2018 and was unannounced. At our last comprehensive inspection in October 2017 the service was rated 'Requires improvement'.

Woodlands is a care home for older people. The home is registered to accommodate 20 older people. At the time of our inspection there were 15 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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. At this home the provider (owner) was the registered manager. He is referred to as the registered manager in this report.

At the last inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to a limited choice of meals available to people, the hot water was above recommended safe temperature and there were no window restrictors to reduce the risk of falls from windows. At this inspection we found improvements had been made in all these areas.

People were positive about the service and the staff who supported them. People told us they liked the staff and that they were treated with dignity and kindness.

Staff treated people with respect and as individuals with different needs and preferences. The care records contained information about how to provide support, what the person liked and disliked, their preferences and interests.

The staff demonstrated a good knowledge of people's care needs, significant people and events in their lives, their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Risk assessments were in place for a number of areas and were regularly updated. Staff had a good knowledge and understanding of many health conditions.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people living at the home.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's views on the service were regularly sought and acted on.

Recruitment practices were safe and relevant checks had been completed before staff worked at the home.

People participated in a range of social activities.

The registered manager and staff ensured everyone was supported to maintain good health.

Medicines were managed safely. Staff had received relevant training and regular medicine audits were taking place.

People were satisfied with the food provided at the home and the support they received in relation to nutrition and hydration.

There was an open and transparent culture and encouragement for people to provide feedback.

People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

Staff told us they really enjoyed working for the organisation and spoke very positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues.

People, staff and health and social care professionals spoke highly of the registered manager; they found them to be dedicated, approachable and supportive. The registered manager understood their responsibilities and ensured people, relatives and staff felt able to contribute to the development of the service. Staff were supported to be valued members of the organisation.

The provider's governance framework ensured quality performance, risks and regulatory requirements were understood and managed. The service learnt and made improvements when things went wrong.

The home appeared clean and maintained and there was a refurbishment program in place.

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 ●

Improvements had been made to maintain the safety of the building.

Staff understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

The service ensured the proper and safe use of medicines. People were protected by the prevention and control of infection.

Sufficient numbers of suitably qualified staff were deployed to keep people safe.

Is the service effective?

Good ●

The service was effective.

People received care from staff that were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing.

People were supported to eat healthily.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in the care planning and delivery and they felt able to raise any issues with staff or the registered manager.

Staff knew people's background, interests and personal preferences well.

Is the service responsive?

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

Care was planned and delivered to meet the individual needs of people.

There was a complaints procedure in place.

Good ●

Is the service well-led?

The service was well led.

People, relatives, staff and health and social professionals spoke highly of the registered manager; they found them to be dedicated, approachable and supportive.

The registered manager understood their responsibilities and ensured people, relatives and staff felt able to contribute to the development of the service.

Systems were in place to monitor and improve the quality of the service.

Good ●

Woodlands

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 an unannounced inspection and took place on 10 December 2018.

The inspection team consisted of one inspector, an assistant 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.

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

We spoke with seven people who used the service. We spoke with the registered manager, the deputy manager, the activities coordinator, the chef and two care support staff. We also spoke to one visiting health care professional. After the inspection we got feedback from another health care professional who worked closely with the service.

During our inspection we observed how the staff supported and interacted with people who used the service. We also looked at three people's care records, three staff files, a range of audits, the complaints log, and minutes for resident's meetings, staff supervision and training records. We also inspected medicines storage, recording and administration.

Is the service safe?

Our findings

At our last inspection we found hot water was above safe temperatures and left people at risk of scalding. We also found that some first-floor bedrooms did not have window restrictors fitted to ensure the window could only open a safe distance. At this inspection we found improvements had been made. Two new water cylinders and new boiler thermostat valve controls had been installed to ensure that the temperature was within the safe limit. Window restrictors on the first floor had been installed. The provider had also made many improvements to the building which included building an extension to the dining room area and a conservatory to provide more space for people. A new bathroom had been installed on the first floor. The registered manager also told us that he had plans to upgrade the garden area.

People told us they felt safe whilst receiving their care and support. Comments included, "I feel safe they treat me well" and "It's alright, wonderful. They're very good to me."

The provider had taken reasonable steps to protect people from abuse. There were systems in place to ensure that safeguarding concerns were raised with relevant agencies, such as the local authority safeguarding team. Care staff told us they would tell the manager or deputy manager of any safeguarding issues. Staff told us that they had received safeguarding training at induction and we saw from the training records that all staff had completed safeguarding training within the last year. Staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicion.

Each person's support plan contained individual risk assessments in which risks to their safety were identified. These included areas such as skin integrity, falls, mobility, diet and breathing. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. This enabled staff to work effectively to keep people safe. Where people's needs changed, staff had updated risk assessments and changed how they appropriately supported people to make sure they were protected from harm. For example, where people were identified as at risk of falls, specialist equipment such as pressure mats by beds had been obtained.

People told us there were enough staff available to help them when they needed assistance. During our inspection, we observed that staff did not appear to be under pressure whilst performing their role. There was a calm atmosphere in the home and those who used the service received staff attention in a timely manner. We noted that the service did not use any agency staff which ensured continuity of care for people living there.

We checked staff files and found the service had a robust recruitment process in place. This helped to ensure staff were suitable to work with vulnerable people. In addition to the interview, appropriate checks were carried out which included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. We also found there were appropriate recruitment and selection policies and procedures in place which reflected current legal requirements.

People's medicines were safely managed. Only senior staff administered medicines, they were trained and had their competency to administer medicines regularly assessed. Medicines Administration Records (MAR) were accurate and showed people received their medicines as prescribed. There was a safe procedure for ordering, storing, handling and disposing of medicines. Medicine management and administration was audited on a regular basis and any rare errors were quickly corrected. The provider's medicines policy included information on safe administration of medicines and 'as required' (PRN) medicines. Where people were prescribed medicines on an 'as required' basis, for example, for pain relief, there was sufficient information for staff about the circumstances in which these medicines were to be used. The medicine trolley was clean, tidy, locked and secured. Medicines were stored and disposed of securely. A person using the service told us, "They medicate me and have informed me of side effects and why I'm taking them."

Accident and incident events were documented and regularly reviewed by the registered manager to identify any trends.

Staff were aware of infection control practices such as washing hands and the importance of good hygiene. Staff told us they had access to protective clothing including disposable gloves and aprons. On the day of our inspection the home appeared clean and free from unpleasant odours.

Is the service effective?

Our findings

People told us staff had the knowledge and skills needed to provide an effective service.

People's care plans confirmed that an assessment of their needs had been undertaken by a senior member of staff before their admission to the service. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

Training records confirmed that there was a comprehensive induction and rolling programme of training to ensure that staff had the necessary skills and knowledge to undertake their role and fulfil their responsibilities. Staff we spoke with said they were well supported by the management and received sufficient training to do their job effectively.

Staff had completed training in a range of areas that reflected their job role such as manual handling, medication, infection control, pressure area care and dementia. A number of staff had also been supported to attain nationally recognised qualifications in care.

Care staff we spoke with told us they received opportunities to meet with their line manager to discuss their work and performance. One member of staff said, "The managers help us, and give us support when needed. I recently did a health and safety course." We found that supervision was taking place on a regular basis and this included regular observations of staff to ensure they were effective in carrying out their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Care workers understood the importance of supporting people to make decisions and remain independent. They could tell us how they obtained consent from people before they provided personal care. People who needed a DoLS had this in place and the provider kept a record of when each DoLS authorisation was due to expire. Staff had received training on the MCA so that they had sufficient knowledge of the requirements associated with it.

Most people we asked told us that staff asked their permission before they helped them with anything. During the inspection we observed staff asking people's consent and offering them choices. Care plans had been signed by the person or their representative to indicate they consented to their care plan. People signed their consent to staff giving them their prescribed medicines, physical examination, to be weighed regularly and to have their needs assessed.

At our last inspection we found that food lacked variety. The menu was displayed but not always followed. We found there had been significant improvements at this inspection and all the people we spoke with were happy with the quality and variety of food on offer. Comments included, "The food is delicious enough" and

"Food is fine. I like my rice and chicken." A new menu was in place and there was a variety of meals available to people who used the service.

The risks to people from dehydration and malnutrition were assessed so that they were supported to eat and drink enough to meet their needs. People's food preferences and needs were recorded and menus planned to reflect this. The staff provided specialist diets based on health and cultural needs and personal preferences. Food was freshly prepared by the chef each day and people had a choice of three different meals. The service had also recently received a five star food hygiene rating.

Records confirmed that there were systems in place to monitor people's health care needs and to make referrals within a suitable time frame. People's health records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing. A visiting health care professional told us that the home was "extremely responsive" and managed people's health conditions well.

People's health was monitored and appropriate action was taken if they needed to be seen by other health professionals. All visits were documented; this showed staff were proactive in seeking visits and advice when necessary. Records further confirmed that people were referred to healthcare professionals appropriately such as district nurses, GPs, dieticians, and speech and language therapists.

Is the service caring?

Our findings

People told us that staff were very caring. They were also respectful of people's privacy and dignity. Comments included, "They treat me nice, [care staff] is a very nice gentleman" and "It's nice, they treat me well. I do talk to staff."

Staff were motivated and caring. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. People told us that staff were caring and respected their privacy and dignity. One person told us, "They knock on the door before they come in."

Our observation during the inspection confirmed this; staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs. We saw that staff spoke with people while they moved around the home and when approaching people, staff would say 'hello' and inform people of their intentions. We heard staff saying words of encouragement to people. During our observations we saw many positive interactions between staff and people who used the service. Staff spoke with people in a friendly and respectful manner and responded promptly to any requests for assistance.

We saw that staff attended to people's needs in a gentle and compassionate manner. Staff were interactive, polite and communicated with people in a respectful way. We saw that staff were communicating well with one another passing on relevant information to each other regarding the care they were providing. We observed that people using the service appeared clean and well groomed.

We saw staff being gentle to people while supporting them with tasks such as eating, taking medicines and personal care. Staff were patient, spoke quietly and did not rush people. One staff member told us, "If they refuse help then we leave them and try again later" and another told us, "I support clients with their clothes. Before I go into their room, I knock on their door, and wait for their response. Once they let me in, I will close the door, I will get them up and change their clothes. I will show them which clothes they want to wear."

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief. People's plans also included information about how they preferred to be supported with their personal care. Staff we spoke with could tell us about people's preferences and routines. A staff member told us, "We treat people like our own family."

We saw that the service provided culturally appropriate care, several people were supported to attend places of worship and the menu always had a choice of curry to cater for a number of Asian people who lived at the home.

Is the service responsive?

Our findings

A visiting Health care professional told us that the service was very responsive and always promoted independence and that staff were proactive and knowledgeable.

The care plans contained information about how to provide support, what the person liked, disliked and their preferences. Care plans were personalised. For example, we saw phrases like, 'I like to read women's magazines', 'I always want to be smart and tidy' and 'I like to watch romantic movies' written in people's care plans.

Staff tried hard to match care and support to people's likes and current or changing needs. People told us staff adapted care to suit their individual preferences. For example, some people preferred a morning lie in, whilst others liked to be up early; this was known and respected by staff. The care plans ensured staff knew how to manage specific health conditions, for example diabetes and dementia. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers. Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives.

An activities coordinator was in place who organised daily activities. In addition to scheduled activities, such as visits from entertainers, group activities were offered to those who wanted to participate. These included, exercise classes, group quizzes and arts and crafts. The activities coordinator told us, "With time and encouragement you get to know people's interests." We saw that weekly activity schedules were displayed in various areas around the home. People were also taken out regularly for walks in local parks and there had been a recent trip to a local shopping centre.

The provider took account of complaints and compliments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns. A person using the service told us, "I haven't but would complain to [deputy manager]."

People were asked about where and how they would like to be cared for when they reached the end of their life and this was recorded on their care plan. This captured their views about resuscitation, the withdrawal of treatment and details of funeral arrangements. It gave people and families the opportunity to let other family members, friends and professionals know what was important for them in the future, when they may no longer be able to express their views. We found that many people did not want to complete their end of life plan and this was recorded as required. The service was in the process of rolling out a more robust end of life care plan format.

Is the service well-led?

Our findings

People who used the service and healthcare professionals and staff praised the registered and deputy manager and said they were approachable and visible.

We found that people and their relatives felt consulted and involved in decisions about the care provided in the home. Regular meetings were held for people living at the home and their relatives at which they could participate in decision-making regarding activities and menu planning as well as provide feedback about the service.

Since the last inspection the management team had made many improvements to the service including refurbishment of the dining area and bathrooms. They had also improved the quality and variety of food available to people. Representatives from the local authority and other healthcare professionals told us they had worked closely with the home to help them effect improvements and that the registered manager and deputy manager worked well with them to make the necessary improvements.

Observations and feedback from staff showed us that there was an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service and felt really valued whatever their role. Staff also said that morale was very good and communication throughout the home was effective. Feedback included, "The managers are very good, they support me. They know what to do", and "Woodlands is a good place to work, we are like a family here. [Registered manager] and [deputy manager] helps us and give us support when needed."

Staff confirmed they could raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. They were supported to apply for promotion and were given additional training or job shadowing opportunities to facilitate this. During our conversations with staff, they demonstrated that they cared immensely for the people they supported.

There were effective systems in place to monitor all aspects of the care people received. The registered manager had conducted audits regularly and there was continual oversight by the deputy manager. These had assessed areas such as the cleanliness and safety of the environment, the accuracy of people's care records and the management of people's medicines. Regular spot checks were also carried out at night. The registered manager worked in the home each day. This meant they could observe staff practice check on people's bedrooms, medication, meals, activities, housekeeping and care plans to ensure a continuous drive for improvement. The service had carried out a satisfaction survey in the month of October to gain the view of residents, staff and healthcare professionals. The results were extremely positive. Comments included, "We always have good and professional liaison with the managers of this home" and "It's always a pleasure to visit woodlands. We are assisted by care staff who are thoughtful and knowledgeable about the residents."

The provider had notified the Care Quality Commission of all significant events which had occurred in line

with their legal responsibilities. We used this information to monitor the service and ensured they responded appropriately to keep people safe.

The service worked in partnership with other agencies to support care provision and development. The service's compliments records included positive feedback from community professionals about co-operative working.