

Oakland Primecare Limited

Woodland Grove

Inspection report

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Date of inspection visit:
03 December 2018

Date of publication:
15 January 2019

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

Summary of findings

Overall summary

What life is like for people using this service: The registered person had gone above and beyond, to consult, empower, and listen to people's views. Information was used in a way that considered how best to deliver person centred care in a way that improved people's outcomes. One relative said, "[Name] was at death's door when we brought him here. We did not think they were going to make it. But they have done a miracle. [Name] is safe and cared for, and they are stimulated." One person said, "If it's not to my liking they seem to accommodate me and I get something I like."

Staff used innovative and individual ways of involving people and their family, friends, and the local community to meet people's needs in a personalised and sensitive way. People received personalised care that responded to their needs. Staff were caring and responsive, and people consistently told us how they were treated with kindness, compassion and respect.

People received personalised care and support specific to their needs and preferences. People were respected as an individual, with their own social and cultural diversity, values and beliefs. Staff looked at people's backgrounds and used this to enable and encourage people to maintain their interests and celebrate their lifetime achievements.

People benefitted from a service which went to great lengths to include, and encourage people to be socially engaged and stimulated. Arrangements for social activities was exceptional and personalised. One person said, "I do the keep fit and yoga. We get a sheet which says what's happening each day. They are really good."

Since the last inspection, people had been placed at the centre of the service had been consulted with in different ways. People and staff told us they felt respected, and listened to. One relative said, "I think the staff are fantastic. They treat [name] with dignity and respect. I have never had any issues with the staff."

The service was at the heart of the local community with strong community links. There was a variety of different community groups regularly visiting. People were helped to join events in their community. Staff were motivated by and proud of the service. One staff member said, "I have been here for about four years now. I love my job."

The provider had completely overhauled the management structure and had reviewed the roles and responsibilities within the organisation. The service was effectively managed and well led.

This met the characteristics of good, with outstanding elements in some areas.

More information is in the full report.

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 was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Woodland Grove

Detailed findings

Background to this inspection

The 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.

Inspection team: Two inspectors and an inspection manager carried out this inspection, along with 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 and had experience of residential care.

Service and service type: Woodland Grove is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced. The provider did not know we were coming.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, and spoke with other professionals who work with the service. We assessed the information providers send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with nine people and eight relatives to ask about their experience of the care provided. We observed the care people received, to help us understand the experience of people who could not talk with us.

We spoke with 14 members of staff including the registered manager and the nominated individual. They

are referred to as the registered persons in this report. During the inspection, we spoke with two visiting professionals.

We reviewed a range of records. This included six people's care records and medication records.

We also looked at five staff files around staff recruitment and various records in relation to training and supervision of staff. We looked at audits and quality assurance procedures relating to the management of the home, which had been developed and implemented by the provider. Some of this information was received following the inspection visit.

Is the service safe?

Our findings

The registered manager was passionate about learning when things had gone wrong and had developed the service so risks were reduced to people moving forward. People told us they were safe and relatives trusted staff to do the right thing.

We have inspected this key question to follow up the concerns found during our previous inspection on 25/01/2018.

Safe – this means people were protected from abuse and avoidable harm.

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Learning lessons when things go wrong

- The registered persons had worked collaboratively to make a number of changes to the service. They had been proactive in involving people, their relatives, and staff to find solutions when events had occurred and to make improvements. One relative said, "[Name's] care has improved massively. They look after [Name] as if they were their own Mum. Communication has certainly improved." One staff member said, "A year ago it was awful. Now it is getting better." Another staff member said, "Staffing is a lot better and we get a lot more support. My clinical lead is absolutely amazing, they sort things out and work together. Communication is better, things that needed to change have been changed."
- Safeguarding events had been investigated and solutions had been found by working proactively with people, staff and partner organisations.
- Robust systems had been put in place to monitor and learn from incidents and accidents.
- Records of accidents and incidents were of good quality and overseen by the registered manager who took preventative action when this was needed.

Systems and processes

- Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive training.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they saw or had an allegation of abuse reported to them.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- New risk management systems had been put in place and were being used effectively.
- People's needs and abilities had been assessed and risk management plans were in place to guide staff on how to protect people.
- The potential risks to each person's health, safety and welfare had been identified. Risks which affected their daily lives, such as mobility, communication, skin integrity, nutrition and continence were clearly documented and known by staff.

- Risk assessments relating to the environment were in place. This included emergency evacuation plans and equipment to be used in case of fire.

Staffing levels

- Several new staff had been recruited. One staff member said, "Staffing is a lot better and we get a lot more support." Another said, "I like it here as we have all the staff we need. Staff are busy doing things with people, not hiding in corridors like some other homes I have worked in."
- Staffing levels were appropriate to meet the needs of the people using the service. Staff said there were enough staff on duty to support the effective running of the ground and bottom floor. On the middle floor, two staff members told us that at times staff resources were stretched. This was because staffing numbers had not decreased when occupancy had reduced, and occupancy was now increasing.
- Our observations throughout the day found enough staff available to meet people's needs in a prompt way.
- Recruitment practices were of good quality and appropriate recruitment checks had been carried out.
- Staff told us that morale was good and they felt included and motivated.

Using medicines safely

- Medicines were safely managed. There were systems for ordering, administering, and monitoring medicines. Where medicines errors had been made, these were quickly found and resolved to keep people safe.
- Staff were trained and deemed competent before they administered medicines. Medicines were secure and records were appropriate.
- People told us they received their medicines, as prescribed and this had been recorded correctly.
- Observations of staff showed they took time with people and were respectful in how they supported people to take their medicines.

Preventing and controlling infection

- Staff were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control.
- The home was clean and tidy. The laundry system was effective and included a clothing labelling system to make sure that people's clothes did not get mixed up.
- The housekeeping team had been shortlisted for a quality in housekeeping award, at the Care UK awards.

Is the service effective?

Our findings

People were supported by effective staff who had the skills, knowledge and experience to deliver good care. People had a high-quality dining experience, in a building which had been designed and adapted to meet people's needs.

We have inspected this key question to follow up the concerns found during our previous inspection on 25/01/2018.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough with choice of a balanced diet.

- The provider offered people an exceptional, high-quality dining experience
- Menu options were tailored to people's individual choices, and people had complete control over what they wanted to eat and drink in an area and time of their choice.
- Meals were freshly prepared and varied according to the seasons. Meals were plentiful and of an exceptional quality.
- Each person had a personalised and individual meal time experience. The provider met people's nutritional needs in a precise way because the provider made sure people's exact food preferences were considered and their wishes carried out.
- People with complex nutritional needs had their risks identified and systems were in place to effectively manage these risk in relation to eating and drinking.

Staff skills, knowledge and experience

- Staff were trained, skilled, knowledgeable, and supported by the provider to deliver effective care and support.
- Staff were provided with a thorough induction, regular supervision, and appraisals.

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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported them to have a good quality of life. One staff member said, "We have good training. We experienced what it was like to have dementia. It was amazing. I think of that all the time it really stays with you."

Staff providing consistent, effective, timely care

- Handover meetings helped discussions between staff which focused on how best to respond to people's changing needs.

- Staff were aware that people's needs could change, and understood how to manage these risks. They understood when to involve other agencies and services when this was required.
- Staff worked together to ensure people received consistent, timely, coordinated person-centred care.

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

- Woodland Grove is a purpose-built care home. It is maintained and decorated to a good standard throughout.
- People could access the ground floor safely, where there was a pleasant outdoor area. A putting green had been installed for some people who had an interest in pitch and putt.
- People could spend their time in different spaces. There were a mixture of different lounges, communal spaces, and a bistro for people to choose from.
- Complimentary meals, drinks and refreshments were offered to relatives, to encourage them to spend quality time with their family members and maintain close bonds between people.

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 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and found these were being met.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have the mental capacity to make decisions, they were supported to have maximum choice and control of their lives.
- Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.
- Staff had received training in the MCA and understood the importance of gaining consent before providing support.

Is the service caring?

Our findings

People were encouraged to be as independent as possible. Staff treated people with compassion, gentle kindness, dignity, and respect.

We have inspected this key question to follow up the concerns found during our previous inspection on 25/01/2018.

Caring – this means that the service involved people and treated them with compassion, kindness, dignity, and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Staff spoke about people in a respectful and inclusive way. One staff member said, "We jump in and out of their worlds and their reality, and that can be quite difficult, but that's what we focus on."
- People told us staff had the time to give care and support in a compassionate and personal way, and showed a real empathy for the people they cared for.
- Staff recognised when people needed and wanted support from them and considered how they could support people emotionally as well as meeting their personal care needs.
- The provider looked at ways they could care for staff as well as the people that lived at the service. One staff member said, "My mum says to me why do you like going to work at Christmas. I tell her I love the warmth and happiness and good times we have. That's where I want to be."

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

- People could be assured that information about them was treated in a confidential way and staff respected people's privacy.
- Information relating to people's care recorded how people could retain control over what they were able to do for themselves.
- Since the last inspection the provider had focused on building and maintaining open and honest relationships with people and their families.
- Care plans were detailed, and had explored people's needs and preferences in relation to personal and family support.

Respecting and promoting people's privacy, dignity, and independence

- The provider ensured people received care that met their individual and diverse preferences. If family members had a different opinion, the provider worked to try to help all involved to understand the issues and see things from different points of view. External help was obtained when this was needed.
- People decided who provided their care and support, and when, and staff spoke to people in a respectful way.
- People's social needs were understood. People were supported to maintain and develop their

relationships with those close to them, their social networks and community. People had free access to their family, friends, and community. Any restrictions were unavoidable or demonstrably in people's best interests.

- Staff anticipated people's needs and could recognise distress and discomfort at the earliest stage. We saw staff offering gentle, sensitive, and patient support.

Is the service responsive?

Our findings

The registered manager exceeded expectations in ensuring people's needs, views and aspirations were at the centre of everything they did. Staff used innovative and individual ways of involving people and their family, friends, and the local community to meet people's needs in a personalised and sensitive way.

We have inspected this key question to follow up the concerns found during our previous inspection on 25/01/2018.

Responsive – this means that services met people's needs

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice, and continuity of care.

Improving care quality in response to complaints or concerns

- People, and their relatives told us the service was exceptional and they received excellent care. Intensive work had been undertaken with people and relatives to improve the service they received and ensured their needs were being met. One compliment said, "Staff have gone above and beyond to make sure [name] has had the best care. Without your help, support, understanding and cuddles [name] would not have been so happy. Everyone has shown such love and compassion. We are truly grateful and can never repay you. Please just continue your great work. It makes us smile to know you are helping families to cope at such difficult times.
- The registered provider had met with people and their families on a regular basis to listen to their views. The service people had received had improved as a result of these meetings. Comments included; "It can be clearly seen that all your hard work and commitment is now showing in the home." Another said the team was, "Highly professional, friendly and welcoming." Another said, "I would like to send an enormous thank you. You are a very committed group of individuals, devoted to providing a superb environment for the residents to enjoy their lives. You work together extremely well and tirelessly."
- Some people who had experienced poor levels of care previously, had decided to stay in residence at the service, and told us the provider had improved the service they received. One relative explained, "[Name's] care has improved massively and they look after [Name] as if they were their own. Communication has certainly improved."
- People who used the service and their relatives had been involved to find solutions when complaints were responded to. When complaints had been made, comprehensive investigations had been carried out, and external professionals had been involved when this had been needed.

How people's needs are met

- An extensive range of stimulating activities were on offer seven days a week. These enabled people to have fulfilled lives, engaging in activities and hobbies that were meaningful to them. The registered provider went to exceptional lengths to encourage people to share skills, learn new interests, socialise and form new friendship groups, by ensuring that there were a wide range of events for people to get involved with. Such as, Zumba, hip hop and keep fit sessions, balloon volleyball, massage, beauty sessions, arts and crafts,

floristry, gift making, professional entertainment, memory quiz, sing a long sessions, card making, cultural themed celebrations, baking sessions, magic, live classical music, film afternoons, bingo, bowls, door decorations, dance sessions with the local dance academy, a care home choir, bell ringing, drumming sessions, stories and hot chocolate, knitter and natter sessions, a dementia café, and happy hour sessions, for a tippie and music hits.

- People enjoyed living at Woodland Grove. For example, we observed people making Christmas decorations. There was a lot of laughter and conversation. Then spontaneous singing erupted and staff and people started to join in. One staff member commented "Did you hear [name] start singing. It gave us all goose bumps. It's such a lovely feeling. It's so lovely when things happen spontaneously."
- Staff knew how to meet people's preferences and were innovative in suggesting other ideas that they themselves might not have considered.
- The registered manager and staff looked at people's backgrounds and personal histories and thought of innovative ways of tailoring activities specifically for them, such as the gentleman's club and choir, dance and floristry sessions. They had sought out people who had links to the war, one person had flown a spitfire, to help keep their memories alive, the registered manager had made contact with the local RAF service. People were taken to Duxford Museum. One person had been linked up with a member of the local RAF service and they had met with them to mark their achievements. One relative said, "This was hugely significant for them. Their memories are still very strong."
- The registered provider had gone the extra mile to engage and stimulate people in activities of their choice, which included tailored and enhanced activities on the top and bottom floors and one to one activities on the middle floor, which provided nursing care.
- People from the nursing floor were encouraged to participate in the full range of activities on offer to people, and individualised sessions were offered if they were unable to leave their room. We saw staff spending one to one time with people. One relative explained that staff would massage their relative's legs to help them relax and be more comfortable.
- Exceptional consideration had gone into planning the new year celebrations and people had the choice to take part in highland games, watch the bagpipes, wear a kilt, and take part in Scottish dancing, with a live performance from a local band, followed by fireworks.
- Regular social occasions and trips within the local community were on offer. These gave people the opportunity to go shopping, have an afternoon tea, visit the garden centre, go to the beach, take a winter train ride, or go to the pub.
- Staff knew how to meet people's preferences and were innovative in suggesting other ideas that they themselves might not have considered. The new year was being used by staff to encourage people to think about what they would like to achieve for the coming year and plan how this could be done.
- We saw pictures of various intergenerational events that the provider had hosted. These events brought people together with others who they may not normally mix with. This encouraged people to share experiences and feel less isolated. The provider took on a key role promoting careers within the health and social care sector. They involved the local community in innovative ways. The head of year for the local academy explained, "We had placed students and this was a positive experience. It is very reassuring how well the students were helped at Woodland Grove."
- The provider had looked at innovative ways they could support older people in the local community. They had taken part in Silver Sunday and invited people from the local area to the home for a tea party. This is an initiative led by the Sir Simon Milton Foundation, and aims to help combat loneliness and isolation. After the event, one person had fed back, "The tea here is better than the Ritz."
- Each person was considered an individual, with their own social and cultural identity. The assessment and care planning process took this into account. People's religious, spiritual and cultural needs were met. Various cultural celebrations were held at the service. In addition, some people required a special diet to support their religious requirements, their wishes were carried out. Other people did not practice rituals but had a religion that required them to live their life in a particular way. How this person's views may affect the

care they received was considered. For example, staff could explain to us how they needed to value and respect this certain way of life. Such as, working in a quiet and peaceful way and reading poetry.

- Staff had been trained in equality and diversity. Care plans were being developed to consider how people may choose to express their sexuality. We recommend the registered provider reviews the good practice guide, 'equally outstanding' and consider ways this best practice guidance can be incorporated.
- New care plans were being used by the provider. Care plans reflected people's health and social care needs and showed that other health and social care professionals were involved. One staff member said, "The new care planning system is really good. I used to have to sit in the lounge trying to write up notes, but now we do it as we go, so we have a little more time to speak to people."

Personalised care

- The registered provider had gone the extra mile to find out what people had done in the past and considered how they could keep people's memories alive, by arranging bespoke and personalised activities, designed to stimulate a certain memory or celebrate achievements. For example, a small pitch and putt course had been installed in the garden. An indoor garden room had also been created for people who may not have wanted to go outside.
- People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and had been updated to reflect their changing needs.
- People and their relatives were very involved in creating and reviewing care plans.
- The registered manager had considered how to meet people's information and communication needs and was complying with the Accessible Information Standard. For example, how people communicated were considered and action was taken when people had specific needs.

End of life care and support

- Exceptionally detailed plans had been written in a very person centred and sensitive way. These recorded people's wishes and the registered provider had worked with families to explore an plan how people's wishes could be met and ensure that they had a personalised and comfortable end to their lives.
- Detailed information had considered what people may want to wear, background music, fresh flowers, and what extra practical and emotional support the person's family may need after they had passed away.
- Some people had wanted to have a look at the local facilities and learn more about what options were available, and this had been arranged.
- The registered manager had strong links with the local hospice and had arranged training so that all staff were clear about how to support people in the final stages of their life.
- When people were at the end of their life the registered provider had done as much as they could to support families and make this difficult time easier. They provided facilities to ensure that families were cared for as well. This included providing them with meals, refreshments and drinks and offering overnight accommodation if this was needed.

Is the service well-led?

Our findings

The service was effectively managed and well-led. The provider had undertaken a complete overhaul of the management structure. They had reviewed all the roles and responsibilities within the organisation. The leadership and management team were focused on sustaining and developing the quality of the service.

We have inspected this key question to follow up the concerns found during our previous inspection on 25/01/2018.

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

- The registered manager had an emphasis on recognise good practice, and staff were positive about the changes that had been made. One staff member said, "[Name] always says thank you after your shift and greets you when you come in with a hug." Another said, "I have great open support from the managers," Another said, "The manager is great, very accessible."
- The registered persons were continually looking at ways they could review, develop and learn where possible. The registered manager spoke about how they were planning to further develop the well-being of the staff and improve retention and recognition. Wellbeing leads on each unit had been appointed.
- Personal thank you cards and awards were given to staff when good care had been observed or if they were nominated by people who lived at the service. Staff told us individual recognition was motivating and touching.
- Action plans were in place, and the registered persons spoke passionately about how they were planning to become an employer of choice over the next fiscal year, by focusing on workforce planning, learning and development, health and wellbeing, staff appreciation and engagement, and performance management.

Continuous learning and improving care

- The provider had completely reviewed the entire governance system, and had implemented a new way of auditing. Audits were detailed and carried out in a systematic and robust way, which identified the areas of the service that needed to improve.
- When improvement had been identified, action was taken to ensure that the quality of the service people received had improved. The board retained a high-level oversight of the quality of service being delivered to people.
- Governance and audit processes had been sufficiently embedded and the data could demonstrate that significant improvement to the service had been made. For example, key indicators such as pressure ulcers, falls, accident, incident and infection rates had significantly reduced which indicated that people's outcomes had improved.
- The culture of the service was caring and focused on ensuring people received person-centred care that

met their needs in a timely way. It was clear staff knew people well and put these values into practice.

- Managers and staff are clear about their roles, and understand quality performance, risks, and regulatory requirements
- The management team had an effective oversight of what was happening in the service. When asked questions they could respond immediately, demonstrating an in-depth knowledge in all areas.
- The registered provider had defined staff's role, and had embedded a strong emphasis to ensure that everyone was responsible for driving improvements.
- Recent developments included the introduction of a computer care planning system. Staff had been trained to use the system and we found this system was being run effectively and supported staff to deliver person centred and inclusive care.

Engaging and involving people using the service, the public and staff

- The service regularly sought the views of people and used this information to make improvements. They obtained feedback by completing surveys, care plan reviews, meetings, and formal ways of gathering feedback. The service was attentive to involving people in giving feedback.
- Since the last inspection the provider had worked collaboratively with people, relatives, and staff. They had been proactive in seeking out people's views and had worked to empower people to voice their opinions about the service. The nominated individual said, "We could only improve this service if we did it together. We needed to make sure that everyone was heard, so we could take everyone with us on this journey."
- The provider was looking at creative ways to get feedback about the service and had developed a phone based app, which allowed people to give quick and easy feedback.

Working in partnership with others

- Leaders promoted person-centred, high-quality care and good outcomes for people. They worked in partnership with others and involved people using the service.