







Loughton Care Centre Limited Woodland Grove

Inspection report

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Essex
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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	

Overall summary

This inspection took place on 10 March 2015 and was unannounced.

Woodland Grove provides accommodation, care and support for up to 72 older people. Care is provided over three floors for people who may be physically frail, who may require nursing care or who may be living with dementia. At the time of our inspection there were 30 people living there; the unit for providing nursing care was not yet operational.

A registered manager was in post at the service. 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.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. Staff knew how to identify abuse or poor practice and were aware of their responsibilities in reporting any concerns. People received safe care that met their needs.

Summary of findings

There were enough staff who had been recruited safely and who had the skills and knowledge to provide care and support to people in ways that they preferred.

People's health and emotional needs were well managed by staff who consulted with relevant health care professionals. People received the support they needed to have a healthy diet that met their individual needs.

People were treated with kindness and respect by staff who knew them well and who listened to their views and preferences.

People were encouraged to follow their interests and hobbies and were supported build links with the local community to avoid social isolation

There was a strong management team who encouraged an open culture and who led by example. Staff morale was high and they felt that their views were values.

The management team had systems in place to check and audit the quality of the service. The views of people were taken into account to make improvements and develop the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough staff with the correct skills who understood how to provide people with safe care.

People felt safe and staff understood what they needed to do to protect people from abuse. There were processes in place to listen to and address people's concerns.

Systems and procedures to identify risks were followed, so people could be assured that risks would be minimised and they would receive safe care.

Safe processes were followed to support people with their medicines.

Good



Is the service effective?

The service was effective.

Staff received effective support and training to provide them with the information they needed to carry out their roles and responsibilities.

Staff knew people well and understood how to provide appropriate support to meet their health and nutritional needs.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Good



Is the service caring?

The service was caring.

Staff treated people well and provided care and support with kindness and courtesy.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive and thoughtful in their interactions with people.

People were supported to maintain important relationships and relatives were consulted about their family member's care and were involved in making decisions.

Good



Is the service responsive?

The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and supported them to take part in activities that were meaningful to them.

People were encouraged to build and maintain links with the local community.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Good



Summary of findings

Is the service well-led?

The service was managed by a strong and effective management team who demonstrated a commitment to providing a good quality service.

The management team promoted an open culture and provided people with opportunities for people to raise issues.

Staff received the support and guidance they needed to provide good care and support and staff morale was high.

There were systems in place to seek the views of people who used the service and use their feedback to make improvements.

Good



Woodland Grove

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 was planned to check 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 inspection took place on 10 March 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with six people who used the service and a health professional about their views of the care provided. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke the registered manager, the area manager, the clinical manager and four care staff.

We looked at six people's care records and examined information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits and information about complaints.

Is the service safe?

Our findings

People told us that they felt safe. One person said, “I feel well looked after and I am safe here.” Another told us, “I feel very safe here.”

Staff had received training in safeguarding adults and they were able to demonstrate that they understood about keeping people safe. They demonstrated a good awareness of different types of abuse and knew how to recognise signs of harm. The registered manager had a clear understanding of their responsibility to report any suspicions of abuse to the local authority. The management team were committed to providing a service that maintained people’s safety and they encouraged staff to have the confidence to raise concerns. Staff told us that they would not hesitate to raise an alert if they suspected abuse or if they saw poor practice.

People told us they had no concerns about the way they were treated but if they had they would not hesitate to raise it with management.

The provider had systems in place for assessing and managing risks. Care records confirmed that the provider used established scoring systems to assess, identify and measure the level of risks to people so that they could be managed effectively. For example, formal risk assessments were used to identify dependency levels in relation to the risk of developing pressure ulcers. Moving and handling risk assessments were in place, which explained how people were to be transferred between different environments and what equipment was required to do this safely. Members of staff demonstrated a good understanding of people’s care needs and associated risks and were able to explain about individual’s specific needs.

The risk assessments were reviewed on a monthly basis or when an identified risk to an individual changed. Care and support plans could then be amended to reflect the person’s changing needs and ensure staff had the most up to date information about the care the person required. Quick reference documents containing a summary of all key information about the person were in place in case the person needed to be admitted to hospital in an emergency. Staff were able to explain about people’s current needs. The management team had clear systems in place to review incidents and use the information to improve care.

There were processes in place to keep people safe in emergency situations. Staff were aware of emergency plans and understood what they should do in situations such as fires or electrical failures.

The provider had established recruitment processes in place that kept people safe because relevant checks were carried out as to the suitability of applicants. These checks included taking up references and checking that the member of staff was not prohibited from working with people who required care and support. Newly recruited members of staff received a comprehensive induction to give them the information they required to provide safe care.

The management team explained how they assessed staffing levels and skill mix to make sure that there were sufficient staff to provide care and support to a high standard. People told us that staff were there when they needed them; we observed that people’s needs were met promptly and staff spent time talking to people. A person told us, “When I press my bell staff always come.” Staff were not hurried and spent time with people. Staff told us that they thought staffing levels were good and they were kept under review as more people came to live there.

The provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines. People told us that they were happy with the way staff supported them with their medicines. One person said, “I need my medication three times a day and they always give it to me on time.” Another person told us, “I need regular medication. The girls wake me up to make sure I have it on time.”

Medicines were safely stored in locked trolleys inside secure medication rooms. There were appropriate facilities to store medicines that required specific storage, for example refrigerators for medicines that needed to be stored in controlled temperatures and specific cabinets for controlled drugs, which require an enhanced level of secure storage.

Records relating to medicines were completed accurately and stored securely. People’s individual medicines administration record sheets had their photograph and room number prominently displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong

Is the service safe?

medicines. Where medicines were prescribed on an as required basis, clear written instructions were in place for staff to follow. This meant that staff knew when as required medicines should be given and when they should not.

Is the service effective?

Our findings

A member of staff said, “The management are great. They really make sure you’ve done everything and support you to deliver a high standard of care, which is what I want to do. I’ve worked in a few care homes and this is by far the best care home I’ve ever worked in.”

As part of the induction process for new staff the management team discussed the “Mum’s Test” as a starting point for discussions to reinforce the person centred culture of the service. They wanted prospective staff to understand that people should be treated with as much kindness and compassion as staff would treat someone they loved. A member of care staff said that when they started to work at the service they had completed all their mandatory training courses over a two week induction prior to the home opening. They said the training was, “Very comprehensive.” Following their training they received an induction where they shadowed more experienced staff. This was for a minimum of, “A couple of shifts” but could be more if the member of staff was not yet confident enough to provide care on their own or if the senior staff felt they were not yet ready.

Members of staff told us that they felt well supported. One member of care staff told us that they had received regular supervision since they started, “At least once every couple of months.” Another member of care staff told us they had regular supervision with the manager, who was supportive both personally and professionally. Another member of staff described the way staff were supported which included group supervisions as well as individual support sessions and team meetings. They said that it was important to be positive and supportive when discussing areas for improvement.

People told us they were happy with the care they received and they praised how staff provided care and support. Staff were knowledgeable in key areas of care practice and understood the needs of the people well. We saw that staff were getting a room ready for someone who was returning from hospital. They checked what the person’s weight had been before their hospital admission so that they could adjust the pressure mattress. They explained that the person’s weight would be rechecked on their return and any final adjustments would be made to the mattress.

A member of staff explained that some people with Parkinson’s disease were admitted to the home in the early days and the provider organised training for the staff so that staff understood the condition and were able to provide appropriate support. They said it was very useful and it had made them more confident to provide the correct care.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person’s best interests.

The management and staff had a good awareness of their responsibilities around assessing people’s capacity to make decisions and they had a good understanding of MCA and DoLS.

People told us that the food was good and that they enjoyed it. One person said, “I like the food.” Another person told us, “The food is very good, especially the different range of soups.”

As part of the system for assessing risk and planning care, formal nutritional risk assessments were carried out using a recognised assessment tool, to identify if there were any risks to people associated with their nutritional needs. People’s weight was monitored and recorded on a monthly basis so that any significant changes were picked up that may indicate the person had risks relating to their nutrition. When risks were identified people were referred to relevant health care professionals such as dietetic services. One person told us, “I need a special diet as I can’t have vitamin C and various other things. I also like my main meal in the evening as I’ve always had it that way. They’ve accommodated my every wish here, which I appreciate, and they don’t get it wrong.”

We carried out an observation of people’s dining experience at lunchtime. Staff supported people with their meals in a way which maintained their dignity. One person

Is the service effective?

had newly arrived at the service so staff helped them settle and introduced them to everyone formally. One person did not want either of the choices on the menu and the staff arranged for them to have something completely different.

People told us that they received the care and support they needed with any health issues they had. One person said, "When I first came here I was ill in bed, but now I'm walking around, so it must have done me good." Another person told us, "I'm very well looked after."

People received input from relevant health professionals for specific identified health needs. One person told us, "I've got [explained specific health need]. The district nurses come in and [provide treatment] for me a couple of times a week."

A community health professional told us that they came in regularly and that staff were efficient and they had no concerns about the standard of care. They said, "There is nothing I can fault." They explained that the service had good processes in place to support people whose health needs put them at risk of developing pressure ulcers. Pressure mattresses were used as standard and the staff were very good at managing people's needs around pressure care. Staff contacted the community nursing team when they needed advice or support and they were confident their advice was followed.

Is the service caring?

Our findings

The provider's statement of purpose stated that they would provide a caring and supportive environment where people felt valued, secure and happy. We observed the care people received from staff. All of the interactions we saw were appropriate, warm, respectful and friendly. Staff were attentive to people's needs. Staff were also polite and courteous when speaking with visitors and with other members of staff.

All of the people we spoke with were satisfied with the care they received and were full of praise for the way staff provided their care and support. One person said, "All of the staff here are very pleasant." Another person told us, "I'm here with my [partner] on a respite stay as we're having work done on our house. We have both been very well looked after. Everyone's been lovely to us."

Interactions between people and members of staff that were consistently caring and supportive and staff listened to people. People told us that staff responded quickly when they needed assistance and they were always happy to listen to what the person wanted. One person told us, "If I press my bell, care staff come quickly."

Staff were able to demonstrate that they knew people well and understood they should be observant about people's moods and how to relieve any anxieties a person may have. There was a calm and relaxed atmosphere within the service and people did not appear to have any anxieties.

We observed examples of good interactions between people and staff, which included listening to people and engaging with them in social conversations. Staff understood that chatting to people was important and they saw it as much a part of their caring role as providing hands on care.

Staff and the management team were committed to doing what they could to make sure people felt valued and happy. For example, one person mentioned to the registered manager that they had seen a particular plant in the garden that they particularly admired. The manager did not know the name of the plant but said that they would find out. They asked the person if they would like them to get one for them so they could have it in their room; the person was very pleased and said everyone was very thoughtful.

Is the service responsive?

Our findings

People told us they had been consulted about how they wanted to be cared for. Care records showed people had signed their care plans to indicate they agreed with the plan of care. Pre-admission assessments and the care plans were developed from the assessments and provided detailed information about the person's needs, preferences and their background history. The care records were presented in a consistent and user-friendly format and covered important areas of care including personal care, mobility and dietary requirements. The care plans were reviewed on a monthly basis so that staff had up-to-date information on the care and support people required. Care staff were knowledgeable about the care needs of the people they supported and they had a good understanding of how people preferred to have their assessed needs met.

A member of staff gave us detailed information about how they supported people with their emotional well-being. Any incidents of distress were recorded with as much detail as possible including who was providing support, the time it occurred and if there were any incidents that could have triggered the distress. The member of staff said that the information was important so that they could identify any specific triggers and put a plan of care in place to avoid any situation that could trigger a person's anxiety.

People were offered a wide range of activities and experiences that they could take part in if they chose. People told us there was always something to do. Staff told us that it was important to spend quality time talking with people and undertaking activities with them and that there was something going on every day. For example there was a tai chi exercise session in the afternoon and a 'cinema' session that people were looking forward to. Organised events like the film shows were popular as well as activities for small groups of people including flower arranging, baking cakes or card games. We saw three people making floral decorations for the dining tables; one person was very skilled at this and was enjoying helping the others. People were smiling and appeared to be enjoying the social activity.

People could also enjoy individual activities including hand massage; we saw someone sitting with a member of staff having a manicure, they were smiling and they looked

relaxed. One person told us, "I don't like joining in with organised activities and they don't make me. They respect that about me." Staff were available to help people individually and care staff said they were actively encouraged to spend time with people socialising and interacting so that people felt valued and listened to. Staff responded to people's individual requests for support. For example, one person came out of their room and asked a particular member of staff for help with their computer. The staff member explained that they would be busy for a few minutes with someone else but would come and help as soon as possible; we saw that the member of staff returned to help the person as soon as they were free.

There were opportunities for people to socialise or to take part in celebrations. Coffee mornings and afternoon tea were available in the Bistro every week and people could enjoy a glass of wine. In the afternoon there was a birthday celebration in the Bar and Bistro area. We saw people socialising, having tea and biscuits and doing some exercise games with balloons. Links with the local community were strong and these included local schools who came in to sing for people, a dance troupe who performed and a group from a neighbouring acting school who came in to talk to people.

The management team operated a clear complaints procedure for recording and responding to concerns. The provider encouraged people to raise concerns either in person or by using feedback forms. Any complaints were logged and the actions taken in response to the concerns were recorded. For example one person had completed a feedback form about a particular meal as they felt the vegetables were overcooked and they did not like the consistency of the pie. The chef discussed it with the person to see what they could do to improve. The complaints log recorded a complaint raised by a relative and the actions taken to resolve it. The relative said they were, "very happy" with the response.

People told us that they could raise any concerns with either members of staff or with the management team. They said they were confident that they would be listened to and, if there was an issue that it would be sorted out. One person told us, "I have no complaints." The registered manager was able to demonstrate how they used concerns or suggestions to make improvements to the service.

Is the service well-led?

Our findings

There was a strong management team which consisted of the registered manager, operations manager, clinical manager and the deputy manager. They had a structured and careful plan to admit people to the service, ensuring that they had the appropriate staff in place who had the specific training they needed.

Staff said that morale was high. They said they were well supported and they spoke highly of the management team. A member of care staff said, “I think this place is lovely. It’s very well led. The people who are setting it up are very competent, friendly and realistic and I think they are doing a really good job so far. I feel proud to work somewhere like here.” Staff told us they felt valued and gave an example of a recent quiz night when the provider employed a caterer to put on food as a thank you to staff for their hard work. Staff also told us they got a thank you present at Christmas.

A member of staff told us the registered manager and the rest of the management team were always available to listen. They said they would approach management if they had any concerns and would feel comfortable doing so. They were confident management would do the right thing and maintain appropriate confidentiality, which they said was reassuring.

The management team told us that they had a clear vision and values about the service they provided. The provider’s statement of purpose recorded that they would, “foster an atmosphere of openness and respect, in which residents, family, friends and staff felt valued and were aware that their opinions mattered.” Staff understood the standard that was expected of them and one member of staff told us that it was important to remember that it was people’s home first and foremost and not to be seen as a workplace.

The management team carried out an extensive range of audits to monitor the quality of the service. Every week on each of the two units at least one care plan was audited on each unit and there was a ‘resident of the day’ system to focus on reviewing the care and support of one person every day. Monthly audits were carried out for areas relating to health and safety including hygiene. Records relating to auditing and monitoring the service were clearly recorded.

There were systems in place for managing records and people’s care records were well maintained and contained a good standard of information. Care plans and care records were locked away when not in use. Staff displayed a positive attitude towards ensuring that records were not left out on display. People could be confident that information held by the service about them was confidential.