

Woodford Baptist Homes Limited

Homesdale (Woodford Baptist Homes) Limited

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place on 5 August 2015. The service was last inspected on 30 May 2014 and was meeting all regulations inspected.

Homesdale (Woodford Baptist Homes) Limited is registered to provide accommodation for persons who require nursing or personal care for 18 older people some of whom have dementia. At the time of the inspection there were 17 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

Summary of findings

We found people were mostly safe living in Homesdale (Woodford Baptist Homes) Limited. People and relatives told us there were enough staff to provide care. Staff were checked before starting work at the service and had access to various training programmes including the Mental Capacity Act 2005 (MCA). The MCA is a law designed to protect and empower people who may lack the mental capacity to make their own decisions about their care.

People's medicines were not always managed well. We found that staff signed medicine administration record sheets (MARS) for medicines which were not administered. This was a risk to people's health because they did not have their medicines as prescribed by their GPs.

This demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the action we have asked the provider to take can be found at the back of this report.

Staff received training and support to ensure they provided appropriate care. Staff understood people's

needs and supported them in a way that ensured their privacy and dignity. There was good communication with staff having handover and team meetings, and liaising with relatives.

People told us they received good care and staff promoted their independence. Risk assessments were completed to ensure risks to people were appropriately managed. People and relatives were positive about the quality of the service. People told us they knew how to make a complaint if they were not happy about the service they received.

Each person had a detailed care plan based on their assessed needs. This ensured that the care people received was personalised and reflected their needs.

There was a clear management structure in place and staff knew their roles. The registered manager carried out regular audits and checks of the quality of the service and ensured that appropriate improvements were made as required.

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 mostly safe. People told us they felt safe in the service and we noted there were enough staff to provide care and support. Staff had received training in adult safeguarding and knew the action they would need to take if there was an incident of abuse.

Medicines were not always administered and recorded appropriately. This was a risk to people's health and safety.

The staff recruitment process was good. All new staff were checked and completed an induction programme before starting work at the service. This ensured that people were supported by staff who were vetted and who knew about the service.

Requires improvement



Is the service effective?

The service was effective. Staff had knowledge about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and records showed that people consented to their care.

Staff had support, supervision and annual appraisals to enable them to provide effective care and support that met people's needs.

Records showed, and people and relatives told us the food was good and people had access to healthcare.

Good



Is the service caring?

The service was caring. People and their relatives told us staff were caring, supportive and provided "brilliant care". There was a friendly and comfortable atmosphere in the home and staff talked and joked with people.

People's independence was promoted. People were able to go out independently and were encouraged and supported to carry out their own personal care tasks. Staff ensured people's privacy and dignity.

Staff and key workers ensured that people's ongoing needs were recorded, reviewed and appropriate care was put in place. This ensured that people always received appropriate care.

Good



Is the service responsive?

The service was responsive. Each person had a care plan that was based on their assessment of needs. Care plans were regularly reviewed to ensure people received care and support that met their needs.

People's preferences were recognised and responded to. People had an opportunity to practice their faith and there were a range of stimulating activities.

Good



Summary of findings

People had opportunities to influence the quality of the service. There was a complaints procedure in place and people and the registered manager sought feedback from their representatives. This ensured that people's views were taken into account in the provision of the service.

Is the service well-led?

The service was well-led. People, relatives and staff told us they were happy with the management of the service. They told us the service was well managed and they were satisfied with the care people received.

The registered manager undertook regular audits and checks of various aspects of the service. This ensured the service and facilities were appropriately checked and risks to people were minimised.

The registered manager ensured that requirements of the service's registration with the Care Quality Commission were fulfilled, including submitting a provider information return (PIR) when requested and notifications of serious incidents and accidents.

Good



Homesdale (Woodford Baptist Homes) Limited

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 5 August 2015 and was unannounced. The inspection was conducted by one inspector and one 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 the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR 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. The PIR also provides data about the organisation and service.

During the inspection we spoke with nine people using the service, four relatives, four staff, one administrator, an activities' co-ordinator, a senior care worker and the registered manager. We reviewed five people's care files, five staff files and other records such as the staff rotas, menus, and the provider's policies and procedures. We had a guided tour of the premises and observed people's interaction with staff.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Homesdale (Woodford Baptist Homes) Limited. One person told us, "I am safe. Everybody here is kind and helpful." Another person said, "I am very happy here. Staff are lovely." A relative told us, "[My relative] is very safe. I have never seen anything bad in the home. Everything seems OK." Another relative told us that their relative was safe in at the home and said, "It is home from home."

However, we checked how the service managed people's medicines and found that staff wrongly signed medicine administration record sheets (MARS) for medicines which were not administered for five people on three or more occasions. The registered manager said this was a mistake but we saw no evidence to show advice was sought from a GP regarding the health impact on people of not receiving their medicine. Although the registered manager had a system in place for auditing medicines once every three months, mistakes in the administration and recording of medicines were not identified and dealt with in time to ensure people not at risk.

Medicines were kept in a trolley in a locked room. However, the temperature of the room where the medicines were kept was not monitored and recorded, which meant people may have received medicines that were stored at inappropriate temperatures.

This demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the action we have asked the provider to take can be found at the back of this report.

The registered manager said staff who administered medicines had received training in administration of medicines. Staff confirmed this and we saw certificates confirming that staff had completed training in administration of medicine. This showed people's medicines were managed and administered by staff who had appropriate training.

People told us there were enough staff at the home. One person said staff were around when they needed support. Another person told us that staff "always came to support me when I pressed the buzzer for help". A relative told us that they felt there were enough staff to meet people's needs. We observed staff were available to assist people when they needed help, for example, with personal care or

meals. We looked at the staff rota and noted that there were three care staff, a senior care worker and the registered manager during the day shift and two waking staff covering the night shifts. There were also other staff members such as an activities' co-ordinator, a domestic assistant, a laundry assistant, a chef and a full-time maintenance person who worked during the day shift.

The service had suitable recruitment procedures in place. We reviewed recruitment records and saw that each staff member completed an application form detailing their work experience and qualifications. Staff files contained at least two written references that were verified by the provider, an enhanced criminal record check and proof of their identity and right to work in the United Kingdom.

The service had safeguarding and whistleblowing policies which were detailed and available to staff. Staff knew what adult safeguarding means and how to report any incidents of abuse. One member of staff told us if they had a safeguarding concern, they would, "record and report it to the manager or a senior". Another member of staff explained that they could use the whistleblowing policy to report incidents to the registered manager or other authorities including the CQC. Staff told us, and records confirmed that staff had attended training in adult safeguarding.

Each person had a risk assessment associated to their needs and appropriate guidance was in place to ensure staff supported people safely. We noted risks to people were reviewed regularly and staff were aware of people's needs. We observed people used equipment such as wheelchairs and the passenger lifts to move about the home. The registered manager recorded incidents of falls and put action in place to manage similar incidents from taking place. This meant the risks to people were appropriately managed.

The registered manager told us that there was no person with a pressure sore. We noted people were active and spent time in the communal areas or in the dining room. The registered manager explained the actions staff would need to take if people had or were at risk of a pressure sore. She said this would include referring them to appropriate health professionals, for example, a district nurse, and providing them with appropriate equipment. This showed the service had arrangements in place to manage the risk of pressure sores.

Is the service safe?

There were plans in place for responding to emergencies. There was a fire evacuation plan and fire monitoring equipment was regularly checked and maintained. We saw

evidence that the passenger lifts were serviced and the premises were clean, bright and tidy. This meant that the registered manager had taken proactive action to ensure people lived in a well maintained environment.

Is the service effective?

Our findings

People had access to appropriate medical professionals when necessary. One person said, "I am very happy to be here. I was very ill when I came. I am a lot better now." A relative said, "I am pleased my [relative] is at the home. The GP is there every week and [my relative] can be seen when needed." Records showed people had access to health professionals such as chiropodists, opticians, speech and language therapists and district nurses.

Staff sought consent from people, in line with the requirements of the Mental Capacity Act 2005 (MCA), before providing care and support. The MCA is a law designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. Staff and the registered manager were aware of the procedures to follow to ensure that, for people who were not able to make decisions about their care, decisions made in their best interests were appropriately recorded and reviewed. This was evidenced in the records we saw. We also noted the service had obtained a Deprivation of Liberty Safeguards (DoLS) authorisation for four people. The DoLS are legal safeguards that ensure people's liberty is only restricted when absolutely necessary for their own safety.

Staff had received training to provide care and support that people needed. People and relatives told us that staff had the knowledge and experience to meet their needs. Staff told us they had received induction and training that they found useful in carrying out their roles. They told us they attended various training programmes that included dementia care, diabetes, first aid, MCA, basic food hygiene, adult safeguarding, and health and safety at work. Records and certificates confirmed that staff had attended these training programmes. When we asked staff to tell us their understanding of adult safeguarding and MCA, they were able to provide satisfactory explanations supported with examples. This showed people were supported by staff who had training opportunities to carry out their roles.

Staff told us that they had regular supervision sessions with their line managers. A member of staff said, "I had

supervision with my manager." Another member of staff told us that they had their annual appraisal recently and they felt they had enough support from staff to do their job. Records showed that staff had supervision and annual appraisals. This showed staff were supported to carry out their job.

People had access to healthcare. A person told us staff arranged "doctor's appointments" for them. A relative said they were "very happy with the arrangements in place" for people to attend healthcare services. They told us their relative was supported to attend a hospital and diabetic clinic to review their condition. We noted that a GP visited the home weekly and people had access to district nurses, chiropodists and opticians. The registered manager told us, and records showed, that people's weights were monitored and appropriate action taken if there were significant changes. This included referring people to their GP or dietitians to review their medical conditions.

People told us the food provided was good. One person said, "The food is lovely. It's all good and plenty of it. It is very fresh and tasty." Another person told us they would "recommend the food" to anyone because it is "lovely". We noted people were offered food that reflected their choice and medical needs. For example, one person said, "I manage to eat fairly Kosher here and I'm happy." Staff told us that they followed health professionals' advice to provide food that reflected people's medical conditions such as diabetes.

We observed people had snacks, hot and cold drinks throughout the inspection. We saw people could ask for snacks and drinks when they wanted. On the day of the inspection all people in the home had their lunch in the dining room. The food provided for lunch reflected the menu and we noted people could have a different meal if they did not like what was provided. Staff were present to assist people but none needed assistance with their meal. The dining room was well presented with round tables with tablecloths on them. This showed there was a nice dining environment.

Is the service caring?

Our findings

People and their relatives told us the staff were caring. One person said, "I don't know what I'd have done without them." Another person told us, "Staff are caring. The staff should be upgraded. Nothing is too much trouble for them." A relative told us, "The staff are excellent. They are like a family. We are lucky to be in a caring home like this." Another relative said, "There is a caring ethos. The home is very caring and supportive."

We observed that there was a homely, friendly and comfortable atmosphere with staff talking and joking with people. We saw staff chatting with people and asking them if they were comfortable. One person pointed to a member of staff and said they were "a star". They said staff provided "brilliant care" that met their needs.

Staff told us they liked their work and enjoyed assisting people. One member of staff said, "It is like my second home. I have been here for many years because I get satisfaction from caring for people." Another member of staff said, "I love the residents. I see them as my family and like talking to them." Throughout the inspection we observed people were comfortable when interacting with staff and each other.

The registered manager told us that there was a key worker system in place. A key worker's role included reviewing the

needs of a person, updating care plans and ensuring that tasks such as personal care, cleaning and tidying bedrooms and shopping personal items were undertaken. This ensured that people received appropriate care that reflected their needs.

Staff supported people to maintain their independence as much as possible. For example, one person told us that they could go out independently to the community. We noted that staff encouraged people to undertake their own personal care tasks and to tidy their rooms when appropriate. A member of staff told us, "We encourage people to do what they can do. We are there to support them with tasks they needed help with." One person said, "I like to be independent." another person told us that they undertook their personal care tasks and self-administered some of their medicines. We noted risk assessments had been completed regarding these tasks.

People told us staff ensured their privacy and dignity. One person said, "Staff always knocked on my door before coming in. They treat me with respect." Staff explained how they would ensure people were treated with respect and dignity, for example, when they provided personal care. One member of staff said, "I always explain to people what I was doing and how people wanted me to help them. I gave them choices and make sure that doors are shut and people were covered appropriately with cloths and towels."

Is the service responsive?

Our findings

People and their relatives told us the service provided care that responded to their needs. One person said, "I discussed my needs with staff. I take my own tablets. I have a care plan." A relative told us, "I have been involved in the care plan. We discussed the needs of [my relative] and what support [they] needed [to meet their needs]."

We reviewed five care files. We noted each care plan was detailed with information about people's needs and guidance for staff how to respond to them. The registered manager told us that the care plans were reviewed monthly and daily records were updated during each shift. This was confirmed in the files we checked. We also noted people and their relatives had signed to indicate that they were involved in the care plans. Staff told us they read care plans and knew how to respond to people. A member of staff gave the name of one person as an example and told us how they supported them according to their care plan. This showed staff responded to people according to their needs and care plans.

The service recognised and responded to people's preferences. Staff and records showed that visitors from the local churches came to the home and people were supported to attend a place of worship. We noted staff annually supported one person to visit "a place of great importance" to them. Pictures displayed on the walls and records showed that people's birthdays, special occasions such as Christmas and New Year were celebrated with people being invited and taking part in them. The registered manager said the home was open to people from any religious background. This showed that people's diversity was recognised and respected.

There were a number of stimulating activities for people. One person said, "I like baking cakes with staff." Another person told us, "I enjoy playing the piano". We saw some people were reading newspapers; others were watching the television or talking to each other. There was a full-time activities' co-ordinator who consulted with people and designed activities that reflected each person's wishes. We noted people were supported to go to the shops, day centres, theatres, restaurants, concerts, parks and the seaside. Staff informed us and people confirmed that they were supported to go on holidays.

The service asked people for their feedback. Information about making a complaint was available and people informed us they felt free to raise any concerns. We looked at the complaint book and noted that no complaints had been recorded. A relative told us that they had no issues and they knew how to make a complaint if they were not happy about the service.

'Residents meetings' were held once every three months. People told us, and records showed, that issues common to people were discussed at the meetings. The registered manager told us that no formal relatives' meetings had taken place. However, relatives met with staff individually when they visited the service. A relative said staff were available to meet and talk with them whenever they visited. We noted the service also conducted an annual satisfaction survey to gather feedback from people, relatives and staff. The most recent of these was carried out in May 2015. We noted the feedback received through this was positive and the registered manager had designed an action plan to make improvements.

Is the service well-led?

Our findings

People, their relatives and staff told us they were happy with the management of the service. One person said, "I am happy with service. I am well looked after." A relative told us, "The service is fantastic and well managed. You won't get any better. You cannot fault it." A care worker told us, "The manager has been great. I feel supported in my role as a care worker."

Staff knew their roles and what they were required to do. New staff had comprehensive induction and support from senior staff so they were clear about their roles. The service had a clear management structure with clear responsibilities for the provider, registered manager, deputy manager, senior care workers and the administrator. For example, we noted that the provider visited monthly and talked with staff, people using the service and their relatives about the quality of the service. The deputy manager and senior care workers also had management responsibilities including supervision of staff.

The management team had their meetings once every three months and also attended care staff meetings. We noted staff had handover meetings where they discussed people's care plans and daily support needs. This ensured there was good communication between them to share information about people's support needs.

The registered manager carried out audits of the quality of the service and made improvements as required. Records showed that regular and detailed weekly checks of fire alarms, emergency lights, quarterly and annual fire system service, portable electrical appliance tests, quarterly passenger lift services, gas boiler checks and monthly audits of incidents and accidents had been carried out by the registered manager and staff. The registered manager told us she routinely asked people's views about various aspects of service including about the food and their care. We noted that the registered manager spent time interacting with people, relatives and staff. This ensured that the registered manager was available to see and hear how care was provided and what people thought about the quality of the service.

The registered manager ensured that requirements of the service's registration with the Care Quality Commission were fulfilled, including submitting a PIR when requested and notifications of serious incidents and accidents.

The registered manager ensured that the service was part of their local community and people who had capacity were able to access local amenities. We saw people attended local places of worship and a clergy and some people from a local church visited the service. Relatives told us that they felt welcome when they visited and they had opportunities to see people in private.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe management or administration of medicines because of inadequate recording and accounting of medicines. Regulation 12 (2) (g)