

Oakland Primecare Limited

Woodland Grove

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Woodland Grove is a residential care home providing personal and nursing care for up to 72 people aged 65 and over, in one purpose-built accommodation. At the time of the inspection 60 people were living in the service, this included people living with dementia.

People's experience of using this service and what we found

Relatives told us they felt people living in the service were safe. Risks to people were assessed and monitored and staff were knowledgeable about how to protect people from the risk of harm.

Relatives spoke positively about the staff, management and culture of the service. We received some mixed feedback regarding how well the provider communicated with them; however, relatives told us they felt involved in people's care and able to give feedback and raise concerns if necessary.

People received their medicines as prescribed and staff had clear information about how people liked to be supported. Staff were safely recruited, and people were supported by a consistent staff team who knew them well.

Staff wore appropriate personal protective equipment (PPE) and told us they knew how to minimise people's risk of infection through safe infection prevention and control processes.

The provider had robust safety and quality monitoring processes in place to ensure they had clear oversight of the service. When incidents happened, the provider put measures in place to learn from these and to look at how they could improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last comprehensive inspection rating for this service was good (published 15 January 2019).

Why we inspected

We were made aware of a specific incident in 2019 where a person living in the service died. Following the incident, the provider had identified areas within the service to improve. We carried out a targeted inspection, published in October 2019, to review medicines management. We found no concerns with the management of medicines. This inspection was carried out to review the improvements the provider had made to ensure people received safe care and lessons had been learnt from the previous incident. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm.

Please see the safe and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodland Grove on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

Woodland Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with two people who lived in the service and used observations to gather evidence of people's experience of care. We spoke with eight relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, registered nurses, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and clear guidance was in place for staff to follow. Information was personalised and explained how people they liked to be supported.
- People's care records were kept electronically with information updated throughout the day. The electronic system alerted staff and management to information of concern. For example, if a person did not have sufficient fluids throughout the day this would be flagged on the system enabling staff to take action.
- Risks to people were monitored and reviewed. Where concerns were highlighted, the provider had taken action to mitigate risks. For example, one person had started to lose weight, but it was unclear why. The registered manager discussed the weight loss with staff who noted the person ate well but did not like to have second portions. Staff spent time with the person looking at what they enjoyed eating and liaised with the kitchen staff to provide larger portions of the foods they most enjoyed. As a result of this intervention, the person's weight increased.
- Relatives told us the service had responded to concerns about people's health; however, some relatives said they were not always made aware of these concerns straight away. One relative told us, "I don't feel that they are pro-active in keeping me informed. [Person] recently had a health appointment I wasn't told about." Another relative said, "The home was quick to act and take precautions, but it would have been nice to have had a call to keep me updated."
- Designated staff had taken on a lead role in monitoring specific risks to people's health. For example; pressure care, oral health and hydration. Specialised external training had been organised where possible and the staff met regularly with the registered manager and other leads within the service to monitor and review practices and address any concerns.
- Staff were trained in fire safety and people had personal evacuation plans in place for staff to follow. The provider completed regular health and safety audits on the environment and equipment.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people living in the home were safe. One relative said, "100% safe, it's such a relief to have [person] cared for." Another relative told us, "[Person] is safe, staff are very, very good, and they go out of their way to help."
- Staff had received safeguarding training and were able to tell us what they would do if they had concerns. One member of staff said, "I would speak to my unit manager straight away and tell the registered manager if I had any concerns."
- The registered manager had notified the relevant authorities when safeguarding concerns had been raised and kept a record of the notifications raised and actions taken.

Staffing and recruitment

- Staff were recruited safely. All relevant documentation was in place and checks had been completed.
- Staff received a range of training from the provider and external professionals to ensure they had the right skills to support people.
- There were enough staff to meet people's needs. Relatives told us people were supported by consistent staff who knew them well. One relative said, "Staff have all been there quite some time, there doesn't appear to be a high turnover." Another relative told us, "There always seems enough staff and they know [person] well."

Using medicines safely

- People's medicines were administered safely. Staff had received medicines training and their competency to administer had been assessed.
- People's medicine records contained clear guidance for staff on how to support the person safely. For example, where medicines needed to be given in food or drink, instructions on how to do this were in place for staff to follow.
- Where people required medication for pain relief, records explained the circumstances in which this could be given and the frequency and dosage
- The provider had completed regular audits of the medicines to check they were being safely administered and where necessary had created an action plan to monitor improvements.
- The registered manager had given one member of staff the responsibility to be medication champion for the service. This involved sourcing additional training for staff and attending monthly meetings to review how medicines were being managed in the service and if any improvements could be made.

Preventing and controlling infection

- The service was clean and odour free. During the inspection staff were observed cleaning and sanitising surfaces on a regular basis.
- Staff wore appropriate personal protective equipment (PPE) and had received infection prevention and control training and Covid-19 specific training.
- The provider had an infection control policy in place and had assessed the risks related to Covid-19 and put measures in place to reduce these risks.
- Visitors to the service were temperature checked and asked to confirm they had not been unwell. PPE was provided.
- The provider had built a new summer house with a screen to enable people to see their relatives safely.

Learning lessons when things go wrong

- The provider had investigated accidents and incidents and put measures in place to minimise the risk of a reoccurrence. Following the specific incident in 2019 where a person had died, the provider was able to demonstrate actions taken and sustained improvements put in place regarding medicines management, the understanding of people's health needs and their end of life care.
- The provider had involved other health professionals and sourced additional training and support when appropriate to develop and improve care provided.
- The registered manager had involved staff in learning from incidents. Safeguarding concerns and accidents and incidents were discussed in monthly governance and staff meetings and lessons learnt were recorded.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives spoke positively about the registered manager and the culture of the service. One relative said, "The home welcomes contributions from the whole family." Another relative said, "The home is run well, the staff seem committed and the manager is approachable."
- Staff told us they felt supported by the management team. One member of staff said, "My line manager is very supportive, I couldn't ask for a better team. There is an 'open door' policy with the unit manager and the provider is supportive of carers."
- Staff had been supported to adopt lead roles in specific areas of people's support, such as medicines management, dementia care and end of life care. This enabled staff to take on extra responsibilities and develop new skills.
- The registered manager understood the duty of candour and incidents had been investigated. Relatives told us the provider had involved them when concerns were raised; however, we received mixed feedback regarding how effective this communication was. Comments included, "They're very good about communicating any mishaps", "Communication could improve, I have to ring them for updates." and "I've emailed the home about [concern] but no one has replied."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager completed a range of checks and audits to monitor the quality and safety of the service. The provider had also asked external professionals in to complete audits in specific areas of the service such as medicines management. The registered manager used the feedback from these audits to look at how they could develop and improve the service.
- The service had a clear management structure in place and staff understood their responsibilities. Relatives told us they knew what staff were responsible for and who to speak to. One relative said, "I can talk to the manager of the floor or the general manager." Another told us, "I can speak to the main nurse or the manager, they're very receptive."
- The registered manager had submitted appropriate notifications to CQC when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to make choices about their day to day care. People's care plans were

personalised and contained information about how to involve them in decision making. We observed people being offered choices about what they would like to do in a way which promoted their dignity and independence.

- People's equality characteristics had been considered by the service during their admission and these were recorded in their care plans. People's cultural needs had been considered. For example, we saw evidence people had been consulted in menu planning and a wider variety of meals had been introduced to cater for people's individual preferences.
- People and their relatives were asked for their feedback on the service. Relatives were invited to regular meetings and the registered manager sent out satisfaction surveys. The provider had produced a newsletter to send out to relatives to keep them updated. One relative told us, "I have attended relatives' forums via Zoom and receive questionnaires every year." Another said, "I can attend relatives' meetings, both in the home and on-line, I get involved as much as I can."
- Staff told us they were able to feedback during meetings and supervisions. One member of staff said, "We have regular team meetings, sometimes there are separate meetings for day and night staff and sometimes they are all together." Staff also completed an annual satisfaction survey and the registered manager analysed this information to look at how to make improvements.
- The provider kept a log of the compliments and complaints received. Where complaints had been made, the provider kept a record of communication, actions taken and the outcome.

Continuous learning and improving care; Working in partnership with others

- The provider worked closely with other professionals to ensure people's care needs were being met. The registered manager attended regular meetings with health professionals, including district nurses and pharmacists to discuss people's health needs. One professional told us, "Woodland Grove will happily discuss any issues, they are an approachable team and will take on feedback from what is discussed."
- The provider had implemented improvements in specific areas of people's care and in the learning and development of staff. The service had built links with other organisations in order to develop staff knowledge and practices. These included dementia support services, pressure and wound care services and local hospices offering guidance on how to support people with their end of life care needs.
- The provider had considered the effect of lockdown on people's wellbeing and looked at how to develop their links within the community to improve people's experiences. This included creating a fundraising outdoor renovation project, supporting people living in the service to transform an area of their garden and a letter writing project between people living in the service and young people from the youth theatre.