

# Woodlands Total Care Nursing Home Limited

# Woodland Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Woodland Nursing Home is a residential care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection. The service is registered to accommodate and support up to 30 people. The service is built over four floors. The lower floor houses the kitchen, laundry facilities and office space and people reside and receive care on the upper three floors.

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

People were not sufficiently protected from the risk of infection. Issues of concern were not always identified or dealt with in a prompt manner and we have made a recommendation that the service reviews its quality assurance systems..

People told us they felt safe using the service and procedures were in place to safeguard people from the risk of abuse. Risk assessments were in place which set out how to support people in a way that minimised risks. Medicines were managed safely.

Assessments were carried out of people's needs prior to their admission to the service. Staff were supported in their roles through training and supervision. People told us they liked the food and the service worked to meet people's nutritional needs. The service worked with other agencies to meet people's healthcare needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff treated them in a caring way and we observed positive interactions between people and staff. Staff understood how to promote people's dignity, privacy and independence. The service worked to meet people's needs with regard to equality and diversity issues.

Care plans were in place which set out how to meet people's needs. These were subject to regular review. People had access to a variety of social and leisure activities. Complaints procedures were in place and followed. End of life care was provided in line with people's wishes.

Staff spoke positively about the senior staff at the service. Systems were in place for seeking the views of people who used the service. Quality assurance systems had not always identified concerns.

### Rating at last inspection and update

The last rating for this service was Requires improvement (published 28 June 2018) and there were breaches of regulation in relation to statutory notifications and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection some improvement had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Woodland Nursing Home

## 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.

#### Inspection team

The inspection was carried out by an inspector, a specialist advisor with a specialism in nursing care 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 Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a registered manager in place. The previous registered manager resigned from their position in December 2018. A new manager had been appointed who was in the process of applying to register with CQC at the time of inspection. A registered manager 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

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection records and any notifications of significant events the provider had sent us. 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 contacted the local

authority who commissioned care from the service to seek their views. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and two relatives. We spoke with 11 staff; the manager, the previous registered manager who now works as a consultant at the service, the clinical lead, two nurses, two health care assistants, the cook, the activities coordinator, a maintenance person and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

The provider provided us with an update on actions they had taken or planned to take in response to issues identified during our inspection, along with supporting evidence, including photographs of work that had been completed.

# 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 requires improvement. At this inspection this key question has remained the same.

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- During the inspection we found that not all necessary measures had been carried out to prevent the spread of infection.
- The tiles on the kitchen had several cracks in them that could harbour harmful micro-organisms and some parts of the floor had dirt ingrained within it. The treatment room was dirty, and cleaning of this area was not covered by the cleaning schedules. We found armchairs in the lounge had dirty arm rests and in one instance the arm rests had splits in them, which, like the cracked tiles in the kitchen, could harbour harmful bacteria.
- After the inspection, the service sent us evidence that these issues had been addressed. The kitchen floor had been replaced, new armchairs had been purchased and the treatment room had been added to the cleaning schedules.
- We positively noted these changes but have concerns that they were not identified and addressed by the provider prior to our inspection.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. This included policies and procedures that guided staff on how to respond to any allegations of abuse.
- Staff had undertaken training about safeguarding and understood their responsibility to report it. One member of staff said, "I won't even think twice but to report it to my manager, it is completely not allowed."

### Assessing risk, safety monitoring and management

At our last inspection we made a recommendation that the provider keeps records of safety checks carried out on fire doors. The provider had made improvements.

- Fire doors were tested each week and records were maintained of these checks. Further safety checks were carried out on the emergency lighting and fire alarm system. Other safety checks had been carried out relating to the premises including those related to gas and electrics.
- Risk assessments were in place which identified the risks people faced and contained information about how to mitigate those risks.
- We found that risk assessments were implemented to help promote safe care. For example, in relation to wound care, catheter care and risks of falling.

## Staffing and recruitment

At our last inspection we made a recommendation that the provider review its staffing levels to ensure there were enough nursing staff to meet people's needs. The provider had made improvements.

- Staffing levels had been reviewed since the last inspection and extra hours of nursing staff had been implemented. Staff told us there were enough staff and that they had enough time to carry out their duties. They added that staffing levels fluctuated depending on the number of people using the service and their level of need.
- We observed staff worked in an unhurried way and responded to people in a prompt manner. For example, we noted that when an emergency alarm call went of staff responded to it in a timely manner.
- People told us there were enough staff. One person said, "No shortage of staff. I have used the call bell and the response is very good, within a few minutes."
- The service had robust staff recruitment practices in place to help ensure suitable staff were employed.
- Various checks were carried out on prospective staff. These included criminal record checks, proof of identification, employment references and a record of staff's previous employment history.

## Using medicines safely

- Arrangements were in place for the safe management of medicines. Medicines were only administered by qualified nursing staff. Records were maintained of medicines administered which were up to date. We found suitable arrangements were in place for the storage of medicines.
- We found some minor discrepancies with medicines records, for example on one occasion a controlled drug was administered, the staff had signed the controlled drugs register, but no staff had signed to witness this. We discussed this with the manager who said they would address this issue.

## Learning lessons when things go wrong

- Accidents and incidents were recorded. These were then reviewed by the manager to see what lessons could be learnt. For example, after one person had fallen from bed, steps were taken to provide them with bedrails to reduce the risk of re-occurrence.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider assess people's needs in relation to equality and diversity as part of the overall pre-admission assessment process. The provider had made some improvements.

- Assessments of people's needs were carried out by the manager and clinical lead prior to people moving in to the service. The purpose of the assessment was to determine what the person's needs were and if the service was able to meet those needs.
- Assessments covered needs associated with personal care, mobility, medicines and nutrition. The assessment form had been revised since the last inspection so that it included space for recording people's assessed needs in relation to equality and diversity issues. We saw for some people who had been assessed since the last inspection these details had been included, but for two people they had not. We discussed this with the manager who told us they would ensure that in future the assessment form was fully completed.

Staff support: induction, training, skills and experience

- Staff were supported to develop knowledge and skills helpful to their role through training and supervision.
- Staff told us they had an induction programme when they started working at the service and access to regular training since then. One staff member said, "We have continuous training, we do health and safety, fire safety, food hygiene. We get training on using the hoist."
- Records showed training included topics such as dementia care, first aid, fire safety, safeguarding adults and the Mental Capacity Act 2005. We also found that staff had regular supervision where they were able to discuss matters of importance to them. Staff told us they received plenty of training to support them in their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People were generally offered a choice of meals. One person said, "If I don't like some food I call them over and say I don't like this and they then say what you like instead and then suggest some other food which I then choose." However, one person, who was provided with vegetarian food, told us they would like to have chicken once a week. We discussed this with the manager who said they would ensure this happened.
- We observed mealtimes to be relaxed and where people required support with eating and drinking this

was done by staff in a caring way.

- Risk assessments about malnutrition were in place. Where there were concerns relating to people, the service worked with other agencies including GPs and the dietitian service to support people's nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care professionals. Records showed this included GPs, tissue viability nurses, opticians, chiropodists and speech and language therapists. One person told us, "They have their own GP here and they ask if we need to see him."
- 'Hospital Passports' were in place for people. These included helpful information about the person for use by hospital staff in the event of the person being admitted to hospital.

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

At our last inspection we recommended the provider take steps to improve the décor of the premises. The provider had made improvements.

- Since our last inspection several bedrooms and most of the communal areas had been re-decorated and new carpets had been fitted throughout much of the premises. This resulted in the care home having improved décor and an improved appearance.
- Adaptations in the building helped to make it accessible to people with reduced mobility and people living with dementia. For example, hand rails were in place and there was a lift which connected each floor of the building.

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 when this is in their best interests and legally authorised under the MCA. 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 were being met.

- Where people had been deprived of their liberty this had been done in line with legislation. The provider had made applications to the local authority for DoLS authorisations and where these had been granted the provider had then notified the Care Quality Commission.
- People or their relatives had signed consent forms to agree to various elements of care, for example in relation to having a flu jab or having their photograph taken for clinical purposes.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff interacting with people in a caring way. People were seen to be at ease in the company of staff. Care plans included information about people's life history, which helped staff to get to know people.
- The service sought to meet people's needs in relation to equality and diversity issues. Representatives of organised religions visited the service to provide spiritual guidance to those who wished to receive it. People had access to music reflective of their cultural heritage and various festivals were celebrated which were linked to religion and culture. One person told us, "I am able to practice my faith."
- People told us staff treated them in a caring way. One person said, "The staff are very friendly."

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

- The manager told us when they carried out assessments of people's needs the person was involved with this process, as where their relatives where appropriate.
- Staff told us they supported people to make choices about their lives, for example in relation to what they wore. They said most people were able to say what clothes they wanted and where they could not do so they were shown choices to pick from.
- We observed staff offering people choices, for example about drinks, activities and what they wanted for lunch.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of the importance of promoting people's privacy, dignity and independence and they told us how they did this. One member of staff said, "When we take them to the toilet we close the doors. We go outside and wait for them to call." Another staff member said, "Before entering the room you need to knock, you ask the resident how they are."
- Each person had their own bedroom which promoted their privacy, although not all bedrooms had ensuite facilities. Bedrooms were homely in appearance and contained people's personal possessions.
- Staff were aware of the importance of respecting people's confidentiality. Confidential records were supposed to be stored securely. However, we found a discarded medicine chart for one person in the visitor's room which meant unauthorised people potentially had access to it. This chart contained the person's name and details of the medicines they were prescribed. We discussed this with the manager who

said they would address this issue with staff.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place which set out people's needs and included information about how to meet those needs. Staff had a good understanding of the needs of individuals. Care plans covered personal hygiene, communication, relationships, moving and handling and nutrition.
- Care plans were reviewed on a monthly basis which meant they were able to reflect people's needs as they changed over time. Daily records were maintained so it was possible to monitor that the care given was in line with people's assessed needs and their care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Not everyone using the service spoke English as a first language. However, the staff team comprised people who spoke a variety of languages, often languages that were the same as people spoke.
- We were told by the manager that one person spoke a language that staff were unfamiliar with. To help aid communication with this person some key phrases had been written down in the language and posted on the person's bedroom wall, so staff could read them to the person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their family. We saw family members visiting on the day of inspection who were able to meet with their relatives in private in either bedrooms or a designated visitor's room.
- People were supported to engage in a variety of activities. For example, on the day of inspection activities provided included bingo and live music.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. One person said they would go to, "The one in charge here, the nurse."
- The service had a complaints procedure in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the

service.

- Records were kept of complaints received and of action taken by the provider in response to them. These showed that complaints were dealt with in line with the policy.
- The service kept a record of compliments received. For example, we saw a relative had written, "It is great comfort to know [person] is being cared for when we are not here. It puts our minds at rest."

End of life care and support

- Where people were supported with end of life care the service worked with other agencies to meet people's needs. Care plans were in place which contained information about people's wishes in the event of their death.
- 'Do Not Attempt Resuscitation' forms were in place for people as appropriate. These had been signed by a doctor.

# 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 Requires improvement. At this inspection this key question has remained the same.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection of this service in May 2018 we found they were in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because they had failed to notify the Care Quality Commission when a Deprivation of Liberty Safeguards (DoLS) authorisation was in place for people using the service.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

- Since our previous inspection the provider had sent us notifications of significant events in line with their legal responsibility to do so. This included notifying us when a person was subject to a DoLS authorisation.
- The previous registered manager resigned from the service in December 2018. They were still employed to work at the service on a part time consultancy basis, primarily to provide support to the new manager.
- A new manager had been appointed and they were in the process of applying to register with the Care Quality Commission at the time of inspection. They were supported by a clinical lead who oversaw the nursing care at the service. There were clear lines of accountability and staff knew who to report issues to.

Continuous learning and improving care

At our last inspection of this service in May 2018 we found they were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because they did not always have effective quality assurance and monitoring processes in place.

At this inspection we found that enough improvement had been made and the provider was no longer in breach of regulation 17, although we have made a recommendation about their quality assurance processes.

- Since the previous inspection steps had been taken to improve the quality assurance processes. An improved and more comprehensive auditing system had been introduced and record keeping had

improved. For example, records were now maintained of checks on fire doors. People's views were sought and the service had acted upon feedback from people and relatives.

- However, some issues of concern that were identified had not always acted upon in a prompt manner. A member of kitchen staff told us they informed management of the cracked and dirty kitchen floor several weeks ago. The manager confirmed they were aware of this issue.
- The service employed a quality control manager who carried out audits of the service at approximately six weekly intervals. The report of their visit on 2 February 2019 found the bin in the downstairs toilet was dirty and rusty. During our inspection we found this was still the case, in addition to another dirty and rusty bin in the treatment room. Their visit on 8 May 2019 found there was a lot of discarded furniture in the garden and this was still the case during our inspection. At the same visit they found armchairs in the lounge with torn armrests. This issue had still not been addressed.
- Cleaning schedules were in place. These set which areas of the building were to be cleaned and when. Staff signed these schedules after they had cleaned the specific area. However, the cleaning schedules did not cover the treatment room, and on the day of inspection we found the treatment room to be dirty.
- A staff member had written on their staff survey form in September 2018, "Repairs are not made on time, which makes the job hard and puts more strain on us." The service had three hoists to transfer people from the lounge to the toilet. One hoist was supposed to be based on each of the three floors in which care was provided. Staff told us and the manager confirmed, that one of the hoists had been broken for several weeks. This meant staff had to routinely transfer one of the hoists between floors.
- After the inspection the provider sent us confirmation that all the issues we found had been addressed. We nevertheless have concerns that they were only addressed after the Care Quality Commission brought them to the attention of the provider during our inspection. We recommend the service reviews its quality assurance systems to make them more effective.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the senior staff at the service. One member of staff told us, "[The manager] is so good, the way they talk to you respectfully, they have helped me a lot."
- We observed that people appeared relaxed and at ease in the company of staff, and in turn staff appeared at ease in the company of the senior staff. One person said of the manager, "I don't know their name, but they talk to me a lot."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Surveys were carried out of people, relatives and staff. The most recent surveys were carried out over the summer of 2018 and contained mostly positive feedback. One relative wrote, "I feel [person] is very well cared for. Another relative commented on their survey form that they were not happy with the state of the décor in the person's bedroom and we saw it had subsequently been decorated to a satisfactory standard.
- The service worked with other agencies to develop practice. For example, with the local authority who carried out monitoring visits and organised a provider's forum which staff attended. They also worked with the supplying pharmacist to develop good practice with regards to medicines management.