

Royal Borough of Kingston upon Thames

# Amy Woodgate

## Inspection report

Nigel Fisher Way  
Chessington  
Surrey  
KT9 2SN

Tel: 02082744058

Website: [www.kingston.gov.uk](http://www.kingston.gov.uk)

Date of inspection visit:  
17 February 2020

Date of publication:  
20 March 2020

## 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

Amy Woodgate is a residential care home providing personal care to 34 older people at the time of the inspection. The care home can accommodate up to 44 people in one adapted building.

### People's experience of using this service

Paperwork could have been improved to ensure risk assessments and care plans were clear on current presenting needs. The provider's quality assurance systems had not always identified the issues we found at this inspection. We have made a recommendation in relation to quality assurance systems.

We have made a recommendation in relation to medicines management. People's medicines were not always administered safely, but people received them at the right time. Staff understood their responsibilities in relation to safeguarding, as well as managing infection control. Staff were recruited so as to ensure they were safe to work with people.

When people required support from healthcare professionals this was arranged in a timely manner. People were supported to eat and drink where necessary and received meals in line with their preferences. Staff were supported through supervision, appraisal and sufficient training.

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.

Staff respected people's privacy and dignity. People were well cared for by staff that knew them well.

People accessed a range of activities both within the home and externally. These kept them active and engaged. Complaints were appropriately responded to. Where people were nearing the end of their life their wishes were discussed.

People, relatives and staff were complimentary about the support offered by management and found them to be approachable. There was a positive, supportive culture across the home, with people's care needs at the heart.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

This service was registered with us on 04 March 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on when the service registered with us.

### 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 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** ●

# Amy Woodgate

## 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 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

Amy Woodgate 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 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 intelligence we received about the service including statutory notifications and information shared by others. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke to seven people and four relatives. We spoke with three care staff, the activities co-ordinator, the registered manager and a visiting healthcare professional.

After the inspection

The registered manager sent us additional information to support our inspection. This included updated personal emergency evacuation plans, medicines protocols and other information we requested.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated 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.

### Using medicines safely

- People's medicines were securely stored within their rooms. People said, "They [ staff] don't like me to be in pain and I can always ask for an extra something" and "They [medicines] are all supplied from the chemist next door and there are never any problems with getting something quickly if it's needed."
- There were suitable protocols in place for 'as required' medicines, to ensure people received these medicines at the right time and for the right reasons. However, staff had not always recorded the dose administered for variable dosage medicines.
- Some staff reported to us that there were occasions when their medicines round was interrupted and they were concerned this could lead to errors. We raised this with the registered manager who, following our inspection arranged a meeting to further discuss staff concerns. They also arranged for medicines administration records to be stored more securely. We will review this at our next inspection.
- We recommend the provider review their medicines administration and audit systems to ensure they are effective.

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

- Staff understood their responsibilities in relation to safeguarding. Comments from staff included, "I would report it to the line manager depending on who was there at the time and the registered manager. I'd fill in an incident form and depending if it is a safeguarding I would discuss it with the manager and they would let the safeguarding team know."
- At the time of our inspection a recent safeguarding investigation had concluded. The provider had been prompt and transparent in disclosing information to the local authority, leading to closure of the matter.

### Assessing risk, safety monitoring and management

- Potential risks were assessed to ensure there was suitable guidance in place for staff to be able to support people.
- These included risk of falls, mobilising and nutritional needs. Where people had specific needs, guidance was in place to inform staff as to how to support people safely, for example, the equipment they needed to mobilise.
- Sufficient premises checks were in place to ensure that the home was safely maintained. On the day of inspection we identified that not all of the personal emergency evacuation plans (PEEP's) were up to date. This was corroborated by the registered manager, who took steps to commence updating these the following day.

### Staffing and recruitment

- Staff told us, and we observed that there were not always enough staff on each shift to focus on meaningful engagement with people. The home was also utilising a high member of regular agency and bank staff to fill vacancies. However, we were reassured that regular staff that were familiar to people were used.
- We raised our issues with the registered manager who informed us they were taking steps to recruit additional staff. They agreed to review their staffing arrangements to ensure people received qualitative engagement. We will review their progress at our next inspection.
- Staff were subject to adequate recruitment checks to assess their suitability for the role. This included employment references, employment history and a DBS check.

#### Preventing and controlling infection

- The home was very clean, well maintained and odour free throughout.
- Staff understood their responsibilities in relation to infection control telling us, "We have domestic staff here every day including the weekend who do the cleaning. We have gloves, aprons and if we require face masks."

#### Learning lessons when things go wrong

- Any incidents and accidents were promptly reported, recorded and investigated. Records showed that these were reviewed by management to ensure appropriate follow up action was taken.
- Learning from incidents was shared through team meetings and at handovers.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed prior to them using this service. This included a pre admission assessment from the home, and the local authority where necessary.
- Assessments were completed in line with best practice, for example the use of the Malnutrition Universal Screening Tool (MUST) to assess potential nutritional risks.

Staff support: induction, training, skills and experience

- The provider had identified that not all staff were up to date with the current training requirements. An action plan was in place for completion by April 2020, we will review their progress at our next inspection.
- Training topics included moving and handling, safeguarding, health and safety and medication administration. Two care staff had also been trained in dementia care mapping.
- Staff were supported through regular one to one supervision, this provided them with the opportunity to discuss their progress in their roles.

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

- The chef was knowledgeable about people's dietary needs and requirements. People with specific requirements were catered for, for example, gluten free and diabetics.
- People who had preferences for meals that reflected their culture were provided for. There was a wide range of choices available to people and the service had a five star food rating certificate, from the Food Standards Agency in July 2019.
- There were some mixed views about the choice of food available, but the majority of people we spoke with enjoyed the meals available to them. Comments from people and relatives included, "The food is prepared well and it's enjoyable. There is a variety but little choice at the main meal" and "It must be good as [person] has put on weight and we are working with the staff to reduce her portions and sugar intake." People were also supported to enjoy takeaway nights and this was also reported to us by relatives.

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

- People were well supported to access other healthcare professionals. This included district nurses, physiotherapists, chiropodists and dentists.
- Records showed that people's health conditions were regularly monitored by staff and they were prompt to contact the appropriate healthcare agencies. When people suffered an incident or accident the emergency services or doctor were contacted in a timely manner.

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

- The home was well set out to meet the needs of people diagnosed with dementia. This included appropriate signage and colour contrast throughout. People were able to have keys to their rooms if they wished to do so.
- People had personalised memory boxes outside their rooms. One person was able to tell us why they had chosen the items in theirs, and another described the comfort of seeing their family photographs when they passed their memory box.
- The environment was well set out for those with dementia, we observed one senior carer to be very knowledgeable and planning further improvements.

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.

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 potentially needed to be deprived of their liberty, applications were made to the local authority in a timely manner.
- Staff understood the importance of respecting people's choices. A staff member said, "Ask people to make a decision. Some of them can make decisions. We know the residents and knowing their past history and knowing what it is they would have liked. We show them clothing and they will make the decision on what they want to wear."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff supported people with any religious or cultural needs. Kitchen staff described the meals they made for one person to support their cultural preferences.
- Care records reflected whether people had any religious preferences. People were able to access religious services within the home or were supported to access their preferred place of worship.
- People were supported by caring and thoughtful staff. Comments from relatives included, "I was so impressed as [person] was difficult with her personal care and could get nasty but they would sit with her, chat, make her a drink and then try again when she had calmed down – lots of patience and understanding of her condition" and "They truly love [person] and that shows in everything that they do for her."
- We observed some positive and thoughtful interactions between staff and people. Some people reported that at times staff were task based, but on the whole people and staff had positive relationships.

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

- People and their relatives were consulted on their care needs. This was reflected in people's care plans and the personalisation of people's needs.
- Relatives told us that communications with the home were regular and positive, ensuring relatives were up to date with people's needs and wellbeing.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's and privacy and dignity. A staff member said, "We have to always knock the door and wait for an answer. If we are supporting someone to get changed we will do so in their room, shut the door and curtains. If someone said I couldn't enter their room, I would go away and try again shortly, or will get another colleague to try."
- People were supported to be independent where they were able to be. A staff member said, "I try to encourage them to do as much as they can themselves or they want themselves. It's about including them in their day. This includes, personal care etc. We have one person who is supported by staff to go swimming at the local baths."
- Care records reflected what people were able to do for themselves. This included any personal care specifics such as washing their face and whether they should ask if they require assistance or supervision.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

### End of life care and support

- The home supported people with end of life care where necessary.
- At the time of our inspection one person had recently been assessed as requiring end of life care. Although there was a record of an end of life discussion from the time of admission; this had not been updated following recent developments. We raised this with the registered manager who acknowledged that people's end of life wishes needed to be reviewed in a timely manner. We will review their progress at our next inspection.

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

- People felt enabled to have choice and control over their day to day needs. One person told us, "I can make my own routines – which is very erratic and the carers will help me when I need it."
- People and relatives were involved in care planning. Relatives told us, "As a family we are all involved and it's [care plan] reviewed each year although we would bring that forward if there were big changes" and "We have an appointment next week to review the careplan. [Person] is usually present although she's no longer able to take part."
- Care records included 'this is me' profiles for each person. This provided staff with an overview of people's backgrounds so that they could better support them and understand their preferences.

### 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.

- Care records reflected people's communication abilities, and whether they had any sensory impairments. Further information was recorded on how any impairments affected people and whether staff needed to offer additional support.

### 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 well supported through a range of activities. The activities co-ordinator tailored the activities on a daily basis, to ensure they accommodated people wishes. These included nursery school visits, food tasting, books and table top activities.
- The home celebrated people's birthdays and important events throughout the year. Comments from relatives included, "They are planning a celebration here for her big birthday and all the family are coming –

we're doing it together", "We had a huge family gathering, people from all over the country and one of the carers brought her along – it was a very special occasion and they made sure that she could be part of it" and "I join the activities when I'm here and Mum has her cat (toy) when I'm not which brings her great comfort – they always make sure it goes with her to anything."

- There were individual activities with residents who were either unable or unwilling to join in the group activities. The garden area included raised boxes and plants that people helped to maintain in the warmer weather. External activities providers were brought in, for example, music man, art therapist, aromatherapy and small animal farm.

Improving care quality in response to complaints or concerns

- The home had one complaint since their registration, and this was being managed by the provider.
- People felt confident to raise any concerns they had. One relative said, "They are so brilliant with their communications that I can't think that anybody would need to complain and you can talk to any of the team."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- Records required some improvement to ensure they were contemporaneous and easy to read. People's risk assessments and care plans were hand annotated with updates, with some original documents leading back to 2017. This could have led to confusion as to the most relevant and up to date information.
- The provider's quality assurance systems had not always identified the issues we found at inspection such as improvements to recording for variable dose medicines, updating of end of life care records and PEEPS's.
- We recommend the provider review current guidance to ensure their quality assurance systems are effective.

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

- People and relatives felt they had a positive relationship with the registered manager. Comments from relatives included, "Her door is always open and she's happy to see you at any time" and "She's very aware of whose around – she is also out and about in the units."
- Staff were positive about the management of the service. They told us, "They are good and are doing a good job" and "Really supportive and I feel I can talk to them about anything. Certainly the best manager I have worked for. You can go and offload to her."

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

- The provider understood the importance of acknowledging any wrongdoing and ensuring apologies were made.

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

- Staff were invited to share their views through regular team meetings and expressed to us that they found these supportive.
- People and relatives were regularly invited to attend meetings to discuss developments at the home and give feedback. Minutes for these were on display around. Annual surveys were also completed.

Working in partnership with others

- The provider worked alongside other agencies to ensure continuity of care for people. Where people were

admitted to hospital the provider used the 'red bag' system, in line with best practice guidance to ensure standardised paperwork was transferred with people upon admission.

- Records showed that the provider worked alongside the local authority and other referring agencies to ensure people were supported to transition between services.