

Hemunjit Ramparsad Woodlands

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Woodlands is a care home providing personal care for up to 20 older people. At the time of the inspection there were nine people living in the home. The service is an adapted building with a lift.

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

There were enough staff on duty to meet people's needs. Staff were kind and caring and people said they liked the home. Relatives spoke positively about the staff team and how caring they were.

People received their medicines safely as prescribed. There were suitable systems and processes in place to manage medicines safely. There were risk assessments in place which detailed risks to people's safety and guided staff on how to keep people safe.

There were suitable processes in place to prevent and control infection at the service, through regular COVID-19 testing, cleaning and safe visiting precautions. Safeguarding processes were in place to help safeguard people from abuse. Staff knew how to respond in emergency situations such as fire or ill health.

A new manager had been appointed since the last inspection and they had made many changes in the home which improved the quality of care provided. Staff and relatives of people living in the home spoke highly of the new manager and improvements they had made.

The provider had refurbished the home since the last inspection. The refurbishment had made the environment safer, more homely and more dementia friendly.

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.

The manager and provider engaged well with health and care professionals who told us they acted on their advice.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 22 January 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of most of those regulations.

At this inspection the rating has improved to requires improvement.

This service has been in Special Measures since October 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 23 October 2020. Multiple breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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

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.

Since the last inspection the provider and manager have made the necessary improvements. We were assured that people received safe care at this inspection.

Follow up

We will 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 well-led?

The service was not always well-led. Details are in our well-led findings below.

Requires Improvement ●

Woodlands

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

This inspection was carried out by one inspector 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. This person made phone calls to relatives to ask their views on the service.

Service and service type

Woodlands 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 who had applied to be registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We considered all the information we received from and about the service since the last inspection. This included notifications, concerns received and monthly reports to CQC from the provider on the progress they were making with their service improvement plan.

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 contacted relatives of people living in the home to ask their views on the quality of care provided at the home. We spoke with the relatives of six people living in the home

We spoke with two visiting health and social care professionals from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with six staff. These were the manager, owner/provider, two senior care workers, the chef and the activities coordinator. We also met eight of the nine people living in the home. We were able to get some feedback from five people. Some people could not tell us their views on the home so we carried out observations of a mealtime and people's wellbeing during the daily routine in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and risk assessments and five people's medicines 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 training, policies and procedures were reviewed.

We looked around the building including the garden.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three staff members on the phone and we looked at further records. We received feedback from three professionals who have had recent contact with the home.

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 inadequate. At this inspection this key question has improved to 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last inspection there were concerns about risk assessments in the home. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had made improvements in all these areas at this inspection.

- The local authority had investigated an incident where the home failed to seek emergency assistance for person and concluded that this was an act of neglect and may have possibly had a negative impact on the person. This incident was subject to further enquiries by CQC at the time of this inspection.
- The provider told us they had learned from this incident and staff had been advised of what action should have been taken and what to do to avoid a similar situation.
- The provider and manager had taken enough action to ensure that people would receive prompt medical assistance in an emergency. There were protocols in place for dealing with falls and medical emergencies and calling emergency services. Staff were able to tell us what they would do if a person in the home was found unresponsive. Information regarding people's wishes on whether to be resuscitated were clearly recorded and accessible to staff.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Risks to people's health and safety were assessed and risk management plans were in place to guide staff on how to reduce risks. Risk assessments addressed area such as moving and handling, falls, risk of going missing, COVID-19 and medical conditions.
- Staff understood the fire evacuation procedure and had completed fire safety training. A recent fire safety audit found areas for improvement including replacing fire doors. The provider was implementing these improvements during the inspection.

Using medicines safely

- Medicines management had improved significantly since the last inspection when there were concerns about the management of people's medicines. The new manager had made improvements and the local authority had provided advice and support on medicines management. Medicines were being managed safely.
 - There were clear written protocols for supporting people with their medicines. Their allergies were recorded as well as their preferences for how they liked to take their medicines, for example with a glass of warm water.
- Staff had recently completed training in medicines administration and the local pharmacists had assessed staff to ensure they were competent to do so. The home's practice was that only senior staff administered people's medicines.

- There were suitable facilities for medicines that required refrigeration and controlled drugs.
- Medicines audits had improved since the last inspection and were effective at finding any minor errors quickly and taking appropriate action. There were regular checks on medicines stocks.

Preventing and controlling infection

At the last inspection we found that there was a lack of systems and processes in place to prevent the spread of infection. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and there was no longer a breach of Regulation 12.

- The provider and manager had ensured staff had completed infection control training during the pandemic, had ensured good levels of hygiene in the home and provided staff with all personal protective equipment (PPE) including masks.
- The provider was preventing visitors from catching and spreading infections by ensuring visits were pre-arranged, visitors were required to take a COVID-19 test on arrival at the service, have their temperature taken and complete a health declaration.
- We were assured that the provider was using PPE effectively and safely.
- The provider displayed information about correct PPE wearing in the home.
- Staff were all wearing PPE correctly. There was a designated area in the home for donning and doffing PPE.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- There had been no admissions to the home during the national lockdown but the manager had a plan in place to ensure any new people were cared for in isolation on arrival.
- All rooms inspected were clean and had suitable handwashing facilities.
- At the last inspection there were toilets which due to size had no sink for hand washing. The provider had installed sinks in these toilets so that there were suitable handwashing facilities throughout the home.
- The kitchen was cleaned to a high standard and food stored safely.

At the last inspection the poor condition of parts of the home and the failure to identify and address these issues was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and there was no longer a breach of Regulation 15.

- There had been a refurbishment programme since the last inspection. The communal rooms and most bedrooms had been redecorated. The furniture had been replaced by more modern and safe furniture and the provider had purchased new beds and bedroom furniture. The toilets and bathrooms had been refurbished.
- Radiators had been fitted with safety covers and water temperatures reduced to safe levels.
- Those people who were able to talk about their safety told us they felt safe and that staff helped them when they needed to go from room to room to minimise the risk of them falling over.
- Relatives told us they thought people were safe at the home. Their comments included; "My mother is completely safe there, I have no worries about that" and, "She is very mobile but just needs supervision, she hasn't had any falls at all."

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we found lack of systems and processes in place and the failure to report and investigate immediately an allegation or incident of abuse meant that people were not always protected from the risk of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The home had a safeguarding policy and procedure. Staff were trained in recognising and reporting any signs of abuse and were able to explain what they would do in the event of any abuse or improper treatment.

- The manager had experience of raising safeguarding alerts appropriately. The provider told us they had learned from the concerns identified at the last inspection and would ensure any future concerns were reported and investigated appropriately in future.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs.

- Our observations showed staff interacted very well with people and had enough time to spend meaningful time with them. Staff also felt they had enough time for their duties without having to rush.

- The manager had changed the staff working rota so that staff did not work excessive hours and were expected to take breaks from work.

- People told us they liked the staff. Relatives told us there were enough staff on duty, "When I was able to visit pre COVID there always seemed enough staff about," and, "There appears to be enough."

- Relatives and people living in the home gave very positive feedback about staff being caring and kind and keeping people safe.

- Records showed suitable checks were taken out on staff before they were employed in the home.

We could not improve the rating for Safe to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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 improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection we found people did not receive care and support that was person centred. People were not always provided with a choice of food that they wanted to eat. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and there was no longer a breach of Regulation 9.

- People had support to choose their meals and eat a balanced diet.
- A staff member told us, "Now we are giving them a lot of choices."
- Records of food eaten showed that people had made individual choices each day about what they wanted to eat.
- The menu showed a choice of three main meals. There were two choices of English food and one vegetarian Asian meal each day. At breakfast there was a choice of cereals and cooked breakfast.
- People's feedback about the quality of the food was generally positive and included; "This is my favourite dinner," "The food is alright" and, "It's nice."
- Relatives told us they had no concerns with the food. Two relatives told us they were happy that fresh curries were cooked every day for people who preferred them. Another said, "He's happy with the food and maintains a good weight."
- On the day of the inspection people chose between a meat pie, fish in sauce with vegetables or vegetable curry and rice. People enjoyed their meal and there was a positive mealtime experience. We saw two people enjoying eating together in the dining room and some people eating in the lounge. Those who needed support with eating had one to one staff support in a dignified way.
- Records showed how a person liked to eat for example with their fingers, knife and fork or a spoon and whether they needed assistance. People's dietary preferences and restrictions due to medical, cultural or religious reasons were clearly recorded. The chef knew which people were diabetic and vegetarian.
- There were two large bowls of fruit in the table for people to eat.
- One person had all their food and fluids recorded for medical reasons and this had not been done safely previously but the measuring of fluids had improved and the manager was overseeing this person's food and fluid intake.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection, the poor understanding of the application of the MCA and the failure to recognise, assess and document decisions that need to be made in people's best interest meant that the service was in

breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and there was no longer a breach of Regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs). We checked whether the home was working within the principles of the MCA.

- Most people living in the home had a DoLs in place. The manager had an effective system in place for monitoring these.
- People's files contained records of whether they had capacity to make decisions and their consent to care, being photographed etc. Where a person could not consent and had no lasting power of attorney to consent on their behalf there some records that showed a best interest decision was made consulting a relative but we saw one file where there was no signature and one where a relative who did not have legal authority had signed a consent form. The manager was in the process of updating all these records during the inspection and advised us that the forms requiring best interest decisions should be completed shortly.
- One person told us and we observed that staff always asked them before providing any care and support, for example moving to another room, going to the toilet.
- Care records recorded whether a person had a lasting power of attorney or advocate.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The manager or provider assessed people's needs before they moved to the home. This was to ensure their needs could be met at this home. The new manager had produced a one page summary of the most important information to know about each person and these were prominently in their files in front of the care plans so staff could access them quickly.
- The manager had reviewed and updated care plans to ensure they reflected people's up to date needs and preferences.
- People and their relatives told us they thought they were cared for well by staff and some had been involved in writing the care plan.
- Staff supported people with their medical appointments.
- Staff knew people's medical conditions. Information about symptoms to look out for was recorded in people's care plans where they had a medical condition that needed monitoring such as diabetes.
- Relatives told us staff sought medical attention for people and one said their relative was looked after very well by staff following an operation.
- People had support with their oral care. Since the last inspection the manager had ensured there were stocks of toothbrushes in the home and care plans contained information about the type of support people needed with cleaning teeth or dentures. People had toothbrushes and toothpaste in their bedrooms.
- Health and social care professionals told us that the home worked well with them and acted on their recommendations for improvement. Social workers said they had no concerns about the care provided raised with them by people or their relatives.

Staff support: induction, training, skills and experience

- Staff completed an induction training programme and were up to date with mandatory training for their role. During the pandemic staff had also completed training in infection control and had recent training in following emergency protocols a part of the learning from an incident where emergency help was not summoned.
- Staff said they were happy with the training they received.
- The manager had a proactive approach to staff training and one staff member said the training had improved recently.
- Staff had regular supervision. Staff told us they were happy with the level of supervision and support from the manager.

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

- The home had been decorated since the last inspection and the provider had considered how to make the environment more friendly for people living with dementia after this was raised as a concern at the last inspection. The lounge was less cluttered and more homely and the provider was putting photographs of people on their bedroom doors to help people find their way around the home and prompt their independence.
- A relative told us they had been asked for photographs to help their relative with dementia feel at home.
- People's rooms had been decorated and most contained personal items, photos or pictures.
- The garden was not fully accessible due to a steep ramp and no handrail. The manager told us that this work was due to take place so that people could use the garden more easily.

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 inadequate. At this inspection this key question has now improved to requires improvement.

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.

Continuous learning and improving care

- The local authority and CQC had monitored the service regularly since the last inspection. We found there had been continuous learning and improvement. The manager had ensured staff were aware of the protocols to follow in emergencies and had taken various other actions to minimise the chance of any serious incidents occurring.
- Staff said they were confident about what to do in all emergency situations.
- We found the manager was committed to continuous improvements in the home and was proactive in looking for ways in which the quality of the service could improve. The manager and provider had worked together and made many improvements including; redesign of bathrooms and toilets, decoration and furniture, improved care and care records, improved medicines management, more choices of food, improved oral care, improved safety of hot water and radiators, improvements for staff and relatives.
- Relatives told us: "The new manager is very good and friendly. Communications have improved since they took over", "The new manager is amazing; they've changed the place completely. The whole home has been redecorated. They care so much" and, "It's now better with the new manager, they take very good care and are so welcoming."
- The provider acted on the feedback we gave in order to make improvements.

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

- At the last inspection the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and there was no longer a breach of Regulation 17.

- We took enforcement action following the last inspection and imposed conditions on the provider's registration that they employ a new manager and that they send us reports on their progress with their improvement plan on a monthly basis. The provider complied with these conditions and the standards in the home had significantly improved.
- The new manager of the home was experienced at managing care homes and had good understanding of regulatory requirements and quality. They were able to tell of us improvements they had made to the home. Staff confirmed that the manager had made improvements and supported them well. One staff member

told us, "A lot of things have changed, we are happy." Another said, "Things are really good now. We are happy and our residents are happy." A third said, "Anything we ask the manager, they will do."

- Relatives also told us they had noticed a lot of improvements since the new manager started.
- Regular checks and audits were taking place so there was improved oversight of the home and any risks or quality concerns were picked up quickly and acted on.
- We were satisfied that the manager was aware of all events that needed to be notified.

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

- Staff told us there was a positive homely atmosphere in the home. Staff had a good understanding of people's needs and personalities. They were able to tell us detailed information about how they supported people and what their preferences were.
- We saw staff engaged with people in a person-centred way, helping them with their meal, chatting and taking part in activities. The activities coordinator knew people's individual preferences. There was a variety of activities which we saw people enjoying. Other people preferred to sit on their own. Staff checked on these people and made sure they were alright.
- Relatives told us they thought the home ran smoothly and good quality care was provided. Their comments included; "I don't have any concerns or worries, (manager) is brilliant, everyone is very obliging."
- Two people told us they liked the home and a third said it was "alright." Other people were unable to tell us their views another care but two of those people were able to tell us they enjoyed their meal. We observed that people appeared content and comfortable with staff. Two people spoke limited English but there were staff available who spoke their first language.

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 and manager both understood their responsibilities under the duty of candour.

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

- The service engaged well with people and their relatives and staff.
- One relative told us, "'I've been consulted about the care plan, I do think they listen to me and want my input." Another said, "They arrange a Facetime call every week for me." A third told us, "I've been told about the recent visiting changes and have had a couple of visits, it was all arranged very well and safely with tests and PPE."
- Relatives had received a survey from the manager to feed back their views on the service.
- Staff said that the manager talked to them daily and listened to their suggestions and gave them clear advice and instructions on how to carry out their role.
- People's equality characteristics were addressed in their care plans and staff were familiar with their individual characteristics. Cultural and religious differences were documented and those needs were met.

Working in partnership with others

- Relatives of people living in the home and professionals told us they thought the home worked well with them and that their views were listened to. The provider told us they valued the support of the local authority in making improvements to the service.
- The community matron supported the home with people's health needs and staff reported a good working relationship.

We could not improve the rating for Well-led to good because to do so requires consistent good practice

over time. We will check this during our next planned comprehensive inspection.