

Hemunjit Ramparsad Woodlands

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 25 August 2015 and was unannounced. At our last inspection in June 2014 the service was not meeting the standards in relation to risk management and quality assurance. At this inspection we found that the service was now meeting these standards.

Woodlands is a care home for older adults. The maximum number of people they can accommodate is 20. On the day of the inspection there were 14 people residing at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at the home and safe with the staff who supported them. They told us that staff were attentive, kind and respectful. They said they were satisfied with the numbers of staff and that they didn't have to wait too long for assistance.

Summary of findings

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks could be reduced.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. Staff told us it was not right to make choices for people when they could make choices for themselves.

People told us they were happy with the food provided and staff were aware of any special diets people required either as a result of a clinical need or a cultural preference.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff were able to demonstrate that they had the knowledge and skills necessary to support people properly. People told us that the service was responsive to their needs and preferences.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and quickly.

People told us staff listened to them and respected their choices and decisions.

People using the service and staff were positive about the registered manager. They confirmed that they were asked about the quality of the service and had made comments about this.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe at the home and safe with the staff who supported them.

There were enough staff at the home on each shift to support people safely.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Good



Is the service effective?

The service was effective. People were positive about the staff and staff had the knowledge and skills necessary to support them properly.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a cultural preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Good



Is the service caring?

The service was caring. We observed staff treating people with respect and as individuals with different needs. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of people's likes, dislikes and cultural needs and preferences.

Staff gave us examples of how they maintained and respected people's privacy.

Good



Is the service responsive?

The service was responsive. Everyone at the home was able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

People told us they were happy to raise any concerns they had with the staff and management of the home.

Care plans included an up to date account of all aspects of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Relatives told us that the management and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with the staff and management of the home.

Good



Summary of findings

Is the service well-led?

The service was well-led. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

The service had a number of quality monitoring systems including surveys for people using the service and their relatives.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Good



Woodlands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook this unannounced inspection of Woodlands on 25 August 2015.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding and incidents affecting the safety and wellbeing of people.

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.

We spoke with nine of the 14 people currently residing at the home and five relatives. We spoke with five staff and the registered manager.

We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We looked at seven people's care plans and other documents relating to people's care including risk assessments and medicines records. We looked at other records held at the home including staff files, meeting minutes as well as health and safety documents and quality audits and surveys.

Is the service safe?

Our findings

People told us they felt safe and had no concerns about how they were being supported at the home. One person told us, “They take good care of me.” Another person commented, “They’re friendly. You can talk to them about anything. If there’s something on my mind, they’re very good listeners.” When we asked a relative if they felt the service was safe they commented, “It doesn’t even enter my head.”

We observed staff interacting with people in a kind and supportive way. Staff had undertaken safeguarding adults training and we saw that this topic had been discussed during staff supervisions with the manager. Staff could explain how they would recognise and report abuse and were aware that they could report any concerns to outside organisations such as the police or the local authority. We saw information and guidance about how to raise a safeguarding alert was on display in the home.

At the last inspection on 18 June 2014, we asked the provider to take action to make improvements to the way risks to people’s safety were being managed to ensure people were cared for safely. This action had been completed.

Care plans included relevant risk assessments including any mobility issues and risks identified to the individual. Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, where someone had been identified as being at risk from developing pressure ulcers, because of their limited mobility, the registered manager had made sure they had been assessed by a community nurse and had been provided with suitable pressure relieving equipment.

We saw that people’s risk assessments had been discussed with them, if possible and were being reviewed on a regular basis. One person told us that staff had talked about the risk of going out of the home to the shops.

We saw that risk assessments, audits and checks regarding the safety and security of the premises were up to date and

had been reviewed. This included the fire risk assessment for the home. The registered manager had made plans for foreseeable emergencies including fire evacuation plans for each person.

Recruitment files contained the necessary documentation including references, proof of identity, criminal record checks and information about the experience and skills of the individual. The registered manager made sure that no staff were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. Staff confirmed they had not been allowed to start working at the home until these checks had been made.

People using the service, their relatives and staff we spoke with did not have concerns about staffing levels. One person commented, “They’re by no means overstaffed.” But they also told us, “I’ve only got to pull my cord and, within 5 seconds, they’re in my room. I don’t know how they do it.”

Relatives commented that staff were busy but they did not have concerns about the safety of their relatives. One relative told us that the staff were, “Very attentive.”

The registered manager confirmed that staffing levels were adjusted to meet the current dependency needs of people and extra staff were deployed if people needed more support. We saw that the help and support people needed to keep safe had been recorded in their care plan and this level of help and support was being regularly reviewed.

People told us they were satisfied with the way that medicines were managed and that they received their medicines on time. One person commented, “I can set my watch by it.”

All medicines in use were kept locked in the medicine trolley, which was safely attached to the wall when not in use. The deputy manager was the main person responsible for the ordering, administration and disposal of medicines at the home. We saw satisfactory and accurate records in relation to the management of medicines at the home. We saw that people’s medicines were reviewed on a regular basis by their GP and by appropriate healthcare professionals.

Is the service effective?

Our findings

People who used the service were positive about the staff and told us they had confidence in their abilities. People's comments included, "They're very good. They're very obliging" "The staff are alright. They help you" and a relative told us, "Everybody's doing their best for [my relative]."

Staff were positive about the support they received in relation to supervision and training. One staff member, commenting about the management, told us, "They are always there for you."

Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively. Staff told us about recent training they had undertaken including first aid awareness, fire safety and moving and handling. Staff told us that they would discuss learning from any training courses at staff meetings and any training needs were discussed in their supervision.

We saw that the manager also discussed various topics in individual supervision sessions. We saw recent topics had covered diabetes awareness and keeping people safe. We saw that the registered manager had started the new induction process called the care certificate with all staff at the home and each staff had a work book they were completing.

Staff confirmed they received regular supervision from the registered manager. They told us they could discuss what was going well and discuss any improvements they could make to the way they worked. They said the registered manager was open and approachable and they felt able to be open with him. Staff also told us they would always talk to the registered manager when they needed to and that they would not wait until their supervision or a staff meeting.

Staff understood the principles of the MCA 2005 and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve looking at the person's past history, asking people close to the person as well as other professionals. Staff told us it was not right to make choices for people when they could make choices for themselves.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead.

The registered manager had reviewed the home's policy and procedure in relation to Deprivation of Liberty Safeguards (DoLS) with visiting healthcare professionals. These safeguards are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside of the home. For example, if someone left the home unaccompanied and this would be unsafe for them, the home would have to provide a member of staff to take them out. We spoke with the visiting community nurse who was part of a larger team that regularly visited the home to offer advice and support to the staff. They told us they had looked at the issue of DoLS with all the people living at the home.

People told us they liked the food provided at the home. People's comments about the food included, "The breakfast is so rich and nourishing", "The food is good" and a relative told us, "[My relative] is happy with the food."

People confirmed and we saw that choices of menu were available to everyone and the menu was discussed with people at regular meetings. One person told us that the staff, "Suggest a few things and I'll say I'll have that one." Another person commented, "If we didn't like it or anything like that I just say "no thank you"."

The cook was not on duty on the day of the inspection and we noted that one person had their food blended as they had a swallowing problem. However, all the food was blended together which did not look appetising and the person did not finish their meal. The registered manager told us this was not usual practice and food was normally blended into separate constituents so each part would taste different.

We also noted that people could choose to have their meals in the dining room or in the lounge areas. However, we noted that the people choosing to eat in the lounge had not moved much since morning. We discussed this with the registered manager who agreed that people would be encouraged to be more mobile in order to avoid any potential pressure area problems.

We saw that people's weight was being monitored, discussed and action taken if any concerns were identified. We saw records that showed people had been referred to appropriate health care professionals such as GPs and

Is the service effective?

dietitians. We saw that care plans included information and treatment advice from these healthcare professionals. This included recording food and fluid charts if there were any concerns about individual's weight loss.

People's records contained information from health professionals on how to support them safely, such as advice from speech and language therapists regarding healthy eating and advice on potential swallowing problems or restricted fluid intake.

Each person's personal records contained documentation of health appointments, letters from specialists and records of visits.

We saw that assistance from medical professionals was sought quickly when people's needs changed. People confirmed they had good access to health and social care professionals. Relatives told us they were satisfied with the way the registered manager and staff dealt with people's access to healthcare and social care professionals.

People were appropriately supported to access health and other services when they needed to. A relative commented, "[my relative] was quite ill early this year. They were brilliant and phoned the ambulance."

Is the service caring?

Our findings

People told us they liked the staff and they were treated with dignity and respect. One person told us, “I love every one of them.”

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home.

We saw that some people had commented and had input in their care plans. One person told us, “I fill in a care plan once every six months. They leave me to do it according to my own free will.” Other people told us they were happy with their care and were not very interested in looking at their care plan.

Staff told us about regular sessions they had with people where they read through the care plan with them. Staff told us they looked at what the person wanted to do and how they followed the person’s needs and wishes.

There were regular meetings between people using the service, staff and the registered manager. We saw that the last meeting had taken place in June 2015. We saw that people had discussed activities, the menu and if anyone had any concerns or issues with their care.

We saw that staff had discussed people’s cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, how and where people wanted to attend places of worship. A person told us, “Anything like that, they take you.”

We saw that people’s cultural preferences in relation to food and diet had been recorded and menus we saw reflected the diversity of people living at the home. Relatives told us that the staff spoke a number of different languages and that this was helpful to them and the people living at the home.

People told us that staff respected their privacy and staff gave us examples of how they maintained and respected people’s privacy. These examples included keeping people’s personal information secure as well as ensuring people’s personal space was respected.

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and preferences. A relative we spoke with told us, “Staff take good care of [my relative] and they let me know if anything’s happening.” Another relative commented that the staff and management “Keep me updated about any issues. I’m informed about everything.”

One person who used the service told us, “Yes, they know me well.”

We saw that the registered manager and staff responded appropriately to people’s changing needs. For example, we saw that, where someone’s general health had deteriorated over time, their increased care needs had been regularly updated in their care plan. Staff told us that the registered manager kept them updated about any changes in needs of the people using the service. Staff had a good understanding of the current needs and preferences of people at the home.

The registered manager confirmed that everyone had been assessed before moving into the home to ensure only people whose needs could be met were accepted. We looked at seven people’s care plans. These plans covered all aspects of the person’s personal, social and health care needs and reflected the care given. We found that care plans often contained historic documentation about people which had been superseded by more up to date information. This made the care plan larger than it needed to be. We discussed this with the registered manager who told us he would ensure everyone’s care plan was audited and out of date information removed.

We saw that people could take part in recreational activities in the home. However we did not see many people taking part in activities during our inspection.

People said that they had their hair done and their nails were manicured by the staff. People said that there were no arranged trips out and one person said she went out, but with relatives. People said they are supported in going into the community to attend religious services and events. A member of staff said that they go on individual trips out, but not group trips.

Some people commented that they would like more organised activities but there were also people who did not want to take part in activities. One person commented, “They want me to do more activities and exercise.” A member of staff told us that sometimes people were nervous because they lacked confidence and thought they might not be able to undertake a particular activity. This member of staff told us how she made sure people were supported during any activity so they felt more confident. We observed staff sitting and chatting with people, when they had the time and asking how they were.

People told us they had no complaints about the service but felt able to talk to staff or the management if they did. Staff told us that people were encouraged to raise any concerns with the registered manager and at regular meetings. We saw from minutes of meetings with people using the service, staff and the registered manager, that everyone was reminded that they could make a complaint.

One person told us, “I have no complaint to make.” Another person commented, “You can make a complaint.”

Relatives also told us they did not have any complaints about the home but that they would complain if they needed to. A relative commented in a recent quality survey, “We are delighted with all aspects of care. No complaints.” Relatives told us they had confidence that the registered manager would be open to and respond appropriately to any concern or complaint they might have.

Is the service well-led?

Our findings

At the last inspection on 18 June 2014, we asked the provider to take action to make improvements to the way that the quality of service provision was monitored. This action had been completed.

People we spoke with confirmed that they were asked about the quality of the service but had not made any comments or suggestions. They felt the registered manager would take their views into account in order to improve service delivery.

Most people said they knew the registered manager and were complimentary about him. People's comments included, "He's alright. He's very good. He's very understanding" and "He's lovely. Good person. We see him quite a lot." Another person told us, "He comes and brings the mail in. He always sees I'm a bit smart when I go to the hospital."

Staff were also positive about the registered manager and the support and advice they received from him and deputy manager. They told us that there was an open culture at the home and they did not worry about raising any concerns. Staff told us, "We speak up" and "I always speak my mind."

We saw that staff meetings took place on a regular basis and staff were kept updated about any new important information about the home and any new legislation, including the Care Act 2014 and the introduction of the new Care Certificate.

The registered manager had developed quality monitoring systems. These included quality monitoring surveys that were given to people who used the service and their relatives once a year. People and their relatives confirmed they had been given these surveys and we saw the results from the last survey included very positive views about the home including, "Everything at Woodlands is brilliant, kind and caring staff."

A few relatives commented on the décor which one relative described as, "tired." Another relative commented, "A bit of decoration would liven up the environment." However, another relative told us, "We weren't concerned with the decoration we were more concerned about the care. The care is outstanding and it's always clean."

We asked staff how the home's visions and values were shared with them. Staff told us this was discussed in meetings and during supervisions. One staff told us, "We work as a good team."

The management had implemented systems to audit health and safety within the home and were reviewing any identified risks to people's safety. We saw that the registered manager had systems to ensure all repairs were carried out in good time and that equipment was regularly maintained.