

Salutem LD BidCo IV Limited

Woodford Court

Inspection report

6-8 Snakes Lane West
Woodford Green
Essex
IG8 0BS

Tel: 02085029502
Website: www.salutemhealthcareltd.com

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service:

Woodford Court is a care home that provides accommodation and 24-hour support with personal care for up to 12 adults with learning disabilities. At the time of our visit, there were 12 people using the service. The service applied the principles and values of Registering Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's experience of using this service:

- Medicines were not being managed safely as staff did not always give people their medicines as prescribed. However, the registered manager took swift action following our inspection to ensure the situation did not happen again.
- People were protected against the risks of abuse as staff were clear of their responsibilities to protect people from harm. Staff understood what abuse was and knew how to report it.
- Risks to people had been assessed and there was guidance in place on how to manage them safely.
- The provider had measures in place to ensure the environment was suitable and safe for people using the service, as well as staff.
- There were enough staff to meet people's care and support needs. A system was in place to recruit suitable staff.
- Staff were trained and supported to enable them to meet people's individual needs. They were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.
- There were systems in place for the monitoring and prevention of infections. Staff supported people with their health and nutritional needs.
- People had access to health care services and professionals when they needed them.
- People received care and support that met their needs and staff took account of people's personal circumstances. People were involved in planning and making decisions about the care and support they received.
- Staff were knowledgeable about the people they cared for. They treated people with kindness and respect and encouraged people to do as much for themselves as possible.
- People and their relatives were comfortable raising any concerns with the management team or with a member of staff if something was wrong.
- There were audits and systems in place to monitor the quality of care people received and to drive improvements.

Rating at last inspection:

The service has no previous rating as there has been a change of provider. This was the first inspection under the new provider.

Why we inspected:

This was a planned inspection based on when the service was registered with us in May 2018.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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

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 well-led.

Details are in our Well-Led findings below.

Good ●

Woodford Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Woodford Court 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 provides accommodation to adults with learning disabilities. 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:

The inspection was unannounced and took place on 2 April 2019. This meant that the service was not aware we were coming to inspect them.

What we did:

- Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.
- Providers are required to send us key information about their service, what they do well, and improvements plan to make. This information helps support our inspections. The provider had completed a Provider Information Return.

During our inspection we viewed:

- Three records relating to the care of people who used the service.
- Three staff recruitment files.
- Staff training records.
- Medicines administration records.
- Health and safety records.
- We spoke with the registered manager, team leader and two members of staff.
- We spoke with three people who used the service and three relatives.

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

Using medicines safely

- During our inspection, we noted that most people had received their medicines as prescribed. However, we found one person did not receive their eyes drops on five occasions and this could have a negative impact of person's health. There was also confusion on who was responsible to administer the medicine during the nights as the person's medicine record sheet just had a "N" on it instead of giving the exact time such as 8pm or 9pm.
- Following our inspection, the registered manager informed us that this had been rectified so staff knew at what time exactly people had to have their medicines. They also informed us that they had undertaken further training in medicine management and had cascaded this to all staff. There was also a daily check being carried out to ensure people receive their medicines as prescribed.

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

- People were protected against the risks of abuse as staff were clear of their responsibilities to protect people from harm.
- People told us they felt safe at the home. One person told us, "Yes, I am safe here."
- The provider had policies and procedures in place to safeguard people who used the service and to ensure they were safe.
- Staff were able to describe the local safeguarding protocols and felt able to follow them. They knew the different types of abuse people could experience.
- Staff also knew which other agencies to contact outside the service to report any concerns. One member of staff told us, "If the manager does not do anything, I will contact other people like the safeguarding team."

Assessing risk, safety monitoring and management:

- Care was planned and delivered to keep people as safe as possible and risk assessments were in place, which were based on the needs of people.
- There was clear guidance on what actions staff needed to take to minimise risks to people. A relative told us, "The staff know how to make sure [person] is safe and not at risk."
- We saw equipment used in the service had been serviced and maintained.
- Fire safety checks were undertaken on a regular basis and the water system had been checked for Legionella.

Staffing and recruitment:

- People were safe as staffing levels were sufficient to meet people's needs. People and their relatives told

us there were enough staff on duty. One person said, "Yes, there are enough staff."

- The registered manager always ensured that the service was adequately staffed. They did not employ agency staff. This helped to ensure consistency of care as people received support from staff who understood their needs and how to meet them.
- There was a robust system in place to recruit only suitable staff to work for the service. We looked at staff files and saw a number of checks had been undertaken before new staff started work.
- Checks included a completed application form, identity checks, references, criminal records and checks to ensure that staff could work lawfully in the country.

Preventing and controlling infection:

- There were systems in place to prevent the spread of infection and ensure people as well as staff were safe.
- Staff had received training in infection control and were aware of their responsibilities in this area. People and their relatives told us the service was cleaned regularly. Our observations confirmed this.

Learning lessons when things go wrong:

- Accidents and incidents were recorded and were investigated by the registered manager to prevent them from happening again.
- There was evidence that learning from incidents/investigations took place. For example, following an incident, staff were given guidance on how to ensure one person was strapped in properly on the minibus while being transported.

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.

Good: 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:

- Before a person moved into the service, a pre-admission assessment of their abilities and needs was always undertaken.
- Pre-admission assessments were done with the involvement of the person and their relatives, if they were involved in the person's care. People told us they were involved in the assessment process. We saw the assessment was comprehensive and detailed the support people required.

Staff support: induction, training, skills and experience:

- People told us that staff ensured their needs were met and felt they had the appropriate skills and knowledge to care for them. One person told us, "The staff look after me well." Relatives felt that staff that were skilled and trained to deliver care. The registered manager had an effective system in place to assess and monitor staff's skills and understanding.
- Each member of staff had an individual training record, which showed the types of training courses they had undertaken and when they were due. Staff commented that the standard of training they had received was good and helped them in their roles. One member of staff said, "We get training update all the time." Staff also received regular supervisions and yearly appraisals.
- When staff started working for the service they received an induction programme, which followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- New staff were given full information to clearly guide them about how people using the service like to live, be treated and communicated with. They also shadowed experienced staff, so they become familiar with the needs of people they would be supporting.

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

- People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable and nutritious food and drink. We saw details about what people liked and disliked, which was included in their support plans, so staff knew what to offer people to eat. One person told us, "The food is good."
- Some people had their food through Percutaneous Endoscopic Gastrostomy (PEG) tube as they were not able to take their food by mouth. Staff had received training on how to use the machines to ensure people received their feeds safely.
- Individual weight records were kept ensuring weight changes were noticed and systems were in place to take necessary action should people lose weight consistently.

Supporting people to live healthier lives, access healthcare services and support:

- The registered manager worked closely with health and social care professionals to monitor the health of people. People's changing needs were monitored to make sure their health needs were responded to promptly. There was a record kept of visits to health care professionals and the outcome of those visits.
- All people living at the service had an annual health check with their GPs to ensure they were in the best of health.

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

- People had different aids to help staff meet them with their specific needs. For example, a walk-in shower was in the process of being installed for one person due to changes in their needs. Specialist equipment to monitor falls and seizures were in place to ensure people were safe.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found them to be compliant.

- People told us that staff asked them for their consent and acted in accordance with their wishes.
- Staff explained that some people could make simple decisions but were unable to understand more complex choices. They told us that when someone lacked capacity to make a decision, a decision was made in their best interests.

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.

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

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

- People told us staff treated them well and listened to them. Throughout our visit we saw staff interacted with people who used the service in a kind and courteous way. People were relaxed and comfortable in their presence.
- Staff had built up good relationships with people and were familiar with their needs and preferences.
- People and relatives were complimentary about the staff. One person told us, "The staff are good to me and very caring." One relative commented that staff ensured their loved one was always content with the support they received.
- People had equal opportunities, free from prejudice and discrimination. Staff recognised people's diverse needs and cultural preferences and acted upon them accordingly.

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

- People were involved, where able, in decisions about their care which helped them to retain choice and control over how their care and support was delivered. We saw people's individual preferences were recorded such as what activities they liked to be involved in. One person told us, "The staff always come and check with me if I am happy for this to happen."

Respecting and promoting people's privacy, dignity and independence:

- We observed people were treated with respect by staff and had their privacy and dignity respected. One person told us, "They [staff] do knock before coming in my room." People could choose to receive personal care from a member of staff of the same gender.
- People were encouraged to maintain their independence wherever possible. One person told us, "I can do some stuff myself, the staff supervise me to make sure I am OK." One staff member said, "I encourage [person] to have a shower by themselves."
- People were encouraged to keep in touch with their family and friends and they were supported to do the things they wanted to do. For example, one person used an iPad to keep in touch with their family members.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received the care and support they required because their support plans included all the information required to do so. A person told us, "The staff are very good and always support me well." A relative said, "The staff do a marvellous job and yes, they do know what needs doing with [family member]."
- The support plans were developed to meet people's individual health and social care needs. We saw evidence that they were reviewed regularly. Each person was allocated a key worker who took responsibility for overseeing people's care and developing a special relationship with them. People told us they were aware of their support plans and were involved in developing them. Staff told us the support plans were informative and helped them in meeting people's needs.
- We saw support plans had information about people's communication needs. People received information which they could access and understood.
- People's social and emotional needs were taken into account. This was because people were asked about social activities and hobbies they enjoyed. People were able to participate in meaningful activities designed to meet their individual needs and preferences. Activities were undertaken as a group or on a one to one basis. One relative felt that people could have more activities. This was discussed with the registered manager.

Improving care quality in response to complaints or concerns:

- The service provided information to people and their relatives about how to make a complaint. The registered manager took account of complaints and comments to improve the service. We saw that there was a system to log people's comments and learn from them. One person told us, "I will talk to the manager or staff if I am not happy about something." We positively noted that the registered manager had received a number of compliments from relatives and other professionals about the service.

End of life care and support:

- Information about people's last wishes were recorded so staff knew what to do when people were approaching the end of their life. Staff had received training in end of life care and this helped to ensure they had the knowledge and skills needed to deliver the highest quality care to people nearing the end of their lives.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People and relatives told us that the service was well managed and that they could speak with the registered manager as and when they wanted. One person said, "The manager is alright, they are nice, they always listen. It is very important to listen to people." Staff told us that they felt that there was an open and transparent culture within the service.
- The registered manager told us that they operated an 'open door' policy and staff could speak to them at any time. Staff confirmed this.
- The registered manager had always kept us informed of important events, which the registered provider is required to send to us by law.

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

- Records showed that staff meetings took place on a regular basis. The minutes of these meetings showed that issues were discussed to improve the quality of care that people received.
- Staff were clear about their roles and responsibilities and had a good understanding of the ethos of the service.
- Staff told us that the registered manager was very supportive. They said they were able to discuss and share ideas or any concern they might have with them. One member of staff told us, "The manager is good, we all work as a family."
- In November 2018 the registered manager was awarded Sautems (the provider) Registered Manager of the Year in recognition of their leadership skills.

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

- The registered manager had good links with a number of social care professionals and this helped to ensure people's needs were fully met.
- People were encouraged to be involved in their care and support and had regular meetings with a member of staff (keyworker) who was responsible to ensure their needs were being met.

Continuous learning and improving care:

- There were quality assurance systems in place to monitor and drive service quality improvements.
- The provider used satisfaction surveys to gain the views of people and their representatives about the care and support offered by the service. They were in the process of sending the satisfaction surveys for this year.

One relative told us, "Yes we do fill the surveys and make suggestions such as to do with activities at the home."

- The registered manager carried out regular audits to make sure people received care and support to expected standards. These included areas such as care records, health and safety, staff training and medicines charts. We noted that where any issues had been found during these audits, an action plan was put in place.