

Hemunjit Ramparsad Woodlands

Inspection report

Woodlands
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13 April 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 12 and 13 April 2017 and was unannounced. At our last comprehensive inspection in August 2015 the service was rated 'Good'. At this inspection the service has been rated as 'Requires Improvement'.

We undertook a focussed inspection of this service in August 2016 because we had concerns about how risks to people's safety were being assessed and managed. At that inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to risk assessments and infection control. At this inspection we found that the registered manager had addressed these breaches.

Woodlands is a privately owned care home for older people. The home is registered to accommodate 20 older people, most of whom are living with dementia. At the time of our inspection there were 11 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.

Staff were not being supported by effective induction or training in order to have the knowledge and skills necessary to support people effectively.

Effective systems were not in place for auditing medicines to ensure accurate records were being maintained.

People were not always being provided with regular activities to keep them occupied and engaged so as to maintain and enhance their well-being.

The complaints system was ineffective and did not provide the information required to evidence that complaints were investigated thoroughly and any necessary action taken where failures were identified.

There was no effective system for obtaining and acting on feedback from people living at the home in order to continually evaluate and improve the service provision.
People did not always have access to drinks between meals.

People told us the staff were kind and that they felt safe at the home. Staff were aware of their responsibilities to keep people safe from potential abuse.

Individual risks to people's safety had been identified, acted on and were being reviewed.

Bathrooms and toilets all contained soap and paper handtowels in order to limit the risk of cross infection.

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

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 personal preference.

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

Staff understood that people's diversity was important and something that needed to be upheld and valued.

We identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to quality assurance systems, adequate hydration, complaints, activities, and staff training and induction. You can see what action we told the provider to take at the back of the full version of the report.

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.

An effective system for auditing medicines was not in place to ensure accurate records were being maintained.

Individual risks to people's safety had been identified, acted on and were being reviewed.

Staff were aware of their responsibilities to keep people safe from potential abuse.

Improvements had been made to the infection control process in order to limit the risk of cross infection.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were not being supported by effective induction or training in order to have the knowledge and skills necessary to support people properly.

Staff had a basic understanding of the principles of the MCA 2005 and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

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 personal preference. However, people's access to drinks was limited which put people at risk of poor hydration.

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

Requires Improvement ●

Is the service caring?

The service was not always caring.

We observed staff treating people kindly and politely. However, staff interactions with people living with dementia did not always enhance their well-being.

Requires Improvement ●

People were not always given the opportunity to express their views about the service.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

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 privacy during any personal care tasks.

Is the service responsive?

The service was not always responsive.

People were not being provided with regular or meaningful activities to keep them occupied and engaged in order to maintain and enhance their well-being.

The complaints system was ineffective and did not provide the information required to evidence that complaints were investigated thoroughly and any necessary action taken where failures were identified.

Care plans listed people's care needs and included information regarding people's personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

People's views were not always sought or taken into account in order to improve the service.

There was not an effective system to monitor the quality of care provision.

People who used the service liked the registered manager and told us he was easy to talk to.

Requires Improvement ●

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.

This unannounced inspection was undertaken on 12 and 13 April 2017.

Before the inspection, we reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. We also spoke with five social care professionals who visited the home on a regular basis.

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 people who used the service and two people's relatives. We also 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 spoke with four staff, the deputy manager and the registered manager.

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

Is the service safe?

Our findings

At our last inspection of this service in August 2016 we had concerns about how risks to people's safety were being assessed, managed and monitored. As a result of these concerns we identified breaches in relation to risk management and infection control. After the inspection the registered manager wrote to us describing the actions they would take in order to become compliant with these standards.

At this inspection we found that the registered manager had complied with the two breaches in relation to risk management and infection control.

We checked six people's care plans which all included risk assessments in relation to pressure care management, falls prevention and inadequate nutrition. Where a risk had been identified, the registered manager had written down the actions that staff needed to take to reduce this risk. For example, where someone had been identified as being at risk from developing pressure ulcers, there were instructions for staff to make sure the person was assisted to regularly change position to alleviate pressure. We also saw that pressure relieving equipment such as a pressure mattress had been provided.

The registered manager also made sure that anyone with a potential pressure ulcer risk was seen by the local community nurse team and the Care Home Assessment Team (CHAT) for clinical support and guidance.

Risk assessments were being reviewed each month and changes and updates made where required.

Staff told us they had attended training in pressure care prevention and were able to give us examples of how the risk of developing pressure ulcers could be reduced. Staff were aware that they should always check for potential sores or redness whenever they were supporting people with personal care.

At the last inspection we checked the four toilets and bathrooms on the ground floor. We found that only two had any hand wash soap available and all had cotton hand towels. Cotton hand towels present an infection control risk as they are shared between people. At this inspection we saw that the registered manager had provided paper towel dispensers in all of the toilets and bathrooms along with hand washing soap in order to reduce the risk of cross infection.

People told us they felt safe and had no concerns about how they were being treated at the home. One person told us, "The staff are friendly. I get on well with all of them." This person told us that if they were worried about anything they would talk to their relative. A relative had made the following comment in the most recent quality survey, "The staff here are very good and I have no worries leaving my mother here."

Staff could explain how they would recognise and report abuse. They knew that they could report any concerns to outside organisations such as the Care Quality Commission (CQC) the police or the local authority. Staff had not been supported to attend training in safeguarding since May 2015.

We checked medicines and saw satisfactory and accurate records in relation to the administration and disposal of medicines at the home. However, we noted that the deputy manager was signing for the whole month's supply of medicines even though medicines were only being provided by the pharmacy on a weekly basis in monitored dosage boxes. This meant that there was not an accurate record of medicines kept at the home. The deputy manager contacted the pharmacist and requested that the Medication Administration Records (MAR) be changed so that each week's supply of medicines coming into the home could be recorded weekly.

Staff who administered medicines had not undertaken an observed competency to check they were following correct policies and procedures. The deputy manager, who took primary responsibility to manage medicines at the home, had attended medicine refresher training in March 2016.

The registered manager told us that further refresher training had been requested for the week following our inspection. The registered manager also told us that they would ensure observed competences would form part of general staff supervisions.

We asked if there were regular audits of medicines at the home. The registered manager told us these were carried out by the deputy manager but no records were being maintained of these audits. This meant that it would be difficult to identify, or learn from any potential errors in the management of medicines at the home.

People told us that they were satisfied with the way their medicines were managed at the home. One person we spoke with told us, "Medicines come once a week. But I have them every day. If I was in pain they would give me a painkiller, but if it would happen more often they would call the doctor."

People using the service and their relatives did not have any concerns about staffing levels. Staff did not raise any concerns in this area and told us they had enough time to carry out the care tasks required. On the day of the inspection there were nine people residing at the home. There were three care staff on duty which included the deputy manager. In addition to this there was a cook and the registered manager.

The registered manager told us that since our last comprehensive inspection of this service in August 2015, two new care staff had been employed at the home. We looked at their recruitment records to make sure the registered manager was carrying out the appropriate checks on staff suitability to work with people. These files contained the appropriate recruitment documentation including references, and police checks.

Is the service effective?

Our findings

Although staff told us they felt supported by the registered manager and the deputy manager, regular staff training was not being provided. Staff told us that they had completed or were currently undertaking vocational qualifications outside of the home. However, apart from the pressure management training that staff had undertaken recently and as a result of requirements made by the CQC, the registered manager had not provided staff with any refresher training since 2015.

The registered manager showed us a training matrix which recorded the training each staff member had undertaken. However, the training matrix did not record when training certificates had run out or when refresher training was required. This included training in health and safety, manual handling, infection control, food hygiene and medicine management. We saw that the newly appointed staff members were not on this training matrix.

We saw a plaque in the reception area which was an 'Investor in People' award. On closer inspection we saw that this award had been given to the previous provider of the service. We asked the registered manager to remove this as it was misleading.

At our last comprehensive inspection in August 2015 the registered manager told us that he had purchased a Care Certificate workbook for all staff both new and established. He told us that all staff would be working through the workbook to achieve this certificate. The Care Certificate is a set of standards that social care and health workers adhere to as part of their role. It is the new minimum standards that should be covered as part of induction training of new care workers. We asked the registered manager how many staff had obtained this qualification. He told us that none of the staff had completed this qualification.

The registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff confirmed they received regular supervision and yearly appraisals and we saw records of these in their files. They told us they felt supported by the registered manager and we saw that recent discussion topics for supervision had included the Deprivation of Liberty Safeguards (DoLS) as well as people's well-being.

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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Most people we asked told us that staff asked their permission before they helped them with anything. One person commented, "Yes they do; very good staff."

Care plans had been signed by the person or their relative to indicate they consented to their care provision. Care plans made it clear to staff to make sure they always offered choices to people and staff told us they encouraged people to make day to day decisions such as what they wanted to wear or what they wanted to eat.

The staff we spoke with had a basic understanding of the MCA but although staff were very kind with the people they supported, we saw a few instances where staff did not ask permission before carrying out care tasks with the person they were interacting with.

We saw that refresher training with regards to the MCA and associated DoLS had not been provided to staff although records showed this had been discussed in staff supervisions.

The registered manager understood and had followed the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS). This included applying for the safeguards as well as notifying the Commission about the outcomes of any applications.

People told us they liked the food provided at the home. One person told us, "Very nice, good variety. Well presented. Top marks." Another person commented, "I think the food is quite good. They always ask me if I want to eat in my room."

The cook was aware of the people that needed a special diet because of particular health requirements such as diabetes. The cook had worked at the home for some years and was well aware of each person's likes and dislikes in relation to food and the setting of menus. The kitchen had recently been inspected by the environmental health department and had received the top score of five 'scores on the doors'.

We sat with people during lunchtime. Although lunchtime was not rushed, everyone had completed their meals within 20 minutes and there was little interaction or input from staff.

We arrived at the home at 9:30am and we saw one person was still having breakfast which included a cup of tea. No further drinks were offered to people until lunchtime at 1:00pm. There was no tea or coffee making facilities and no jugs of water were provided. We spoke with the registered manager about making sure people had access to fluids, especially during hot weather.

The registered provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. People told us and records we saw confirmed that they had good access to health and social care professionals.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with respect and cared for in a dignified way. One person we spoke with said, "They are very good very cheerful." Another person told us, "The staff are very good." A relative made the following comment in the most recent quality survey, "The care is excellent."

We saw that people were very relaxed with staff and staff treated people in a friendly and polite manner. However, staff interactions were often only limited to care tasks and staff did not sit and talk with people for any meaningful period of time or focus on their wellbeing.

Staff had not undertaken any training in supporting people with dementia to be actively occupied and engaged. Some staff did not engage with people at all and stood by the entrance to the lounge without making any contact with people. This lack of stimulation and engagement left people without much to do and we saw people often slept or looked around the lounge passively.

We looked at the minutes of monthly residents meetings. It was difficult to establish how much input people had into these meetings as the minutes were generally repetitive. For example, the comments made for one person in all of the minutes we saw stated, 'likes dominoes'. People's comments were not being recorded except in some instances where, next to the person's name was written, 'no complaints'. This did not provide evidence that people's views about the service were being taken into account in any meaningful way.

We saw that care plans had been reviewed and updated where required and included the person's involvement which was evidenced by their signature or that of their relative. We spoke with one person and their relative about the level of involvement they had in their care. Their relative told us they were kept up to date with any changes and the person using the service told us they were happy with the input they had.

Staff told us they discussed people's cultural and spiritual needs and preferences with them and we saw this information had been recorded in people's care plans.

People using the service came from a variety of different cultures and the cook told us how they enjoyed cooking a wide range of culturally appropriate meals. We saw this was reflected in the menu planning.

Staff had a good understanding of equality and diversity issues within the service and told us they made sure people at the home were not disadvantaged in any way.

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 privacy when providing personal care.

Is the service responsive?

Our findings

There was an activity board in the lounge which listed the activities on offer for that day. We noted that on the first day there was supposed to be dancing, karaoke and quoits. None of these activities took place and there was no alternative provided. There were two televisions which were both turned on but we did not see anyone watching them.

Two people had been given colouring books and pens. The colouring books were not age appropriate and they were not supported or asked if they wanted to undertake this activity.

We asked the deputy manager if there were any regular outings for people but we were informed people only went outside with either their family or to attend a medical appointment. We asked if any outside entertainers came into the home to provide activities but we were told this did not happen.

One person told us, "I do my own sketching. We do some activities most days but not every day. My wife and friends take me out. But the home does not do this." Another person commented, "There are no activities here, no nothing."

The activities that people undertook were being recorded. However, these records were inconsistent and often contained blank entries or 'watched television'. We saw that people lacked any meaningful stimulation or engagement which meant the general atmosphere was subdued and a number of people were sleeping.

The registered provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A staff member came on duty in the afternoon and started to play cards with two people. We saw that this changed the atmosphere and the two people were chatting and laughing with the staff and we could see that this staff member had a very positive effect on their well-being.

People told us they had no complaints about the service but said they felt able to raise any concerns. When we asked people who they would raise any complaints with, they told us they could speak to their relative or the registered manager.

One person commented, "I have no complaints about anything." Another person told us, "No complaints but I'd tell the manager to sort it out."

The registered manager told us he had not received any complaints and he showed us the complaints book where the last complaint was recorded in 2006. However, some people we spoke with told us they had raised some concerns. We asked one person if they had made any complaints about the service and they replied, "Very few, they were resolved."

The complaints procedure was not accessible to people using the service or their relatives. We looked at results of the last quality survey which had been completed by 20 people who used the service or their relatives over a six month period between November 2016 and April 2017. One of the questions concerned complaints and asked, 'Are your complaints, if any, treated seriously, investigated and prompt action taken as appropriate?' One respondent had answered 'No complaints', however, all the other respondents had answered yes to this question which indicated that they had raised a concern or complaint.

The registered manager told us that people had raised minor concerns and that these were dealt with. However, there were no records of these concerns or complaints which made it very difficult to analyse and learn from past complaints in order to improve the service.

The registered provider was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans had recently been redesigned with input from external health and social care professionals. These plans centred on the individual and outlined what care people needed whilst being mindful of identified risks.

Staff we spoke with understood the current care needs of people at the home and the associated risks with this care provision.

People's care needs were being reviewed on a regular basis. Where people's needs had changed, usually because someone had become more dependent, the service had made the necessary changes to the person's plan.

Is the service well-led?

Our findings

The registered manager showed us the results from the most recent survey for people using the service and their relatives. It was difficult to establish the purpose of these surveys as the information from them was not used to inform any potential improvements and did not link into any on-going improvement plan. For example, one of the questions asked, 'Are facilities available for you to prepare your own snacks and drinks?' All of the 20 respondents had answered 'No' to this question.

We asked the registered manager if he was planning to provide this facility. He told us that the survey questions had not been reviewed for some time. When we asked the deputy manager about this they told us it would not be possible for people to do this as it was too dangerous for them to be in the kitchen.

There was no formal system to audit service provision. The informal medicine audits had not identified the inaccurate recording of the receipt of medicines coming into the home.

There were instances of where the leadership in the home was reactive rather than proactive. For example, care plans had been developed with the assistance of the local authority who had identified a shortfall in care planning. The previous concerns regarding risk assessments had been identified as a result of a CQC inspection rather than any self-auditing or monitoring by the management of the home.

Because of the lack of recorded information available from, for example, complaints or residents meeting minutes it was difficult to see how on-going improvements could be identified and acted on. The registered manager told us there was no formal on-going improvement plan.

There was no effective system for obtaining and acting on feedback from people living at the home in order to continually evaluate and improve the service provision.

The registered provider was in breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that risk assessments and checks regarding the safety and security of the premises were taking place on a regular basis and records of maintenance and servicing of the building were satisfactory.

Staff were positive about the support they received from the registered manager. One staff member said, "He's doing a good job." Another staff member told us the registered manager was, "Always helpful and understanding." People who used the service told us they liked the registered manager and that he was friendly and easy to talk to. Talking about the registered manager and the home in general, one person told us, "Very comfortable, very, very natural. You don't feel like you are in a home, even though you know you are."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People were not always being provided with regular, meaningful activities to keep them occupied and engaged and to maintain and enhance their well-being. Regulation 9(1)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>The hydration needs of people using the service were not always being met as people's access to drinks was limited. Regulation 14 (1).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The complaints system was ineffective and did not provide the information required to evidence that complaints were investigated thoroughly and any necessary action taken where failures were identified. Regulation 16(2)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was no effective system for obtaining and acting on feedback from people living at the home in order to continually evaluate and improve the service provision. Regulation 17</p>

(2)(a)(e)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff where not being supported by effective induction or training in order to have the knowledge and skills necessary to support people effectively. Regulation 18(1)(2)(a)