

# Woodlands Total Care Nursing Home Limited

## Woodland Nursing Home

### Inspection report

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Ilford  
Essex  
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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?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 3 February 2016. The provider met all the regulations we inspected when we last visited the service on 28 August 2014.

Woodland Nursing Home is registered to accommodate up to 30 people who require nursing and residential care. At the time of the inspection, there were 27 people using the service and two people were admitted to a hospital.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found staff had the knowledge and experience to care for people who needed nursing care. People and relatives spoke positively about the staff by saying that they were kind and caring. We found staff had received training in adult safeguarding and were knew their duties to ensure people were protected from abuse.

We found that systems were in place to respond to people's needs. Each person had a personalised care plan that was regularly reviewed and provided guidance for staff how to support them. This included referring people and helping them access to appropriate healthcare when needed. We recommended people's risk assessments should include risks associated with keeping bedroom open or closed.

Staff told us they were supported by the registered manager. They told us they could approach the registered manager to ask for support and that they found her very helpful. We noted that staff had supervision with their line managers and had attended team meetings. Staff told us they had training opportunities and had attended various courses including the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty safeguards (DoLS). This showed that people were supported by staff that had been trained to provide quality care.

The registered manager undertook regular audits to check the quality and safety of the service. We found that the registered manager attended meetings with the other managers of care homes owned by the provider. We also noted monthly audits and reports were sent to the Head Office to enable the provider to advise and support the registered manger.

People and staff had the opportunity to influence the quality of service by sharing their views through informal feedback and survey questionnaires. We noted that the provider had a complaints procedure and people and their relatives were aware of how to make complaints if they were not satisfied with the service. This enabled the registered manager to review and develop the service.

## 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 were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

Staff had been appropriately recruited to ensure they were suitable to work with people who used the service.

People received their medicines at the right time.

Good ●

### Is the service effective?

The service was effective. Staff had the appropriate knowledge and experience to understand and meet people's needs.

Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005, which ensured people's human rights, were respected.

People's dietary requirements with regards to their preferences, needs and risks were met.

People were referred to the relevant health care professionals in a timely manner. This promoted their health and well-being.

Good ●

### Is the service caring?

The service was caring. People were happy with the care they received and said that staff were kind and caring.

People and their relatives were involved in the development and reviewing of plans of care.

Staff listened to people and treated them with respect. However, we recommended that keeping bedroom doors open or closed should be included in risk assessments.

Requires Improvement ●

### Is the service responsive?

Good ●

The service was responsive. Care plans reflected were based on people's assessment of needs which showed that each person received care and support appropriate to their needs.

People knew how to make a complaint.

### **Is the service well-led?**

The service was well-led. The registered manager and staff had a clear view of delivering care and support to people who used nursing care.

People, relatives and staff were complimentary about the management of the home.

The registered manager undertook various audits to check the quality and safety of the service.

**Good** ●

# Woodland Nursing Home

## Detailed findings

### Background to this inspection

Woodland Nursing Home is registered to accommodate up to 30 people who require nursing and residential care. At the time of the inspection there were 27 people using the service and two people were admitted to a hospital.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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 inspection took place on 3 February 2016 and was unannounced. The inspection was conducted by three inspectors.

As part of the inspection we reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During the inspection we spoke with six people, one relative, nine care staff, a nurse, two domestic staff, the registered manager and the area manager. We spent time observing people's interactions with other people who used the service and staff. We reviewed seven people's care files, seven staff files and other records such as the staff rotas, menus and the provider's policies and procedures. We also had a guided tour of the premises.

## Is the service safe?

### Our findings

People told us they felt safe using the service. One person said, "Yes I feel very safe" and another person commented, "It is a very pleasant place here." A relative told us, "I feel [my family member] is safe, I trust staff do care for [my family member]."

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We looked at how the provider protected people and kept them safe. The provider's safeguarding policy provided staff with guidance as to what to do if they had concerns about the welfare of the people who used the service. Staff told us they had read the safeguarding policy and attended training on safeguarding. When we asked them how they would respond to an incident of abuse staff told us they would keep the records and would report to the registered manager. One member of staff told us they knew they would also report incidents of abuse to other organisations such as the local authority and the Care Quality Commission (CQC).

We saw staff ensured people moved around the service safely by encouraging them to use equipment, which included aids to enable people to walk independently. This showed that the provider had taken steps to provide care in an environment that was safe. The staff had a good understanding of the risks associated with the needs of people. We noted that people's risk assessments included falls, use of hoists, manual handling, their risk of choking and personal fire evacuation plan. Staff told us they understood each person's risk assessments and were confident to follow the guidance outlined to make sure that the risks to people were minimised. This showed the provider had taken steps to identify and manage risks to people.

People told us they lived in a clean environment. One person said, "Staff do cleaning all the time." We observed that all parts of the home was clean, tidy and free from malodours. However, we saw the facilities were in need of some decorative attention. Many doors and walls were scuffed and the building would benefit with being painted and decorated. The area manager told us that there were systems in place for the maintenance of the building and its equipment and records confirmed this. The area manager said the provider had a plan to undertake decoration of the facilities and make changes to the lounge and dining areas. This would make the areas more suitable for people to sit, dine, relax and engage in activities.

People had mixed views about the staffing level. One person told us the staffing level was "insufficient. In the morning the kitchen staff are dealing with tea and breakfast whilst care staff are [helping people with personal care]." Another person told us the staffing level was enough because "when I pressed the buzzer staff always came on time [to assist me]". The registered manager said the staffing level was continuously reviewed to reflect people's needs. Care staff informed us that they felt that the staffing levels were enough because they worked as a team and supported each other to complete their tasks. One member of staff said they did not feel under pressure "because kitchen staff" helped them with providing meals to people. We checked the staff rota and noted that there were six care staff and a nurse between 7am and 2pm and five

care staff and a nurse between 2pm and 9pm. The rota showed that two care staff and a nurse covered the night shift. This demonstrated that the staffing level was enough to provide care and support that people needed.

A relative told us they "would trust the staff". We noted that the provider had recruitment practices that ensured that staff were vetted before they were employed and confirmed into post. We looked at recruitment records for staff and found that the relevant procedures such as police checks, written references and personal identification evidence were completed before staff worked unsupervised at the home. This showed that people were supported by staff that were appropriately checked.

People received their medicine in a timely manner. One person said, "[Staff] bring pills to me on time." We observed staff following the providers' policy and procedure for the administration of medicine. People were asked if they wanted to take their medicine and were given PRN (medicine that is administered as and when needed) when they requested it. One person asked the member of staff what their medicine was for; this was explained by staff their satisfaction demonstrating that staff ensured people were consulted and understood issues regarding their health.

We found that people's medicines had been stored and administered safely. People's records showed that their medicine was regularly reviewed with health care professionals. We saw there was a robust system for monitoring the storage and administration of Controlled Drugs (CD). CDs are prescription medicines that are controlled under the Misuse of Drugs legislation. Records were accurate and drugs were kept in a tightly secured cupboard within a locked cupboard. We saw that amounts were checked at each change of shift.

Staff understood the need for safe administration of medicines and we saw they had undertaken appropriate training. However, we observed a member of staff leave a cupboard containing medicine to be taken when required (PRN) unlocked and leave the room, having been unable to lock the cupboard. We asked the member of staff about this and they, the member of staff showed us that the lock was broken and had not yet been fixed. We discussed this with the registered manager who informed us that this would be prioritised and fixed.

## Is the service effective?

### Our findings

People and their relatives spoke positively about the knowledge and experience of staff to provide care. One person told us, "[Staff] knew what they are doing. They make sure I am all right." A relative told us that they had noticed how staff were effective when providing personal care to people. They said staff were calm and had the experience to provide care that met people's needs.

Staff told us they had received training in a range of areas relevant to their roles. One member of staff told us that the training they had received included fire safety, moving and handling, basic food hygiene, medicine administration and dementia awareness. Records showed that new staff completed an induction programme before starting work unsupervised and received informal supervision by senior staff. We asked staff about their experiences during their induction and they told us they found it useful in introducing them to the way of working in the home. This ensured that staff were familiar with their roles and what was expected of them to meet people's needs in a nursing home.

There were systems in place so that the requirements of the Mental Capacity Act 2005 (MCA) were implemented when required. The 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 make 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 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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We noted that staff and the registered manager had attended training on MCA and DoLS and were clear about the issues of consent and capacity and how these were applied in care homes.

Staff told us that there was good communication between the registered manager and care staff which meant they were aware of the needs of people and were therefore able to provide timely support and respond to people's changing needs. They told us that they used "the Communication Diary" to share information so that each staff member was aware of what they needed to do to meet people's needs. Staff also told us they attended staff meetings (which took place once every two or three months) where they discussed care practice issues. This was evident from the minutes of staff meeting we checked. We noted that staff sought advice from the registered manager and communicated effectively with each other.

People told us that the meals were good and that there was enough to eat. One person told us they could ask for more if they wished. We saw people being offered additional servings at mealtimes. Three people told us that they were satisfied with the food but there was "no choice". However, one person said, "The food is very good." Another person told us that staff visited in the morning with the meal choices for the day. We observed that people were offered choices and enjoyed their meals at lunch time. We saw staff provided



appropriate support for people who required assistance with their meals. Staff showed us they were aware of the need to support people to have a balanced diet that promoted healthy living.

Staff provided people with a diet that met their needs. They told us that where they had concerns about people's food or fluid intake, they referred them to their GP, the speech and language therapist (SALT) and dietitians. Staff monitored people's weight in accordance with their assessed needs and took appropriate action. For example, staff referred people to healthcare professionals, when f their weight became a cause for concern.

The registered manager told us that each person had their own GP and had access to healthcare. We noted that all people who consented had a flu jab to protect them from influenza. This showed that a proactive approach had been taken to ensure people's healthcare.

## Is the service caring?

### Our findings

Staff understood the need to ensure people's privacy and dignity and gave us examples of this such as, by carrying out intimate personal care respectfully and with the person's permission. However, one person told us they had been advised by staff to keep their bedroom door open at all times. We also noted all bedrooms were kept open and we discussed this with the registered manager. The registered manager told us that bedroom doors were kept open to ensure staff did not disturb people by opening and closing the doors when visiting them. Only one of the people we spoke with told us they were not happy with this arrangement. We found that there were no records in people's care files of their agreement with the decision to keep the bedrooms open.

We recommend that the provider ensures that the issue of keeping bedroom doors opened or closed is included in people's risk assessment.

People and relatives told us they were happy with the care provided at the home. One person said, "The care here is not bad. [Staff] do care for us. They are very good." Another person told us that they found the staff pleasant friendly and caring. A relative told us they were satisfied with "the way the home had welcomed me and [my family member]."

A relative told us that there were no restrictions on when they could visit. One relative told us that they visited every day and found that staff were always welcoming and "offer me a cup of coffee".

People were happy at Woodland Nursing Home. We observed people were smiling throughout the day and we noted staff took time to talk. We saw one person with an interest in setting the tables for lunch, was encouraged and supported to do so by staff. We saw people who used the service were interacting with each other and staff. Staff told us that they spoke different languages between them and therefore were able to communicate with people who spoke languages other than English.

We observed people sat lined up facing each other along the walls of the lounge/dining area without clear sight of the television. We noted this arrangement was not suitable if people wanted to watch the television. We saw some people were interacting with each other whilst having hot drinks and snacks. One person told us they did not mind about the seating arrangement in the lounge. However, we noted that it was not comfortable for people watching the television. We discussed this with the area manager, who advised us that they had a plan to re-organise the seating arrangements and provide an additional television. This would mean people could sit comfortably and watch programmes of their choice.

## Is the service responsive?

### Our findings

People and relatives told us staff provided personalised care. One person said, "I enjoy my stay here. Staff are great." Another person said, "I choose to come to the lounge or stay in my room. Staff support me to move [if I want to come to the lounge]." A relative told us that people were looked after well with their personal care and they had a care plan. They told us they had been involved and read the care plans.

We reviewed care plans and noted that they outlined people's needs, aims and nursing action that needed to be undertaken to meet to meet the needs. We saw that people's care files were organised and each person had two sets of files which provided detailed information including their health, social and emotional needs and guidance for staff how to respond to them. The care plans were reviewed, dated and signed by staff and, as appropriate, by people using the service or their representatives. The registered manager understood the importance of reviewing regularly care plans to respond to people's changing needs. However, this had not been possible due to recent changes to the nursing staff. The registered manager told us that they were looking to employ a nurse to fill a vacancy.

We observed people were relaxed staying in their rooms and in the lounge. One person said, it was pleasant to live in the home and the liked reading their newspaper. Another person told us they had a television in their room but they preferred coming to the lounge and interacting with the others. We saw two out of seventeen people who were in the lounge in the morning, two people occasionally dozed. We saw that staff were always around and communicated and provided drinks and snacks.

People told us they enjoyed the activities provided at the home. One person said, "I think they are very good [at providing activities]. The activities during Christmas were great." Another person told us they had participated in varieties of activities. They said they liked doing exercise. The registered manager explained that the home had a part time activities co-ordinator. We were informed that the activities' co-ordinator developed a programme of activities which people could choose from and participate in. This was confirmed in the records we saw.

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Staff monitored and responded to risks to people. The registered manager explained following the risk assessment of people who were bed bound or used wheelchairs that plans were put in place to monitor and turn them at intervals to reduce the risk of pressure ulcers. Staff told us they monitored people and ensured they were turned. However, we did not see the records to support this. The registered manager said turning charts would be developed so that staff could record and sign when they turned people. We found that there were no people with pressure ulcers during the inspection.

People knew how to make a complaint if they were not happy with the service. One person said they could speak to the manager if they wanted to complain. Another person told us they had an appointment with the registered manager to talk about their concern. A relative told they knew they could speak to the manager or contact the local authority if they were not happy about an aspect of the service. We noted that the home had a complaints procedure. The registered manager told us they took people's concerns and complaints seriously. We noted the registered manager investigated and responded to concerns and complaints.

## Is the service well-led?

### Our findings

People, relatives and staff were positive with regards to the registered manager. One person who used the service told us, "I like the manager. I can talk to her." A relative told that they found the registered manager to be, "a lovely lady". A member of staff told us, "The manager is friendly very helpful and open." Another member of staff said, "The manager is patient, communicates well and provides whatever we want."

People and care staff the registered manager covered some nursing shifts and regularly walked around the home to check the wellbeing of people. We observed that the registered manager had a 'hands' on' attitude to the service, providing a positive role model for care staff to follow. The registered manager told us and we observed she provided direct care and support to people. This showed that there was continuous support to staff and monitoring of the service so that people's needs were met.

Staff told us they felt there was an emphasis on support, fairness, transparency and an open culture. Staff told us said that if they needed to raise concerns, they felt these would be dealt with quickly by managers. They told us they felt supported by and motivated by the registered manager. We noted staff were able to discuss care and management related issues in supervision and staff meetings. However, we noted that staff meetings took place two to three times a year which indicated the opportunity to discuss issues in meetings was limited. The registered manager told us they would review this and make sure that regular staff meetings took place to allow staff to share their experiences more often.

The registered manager had undertaken audits of the service which focused on a range of areas including the audits of care plans, medicines, infection control, and the safety of the equipment and facilities. Where action was required, the registered manager had assigned a person responsible to address the issue and a timescale for its completion, which was then reviewed. We noted that the registered manager sent the monthly audit to the Head Office so that they were aware of what was happening at the home. The registered manager gave an example of the boiler which was not working effectively and people could not use the hot water on some occasions. We were told that his had yet to be satisfactorily addressed by the engineers and staff checked the temperature of water in the bedroom and bathrooms daily.

We asked the registered manager what quality assurance systems were in place. We were told that staff asked people and relatives how they felt about the care provided at the home. We observed this when a member staff asked one person if they were fine and liked their lunch. The registered manager told us that the home arranged relatives meetings but the attendance was limited as we saw evidence that only five people attended the last meeting. We were told that another relatives' was being planned to take place in March. The registered manager said staff would arrange relatives to attend the meeting so that they would be able to share their views about the quality of the service.

We noted people and relatives had completed a survey questionnaire. This enabled people and relatives to share their experience of the service. Relatives also wrote positive compliments stating their feelings about the service provided. The registered manager told us they were ready to learn from feedback to improve the quality of the service. The registered manager told us that they attended home managers' meetings and felt

well supported by the area manager.