

Woodhouse Care Homes Limited

Pranam Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pranam Care Centre is a residential care home for older people and younger adults with mental health support needs. The care home accommodates up to 50 people in two joined buildings over two floors. It is owned by the provider Woodhouse Care Homes Limited. At the time of our inspection 44 people were living at the service.

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

Sometimes staff supported people in an unsafe way when they were walking and this placed them at risk.

Staff were not always respectful towards people.

The provider's systems and processes for monitoring risk and quality had not always identified where improvements were needed.

People using the service were happy with their care and support. They told us their needs were met and they were able to make choices about their care. People felt they were well treated by staff and had good relationships with them.

Care was appropriately planned, and staff followed care plans, working with other professionals to review and monitor people's health and wellbeing. The staff also assessed risks to people's safety and wellbeing and planned care in the least restrictive way.

People received their medicines safely and as prescribed.

People had opportunities to take part in a range of different social and leisure activities.

The provider investigated and responded to adverse events, such as accidents, incidents and complaints. The provider undertook a range of audits and checks. They planned ways to improve the service.

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

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 August 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made but the provider remained in breach of regulations.

This service has been rated requires improvement or inadequate at all inspections since registration in June 2015. In 2020, we imposed additional conditions on the service requiring the provider to send us information each month. These conditions remain in force and we will use this information to help monitor the service and to check they are making the required improvements. We will also ask them for an additional action plan relating to the new concerns we have identified.

Why we inspected

We carried out an unannounced inspection of this service on 15 July 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. We found improvements had been made to areas where there were previous concerns. However, we found there was a concern with some of the interactions between staff and the people being cared for, so we widened the scope of the inspection to include the key question of caring.

This report only covers our findings in relation to the Key Questions Safe, Caring, Responsive and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, dignity and respect and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pranam Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 3 inspectors and an Expert by Experience on the first day of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A member of the CQC medicines team visited on a second day to inspect how medicines were being managed.

Service and service type

Pranam Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Pranam Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the provider including feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 10 people who used the service, 1 visiting relative and a visiting healthcare professional. We also observed how people were being cared for and supported. Our observations included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with staff on duty who included the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of records used by the provider for managing the service. These included the care records for 4 people, staff recruitment, training and support files, records of accidents, incidents, complaints and meeting minutes.

We looked at how medicines were being managed. We also conducted a partial tour of the environment.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection, we found people had received their medicines as prescribed. However, improvements were needed to the way medicines were managed.

At this inspection, we found enough improvement had been made.

- People received their medicines as prescribed, including controlled drugs. There were known systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were safely stored. Staff maintained appropriate records of administration. We found that medicines fridge and room temperatures were appropriately monitored.
- The provider maintained a system to monitor and audit people's medicines on a regular basis, and we found improvements had been made as a result of this. For example, a monthly audit by the registered manager and care staff was carried out to ensure medicines were up to date and appropriate.
- We were assured that medicines related incidents were investigated properly with appropriate action plans and there were adequate processes in place to ensure staff learnt from these incidents to prevent them reoccurring.
- Observations of staff showed they supported people to take their medicines.

Assessing risk, safety monitoring and management

- People were not always supported to move around the home in a safe way. The staff regularly supported people by holding their wrists and walking in front of the person pulling at them to walk along. This practice increased the risk of people falling because they were not in control of their own speed and the staff were not focussing on the person or how the person was moving.

We found no evidence people were being harmed from this practice. However, failure to support people to safely move placed them at risk of harm and was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We told the management team about our observations and they held a meeting with staff to discuss this. They agreed to review how people were supported to move and reassess staff competencies in this area. Following the inspection visit, they sent us evidence of further action they had taken to help prevent reoccurrence of this way of supporting people.
- The provider had assessed risks to people's safety and wellbeing. The assessments were detailed, gave clear actions and showed how staff should provide support in the least restrictive way for people.

- Risks within the environment were assessed and monitored. The provider worked with external contractors to make sure the building was safe and repairs were attended to promptly. There were suitable fire safety systems which included individual plans to tell staff about the support people would need in the event of an emergency evacuation.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- Systems to prevent and control infection were not always effectively implemented. On the first day of the inspection, we found some toilets did not have soap or waste bins for sanitary products and the hand sanitisers in some areas of the building were empty. The provider sent us assurances about action they had taken to address this and help prevent these problems reoccurring. On our second visit to the service we found the improvements had been made.

- We observed some staff did not wear their personal protective equipment (PPE) face masks correctly when providing support to people. We discussed this with the management team and they sent us assurances they had addressed this issue with staff.

- There were suitable procedures for preventing and controlling infection. The staff had training in these. The provider undertook regular audits regarding infection control and cleanliness.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help safeguard people from the risk of abuse. The provider had worked with the local authority to monitor, investigate and respond to allegations of abuse. They had reported any concerns and followed protection plans developed by the safeguarding authorities.

- The staff had undertaken training in safeguarding and recognising abuse. They discussed these with senior staff and managers who tested their knowledge to make sure they knew what to do if they had concerns someone was being abused.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People using the service and their relatives felt there were staff available when they needed them. Their comments included, "There are enough staff and they look after me well" and "If I need to call for help the staff come."

- There were systems for recruiting and selecting staff to help ensure they were suitable. These included checks on them, interviews and competency assessments to test their knowledge and skills.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. They recorded, investigated and analysed incidents, accidents and complaints. They used learning from these to discuss ways the service should

improve with staff.

- During 2022, there had been a high number of people falling at the service. The provider had undertaken analysis of why this was and had put in place measures to help reduce the risk of people falling. These measures included improved use of sensor equipment to alert staff to people's movement, relocating staff to monitor people at high risk of falls, additional training for staff, sourcing support from multidisciplinary teams to assess people and help plan their care and requesting additional staffing to support people on an individual basis when needed.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not always treated respectfully or well. We witnessed some interactions where staff did not consider the perspective of the people they were supporting. For example, one person did not want to wear a specific item of clothing stating it was not theirs. Instead of accepting the person's wishes and offering them an alternative, the staff member supporting them argued with them about this.
- People did not always have a good mealtime experience. Some staff supported people to eat without properly communicating with them. For example, they got up and walked away in the middle of the meal, they did not explain what was happening and in one instance a staff member kissed a person's face three times whilst they were eating their food. One member of staff mixed up all the different elements of a person's meal before offering it to them. People were not always offered drinks, and when they were given drinks, they were not given a choice.
- Staff did not always respect people's comfort. Some people smoked. When they went outside to do this, the door to the garden, situated by a lounge, was left open. One person (a non-smoker) said they were cold and went to shut the door. The staff told them not to do this. We noted that the smell of smoke drifted into the lounge where others were sitting. Additionally, after lunch one of the domestic staff started mopping the lounge floor and cleaning around the people who were seated there.
- Some of the support for people was not well coordinated and this impacted on their experiences. For example, some people were seated in the dining room half an hour before food was offered and one person was brought their meal without any cutlery. One person was brought into a room by staff, then shortly afterwards taken into another room by a different member of staff and then brought back into the first room by a third member of staff. The reasons for this were not communicated to the person.

We found no evidence people were being harmed, although failure to treat people with respect was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We also witnessed some kind and caring interactions, with staff comforting people who became upset and speaking to people in a calm and respectful manner.
- People using the service and their relatives told us they had good relationships with the staff and liked them. Their comments included, "They are so nice and kind to me", "They are caring" and "The staff are very kind and understanding."

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

- People were supported to make choices about their care and to express their views. They confirmed this.
- People were consulted when care plans were created and reviewed. Their views and choices were recorded, and records of care showed these were respected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. They explained staff provided care in private and did not unnecessarily disturb them. They spoke with people using culturally respectful terms and people's preferred names. People were asked about any preferences for the gender of staff who supported them, and this was respected.
- People were encouraged and supported to be independent. Care plans explained what people could do for themselves and this was respected.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, we found people did not always receive personalised care and support. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 9.

- People using the service and their relatives told us they were happy with the care they received. They felt their needs were met.
- The provider had created personalised care plans with people. These were clear, detailed and included evidence the person had made choices and been consulted about their care. The provider had sought to plan support in a way to promote people's independence and to respect their different backgrounds and needs.
- Care plans were sensitively written and non-judgemental.
- Records of care provided indicated that care plans were followed, and people's needs were being met. The system the provider used for care planning automatically alerted managers when someone's identified need was not recorded as met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of planned leisure and social activities. There were well advertised group activities which catered for different interests and needs. The provider employed an activities coordinator who made sure people were not isolated and had access to different individual activity resources, such as games, if they wanted.
- People were supported to stay in touch with friends and families. Visitors were made welcome and felt well informed about people's care.
- The provider helped people to celebrate their culture and religion. Different religious groups visited the home and there was a diverse menu catering for different ethnicities. The staff supported people to celebrate religious events and festivals.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were being met. Information on display and provided to people and their families was available in different languages. The staff spoke a range of languages and were able to communicate with most people in their first language. They also used key words and gestures to help communicate with others.
- People's communication needs were assessed and planned for. Their care plans included information about any barriers to communication and how best to support each person.
- Throughout the home there was pictorial information, signs and displays designed to help orientate people and give them the information they needed about where they were in the home.

End of life care and support

- People's end of life care and support was sensitively managed. The provider asked people about their wishes and any needs they had for end of life care. These were recorded and the staff worked closely with other professionals, families and the person to help monitor and meet their needs at this time.

Improving care quality in response to complaints or concerns

- There were suitable systems for responding to complaints. The provider had investigated these and planned improvements as a result of complaints. They had given feedback to the complainant and checked their satisfaction with the outcome.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection, we found systems and processes to monitor and improve the quality of the service were not always effectively implemented. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found some improvements had been made. However further improvements were needed, and the provider remained in breach of Regulation 17.

- The provider's systems for monitoring and mitigated risk had not always been operated effectively. Throughout the inspection, we observed staff supporting people to walk using unsafe practices which placed people at risk.
- The provider's systems for monitoring people's quality of experience had not always been implemented effectively. We observed a number of incidents where staff did not treat people with respect.
- The provider has been in breach of regulations at all of the inspections of the service since they were registered in 2015. The provider's systems and processes for monitoring and improving quality had not been effectively implemented because they continued to breach legal regulations at this inspection.

We found no evidence people were being harmed. However, failure to effectively implement systems to monitor risk and quality was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our initial feedback at the end of our inspection visit, the provider took action to address some of the concerns we identified. They held meetings with staff and implemented new procedures for monitoring mealtime experience, infection prevention and control, moving people safely and treating people with respect.
- The provider had a range of audits and systems for checking the service. When they identified concerns, they had created action plans which they implemented and monitored.

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

- The registered manager was appropriately experienced and qualified. They worked closely with senior managers. They had a good overview of the service and had implemented some positive changes.

- The management team regularly met with staff, although some staff told us they did not always have clear directions. We observed staff did not always work in a coordinated way during our inspection and this impacted on people's experience. We discussed this with the management team who agreed to review how work was allocated to ensure a better coordinated approach from staff in the future.
- The staff were provided with a range of information about good practice and legislation through training. There were clear policies and procedures, and these were sometimes discussed with staff to help test their knowledge and understanding.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Whilst we observed some care which needed to improve, we also witnessed some kind interactions and people generally got on well with staff and felt comfortable in their presence. People told us they received personalised care and were able to make choices about their care. This was reflected in their care plans, which included well thought out solutions to meeting people's needs in a personalised way.
- The provider asked staff, people using the service and other stakeholders for their views. They held meetings and asked for written feedback.
- The home provided support to a multicultural community. Staff and people using the service spoke a range of different languages and practiced different religions. The community celebrated different events from around the world and different religious festivals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. They had investigated and responded when things went wrong and were open and transparent with others about this.

Working in partnership with others

- The provider worked in partnership with others. They sought the guidance and support of external healthcare professionals. We met a visiting healthcare professional who explained the management team had responded well to concerns and made improvements when required. They told us staff followed their guidance.
- The management team had worked closely with the local authority and others to develop improvement plans when things had gone wrong.

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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered persons did not always ensure service users were treated with dignity and respect. Regulation 10
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons did not always ensure the safe care and treatment of service users because they had not always assessed, monitored and mitigated risks. Regulation 12

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons did not always effectively implement systems and processes to monitor and mitigate risk or to monitor and improve the quality of the service. Regulation 17

The enforcement action we took:

We have issued a warning notice telling the provider they must make the necessary improvements by 31 January 2023.