

Woodhouse Care Homes Limited

# Pranam Care Centre

## Inspection report

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Date of inspection visit:  
15 July 2021

Date of publication:  
17 August 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Inspected but not rated**

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Pranam Care Centre is a residential care home, which at the time of the inspection was providing personal care to 50 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.

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

People's care needs were not always met in a person centred way and their care plans did not always reflect their individual needs.

The provider did not always have quality assurance systems that were effective enough to enable them to appropriately monitor, assess and improve the quality and safety of the service.

People's medicines were administered as prescribed. However, improvements were required in relation to locating equipment and guidance on when medicines which were prescribed to be administered as and when required. We have made a recommendation about the management of some medicines.

People had a range of risk assessments and risk management plans but there was not always guidance on how to mitigate risks. Following the inspection, the provider took prompt action to ensure risk management plans were in place for identified risks.

The provider had processes to monitor and investigate incidents and accidents, safeguarding alerts and complaints. There were appropriate processes for the recruitment of staff. The provider had infection control processes, and these were followed by staff.

People were supported to eat a balanced, healthy varied diet which reflected their dietary needs and cultural preferences.

People's care plans identified if they had any hearing or visual impairments, their preferred language or any other issue which would impact their ability to communicate.

People told us they were happy living in the home and said if they had any concerns they could speak with the managers.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 14 January 2020) and there was one breach of regulation for good governance. The provider completed an action plan after the last inspection

to show what they would do and by when to improve. At this inspection not enough improvement had been made and sustained and the provider was still in breach of regulations.

#### Why we inspected

We received concerns in relation to infection control, staffing, person centred care, management of risk, dignity and respect and nutrition. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. We reviewed nutrition as part of the inspection but we have not rated the key question of effective as we only looked at the part of the key question we were specifically concerned about. The rating of this key question has not changed and remain good.

We reviewed the information we held about the service. Ratings from previous comprehensive inspections for the key questions of effective and caring were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the responsive and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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](http://www.cqc.org.uk).

#### Enforcement

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.

We have identified breaches in relation to person centred care 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 meet with the provider and request an action plan 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### 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 Care Act 2014.

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

This inspection was carried out by two inspectors.

#### 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service about their experience of the care provided. We spoke with nine staff including the chef, activities coordinator and the laundry assistant. We also spoke with the registered manager, the operations manager who was also the nominated individual and a director of the provider organisation. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

Following the inspection, the nominated individual provided examples of documents which had been updated and amended which were discussed during the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- People received their medicines as prescribed but there were a few areas where further improvements could be made.
- The provider used an electronic system to manage medicines and the staff supporting people with their medicines were familiar with its use. Staff administering medicines confirmed they had training about the management of medicines and their competencies to manage medicines had been assessed. Two staff, we asked about the purpose of some medicines but confirmed they would check the medicines reference book to learn about the medicines.
- One person was prescribed medicines to be inhaled through spacers (a device to help better delivery of inhaled medicines). When we asked to see the spacers, staff were unsure of them and started looking for them as they could not immediately locate them. They eventually found one and it was unused and it the original box. The registered manager assured us the staff would use them in the future, as indicated.
- There were protocols in place where medicines were prescribed to be given as required. In a few cases these were not detailed enough to indicate when the medicines should be given and where a variable dose was prescribed in what circumstances one or two tablets of the medicines should be given. For example, when a medicine was prescribed to be given for constipation, it was not clear when to give the medicine whether on the first, second or third day.

We recommend that the registered person review the management of medicines in line with national guidance.

- A count of a sample of medicines showed that the quantity of medicines in stock matched the records. Medicines were also stored in a controlled and secure environment and within the right conditions. Records of the temperature of the medicines room and of the medicines fridge were maintained. Those medicines that needed their expiry dates to be closely monitored had an expiry date recorded on the containers.
- Some people were prescribed control drugs. Staff complied with the provider's policy around the management of control drugs and their storage and recording.

### Assessing risk, safety monitoring and management

- The provider had a range of risk assessments and risk management plans in place but there were some identified risks which did not have guidance for care workers on how to mitigate risks.
- We saw two people went into the community to go shopping on their own, but risk management plans had not been developed to identify any possible risks. This meant care workers were not provided with guidance on how to mitigate them so each person could be supported to maintain their independence.

- The registered manager explained other people were also supported to go into the community accompanied by a care worker and risk management plans were not in place for them.
- Where people may experience mental health crises or behaviour that could be challenging risk management plans and care plans were developed to provide guidance for care workers on what support they could provide.
- The provider took prompt action following the inspection by developing and updating risk assessments and management plan which we identified as not being in place during the inspection.
- Risk management plans were developed when a person moved into the home identifying the procedure to support the person to self isolate and for COVID 19 testing for the required.
- COVID 19 risk management plans had been developed for people who went out into the community from the home to reduce the possible risks of infection.
- The provider had produced COVID-19 risk assessments for each person which identified the possible risks of developing COVID-19 based upon the person's personal characteristics such as race and gender as well as any existing medical conditions.
- Care workers had completed a range of training courses which had been identified as mandatory by the provider which included dementia, moving and handling, fire safety and first aid. This meant the care workers had completed appropriate training to enable them to support people with possible risks.

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

- The provider had a clear process in place for the reporting and investigation of safeguarding concerns.
- Carer workers we spoke with demonstrated a good understanding of the principles of safeguarding, how to report any concerns and how to ensure people are protected from possible risks. One care worker said, "I would speak with my manager if I saw abuse" and another said "I know what whistleblowing is and would contact a more senior manager, Ealing [safeguarding team] and CQC if necessary".
- The provider has an open approach to dealing with any allegations or suspicions of abuse and had contacted relevant agencies, including the CQC, in a timely manner to report concerns so appropriate action could be taken to safeguard people.

#### Staffing and recruitment

- The provider had a clear recruitment process which enabled them to ensure new staff had the appropriate knowledge and skills for their role.
- During the inspection we reviewed the recruitment records for three new staff who had been recruited recently including care worker and an administrator. We saw each staff member's records included a full employment history, two references and a criminal record check which followed the provider's process.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- The provider had a robust procedure for the reporting and investigation of incidents and accidents.
- The registered manager explained incident and accident reports were completed on the computer system and the records were printed out so they could be analysed each month.
- We reviewed the records for five incidents and accidents that had occurred and we saw the records identified what had happened, what actions had been taken and what lessons had been learned to reduce possible future risk. Issues identified through this process were fed back to care workers through team meetings and supervisions.

## 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.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about nutrition. We will assess all of the key question at the next comprehensive inspection of the service.

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

- People received enough to eat and drink and there was a range of choices in the planned four weekly menu for the service. The provider catered for the individual cultural preferences of people and there was always a vegetarian option on the menu for people.
- We observed lunchtime and while people's nutritional needs were met, we saw that their personal preferences had not always been considered by the way meals were served to them.
- There was mixed feedback from people and staff about whether people were offered choices about their meals. Some people said they were offered choices and others said they were not. One person who stayed in their room, said their meals were brought up to them during meals times, without them choosing but did say that staff changed the meals if they did not like what they had received. Some staff told us people are shown the choices on the day on two plates and can make a decision about what they want to eat. Others said the meals were picked from the trolley after having been served by the chef and given to people. The provider told us they would review this issue to make sure people always have choices for their meals.
- There was a good stock of ingredients in the home and we saw a well equipped kitchen to prepare meals for service users. We asked whether people received fresh fruits in the home as we saw only bananas in stock, and the provider said people regularly receive fresh fruits and they would make sure a range of seasonal fresh fruits were more readily available for people.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always 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;  
Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the provider ensure there are a range of activities that meet the needs of all people using the service. The provider needs to make further improvements.

- The service accommodates people with a range of needs. There was a significant number of younger adults with mental health needs or dementia in addition to other care needs. Other people continued to live in the home with care needs associated with ageing. We found that while there were some activities in the home, these did not cater for all the people living there.
- At least three people told us there was not much to do and wanted to go out for more walks in the local community. We saw people going outside the home to smoke, sitting outside and returning back into the home with many of them standing in the corridors or the reception area. In the afternoon, we saw four people sitting in a lounge with nothing much to do. One person told us, "There is not much to do and you do not know what to do with yourself."
- Some people preferred to stay in their bedrooms, but we saw many bedrooms were not personalised to the individual. Many rooms did not have people's personal items, photos, pictures or items of decoration.
- People had a care plan in place which identified their support needs and how care workers should provide that support but did not always include information which reflected their current support needs.
- The care plan for one person indicated they had regular visits from the district nurse but the registered manager confirmed the person's course of treatment had changed. The care plan had not been updated. This meant care workers did not have up to date information which reflected the person's current support.
- The care plan for another person indicated that they were supported by a friend to manage their finances and could make decisions but the care plan also stated they could not make decisions about their finances. This meant the care plan did not reflect the person's current support needs.

We found no evidence that people had been harmed however, the provider did not have robust arrangements to ensure people's needs were always met in a person centred way and that their care records always reflected their individual needs. This placed people at risk of harm. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the provision of activities with the provider's managers and they told us that they were aware of the situation and that they plan to recruit another activities coordinator in addition to the part time

activities coordinator, so they could cater better for the needs of the younger people living in the home.

- We also discussed issues regarding care plans not having been updated with the managers and following the inspection they sent us the care plans for both people that had been updated to reflect their current support needs.
- There was mixed feedback about how people were involved in developing their care plans. Some people prior to moving to Pranam Care Centre had copies of their care plans and felt they had not been offered one by the provider, even though they said they had been involved in the process.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us people's languages preferences and food they liked from their home country were identified and recorded in their care plans. The care workers at the home spoke many people's first languages and if there were any issues, they would use an electronic translation system for additional support. The registered manager stated that if they were unable to support a person's communication needs, they would not usually admit a person to the home. Staff at the home spoke over 15 languages between them.
- We observed staff communicating with people in the languages they were familiar with and when people said something in their main language and staff did not understand, they asked their colleagues who could understand the language to help.
- People's care plans identified if they had any hearing or visual impairments which would impact their ability to communicate. The care plan provided guidance for care workers on how best to communicate with the person.

#### Improving care quality in response to complaints or concerns

- The provider had a process to investigate and respond to complaints. People told us they knew how to raise complaints. We saw that the management staff were approachable and during the inspection several people approached the management staff to talk with them.
- One person told us they would not hesitate to talk with the manager if they had concerns and they had the confidence that their concerns would be taken seriously and addressed. They said they had raised concerns about their laundry with the manager. They added that their concerns had been addressed and they rarely now have issues with their clothing.
- We looked at the records of complaints and found that where there had been complaints, these were appropriately recorded, investigated and responded to within the stated timescales. The provider's responses were opened and transparent and where necessary the provider had apologised and stated how they would put things right, including offering training to staff to prevent a reoccurrence of similar complaints in the future

#### End of life care and support

- People's wishes in relation to how they wanted their end of life care provided were identified in their care plans. We saw the care plans indicated if the person had discussed their wishes with staff.
- Where a person had identified their wishes the care plan included detailed information on who the person wanted contacted, if they wished to stay at the home or go to hospital or a hospice and if they had a plan in place for their funeral.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 the provider had audits were in place but these were not always effective or utilised to improve service delivery and further improvements were required. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The provider has a range of audits and checks that were carried out by their managers. While improvements have been noted in many areas of the service and people were mostly happy with their care and the way they were treated, there were a few areas that needed further improvement. The provider's own systems have not identified these or if they have identified these the necessary improvements had not yet occurred.
- The provider's care audits have not identified that some risk assessments were not in place and that care plans had not been fully updated with the changing needs of service users. When we pointed these out, the provider responded promptly and provided updated care plans and risk assessments.
- A few minor areas for improvement were identified with the management of medicines that the provider had not identified but said they would address.
- The arrangements around making sure people were offered meaningful choices for their meals were not that effective. This was because we did not see clear evidence that people were always being offered choices for their meals and some people also confirmed this.

We found no evidence that people had been harmed however, the provider's quality assurance systems were not effective enough to enable to them to appropriately monitor, assess and improve the quality and safety of the service. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a person centred culture. The service was representative of the local community and the provider employed staff from a range of cultural backgrounds and ethnic minorities to be able to

meet people's needs in a person centred way.

- The management team lead by example and demonstrated the values of the organisation by being professional, approachable, open and transparent. During the inspection we observed the managers and staff speaking with people in a respectful way and using the names they liked to be called. People we spoke with confirmed this. The atmosphere in the home was open and people could move to different places of the home as long as it was safe for them to do so. One person told us, "Staff are nice and helpful." One staff told us, "Everybody is good. The place is so much better than it used to be."
- People were happy living in the home and said they could speak with the managers if they had any concerns. One person told us, "They [the manager and staff] treat all the residents in the same way."

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 registered manager and nominated individual demonstrated a clear understanding of the duty of candour and the responsibilities of their roles. The registered manager explained they felt it was important to be open and transparent with people living at the home, relatives and organisations when incidents occurred.
- The registered manager explained that if a safeguarding concern was raised they would write a letter of apology to the person and their relatives. They told care workers that if an incident occurred, they should apologise for the incident occurring and then provide feedback following an investigation to what happened, why and what action was taken to reduce possible risks.
- The provider had a clear process in place to respond to complaints and concerns in a timely manner and how they would identify where improvements should be made.

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

- As part of the recruitment process new staff were provided with a detailed role description which included the responsibilities and tasks identified for their specific role.
- One newly recruited staff said that they had a comprehensive induction and worked supernumerary and shadowed staff the first few days to learn about the job and to get familiar with the service users.
- Staff said they received supervision in one to one meetings, where their performance and role were discussed. Senior care workers were aware of their roles and the need to supervise more junior staff to make sure people receive the right care. They were aware when issues needed to be escalated to managers so appropriate action was taken to address identified risks and arising concerns.

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

- The provider identified people's cultural characteristics and their care provided reflected their needs. The registered manager explained during religious festivals the activities coordinator supported people with individual activities for example for Diwali. Also, menus were translated into a number of different languages to enable people to make their own meal choices.
- A survey of relatives was carried out during June 2021 and they had received feedback from two relatives. The responses of the survey had been analysed and we saw the outcomes were mainly positive. The analysis of the survey responses was sent to people's relatives.

Working in partnership with others

- The provider worked in partnership with a range of organisations. The registered manager confirmed they attended the regular provider forum meeting organised by the local authority.
- The registered manager told us they had kept in contact with local religious organisations who had visited the home regularly before the pandemic and they were developing a way for them to start visiting the home

again.

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>The provider did not ensure the care and treatment of service users was provided in a person centred manner and reflected their preferences.</p> <p>Regulation 9 (1)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>Regulation 17 (1)(2)</p>