

# Oakland Primecare Limited

# Woodland Grove

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Woodland Grove is a residential care home providing personal and nursing care for up to 72 people aged 65 and over, in one purpose-built accommodation set over three floors. At the time of the inspection 69 people were living in the service, this included people living with dementia.

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

People and their relatives told us they were happy with the service. One person said, "All the care workers are lovely and look after us." A relative told us, "It is a great care home."

Care and treatment were person centred and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medicines were dispensed by staff who had received training to do so.

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.

The registered manager had good oversight of the service, they had encouraged a culture of learning and development. There were systems in place to monitor and review care and people's experience at the service.

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

The rating at the last inspection was good (report published 24 December 2020).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodland Grove on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Woodland Grove

## **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 carried out by three inspectors.

#### Service and service type

Woodland Grove is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Woodland Grove is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We observed the care provided to help us understand the experience of people who could not talk with us. We spoke with eight people who used the service, and three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager and care staff.

We reviewed a range of records including medicines records and five people's care documentation. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "Nobody is bashing us up or misbehaving." Another person said, "I trust all the people here."
- The service had policies in place to safeguard people and we saw posters up to remind staff how to raise any concerns confidentially.
- Staff had received safeguarding training and were confident that people would be safeguarded from abuse. One member of staff said, "We safeguard the elderly and protect the vulnerable. I would report any concerns and feel I would be listened to." Another member of staff said, "If I saw anything worrying, I would go straight to my manager. If not taken seriously I would go to the home manager or CQC. I know how to 'whistle blow' if needed."
- The registered manager understood their responsibilities to safeguard people and they were supported by the provider to take the appropriate action. In addition, the registered manager worked with the local authority when needed to investigate safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people were assessed and guidance put in place for staff to follow to mitigate these risks.
- Risk assessments were promptly reviewed when risks changed for example, after a person had a fall. Assessments detailed how staff could support people safely if at risk of pressures sores or choking and how staff could safely support people with moving and handling or in an event of an evacuation.
- The registered manager had checks in place to keep the environment safe for people to live in. There was a maintenance person employed to address any issues within the environment.
- The provider had a business contingency plan in place to support the service in a major incident.

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. Any conditions related to DoLS

authorisations were being met.

#### Staffing and recruitment

- There were enough staff on duty to support people safely. The registered manager used a dependency tool to guide how many staff were needed each shift.
- Staff told us they felt supported with enough staff on duty to meet people's needs safely. One member of staff said, "If we ask for extra staff this has always been provided. We asked for an additional nurse to be on duty and now we always have two." Another member of staff said, "The staffing ratio is good here."
- The registered manager had followed safe recruitment processes such as obtaining references and carrying out checks with the Disclosure and Barring Service (DBS) as part of their recruitment process. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines safely from staff who had received the appropriate training.
- One person told us, "The staff give me my medicines when I need them including my painkillers."
- Medicine records we checked were in good order and medicines were stored safely at the service.
- There were audits in place to check medicines were being managed safely. If issues had been highlighted these were addressed by the registered manager and the appropriate actions taken.

#### Preventing and controlling infection

- Staff had received training in infection prevention and control (IPC). We saw staff were wearing personal protective equipment (PPE) effectively. There were PPE stations strategically placed around the service with appropriate storage facilities for PPE and disposal bins. Staff also had access to hand sanitising gels.
- The registered manager continued to follow guidance to minimise the risk of infection at the service.
- COVID19 risk assessments were in place for people and staff.

#### Visiting in care homes

- The registered manager was following guidance on visiting in care homes. Relatives were supported to visit, and people told us they also went out with their relatives. One person said, "Visitors come anytime, sometimes it is like having a party with music in the background."

#### Learning lessons when things go wrong

- The registered manager had systems in place to learn lessons when things go wrong. Discussion were held in staff meetings and staff had 1:1 supervision to discuss any learning points.
- The registered manager had responded to medicine errors at the service by putting in a new training package for staff.

# 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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they were happy living at the service. One person said, "All the staff look after me lovely." A relative told us, "There is an excellent quality of care."
- We observed positive interactions between people enjoying each other's company and with staff. One person said, "There is always activities going on, you can choose if you want to join in or not."
- Staff were positive about working at the service. One member of staff said, "I love working here, the staff give good care and the managers are very supportive."
- Staff shared the registered managers vision to provide excellent care for people. One member of staff said, "I would be happy for my relative to live here."

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

- Staff were clear about their roles, quality performance and regulatory requirements.
- Staff had regular supervision meetings with the registered manager or with their direct manager to discuss their role, how they supported people, any changes in policies or training requirements they may have.
- New staff were supported through probation with regular meetings to discuss their progress and identify and support needs they may have. One member of staff said, "I had weekly meetings with my manager whilst on probation, to check if I had any problems."
- The registered manager followed appropriate disciplinary procedures when necessary. Where staff were under-performing the registered manager met with them to discuss their performance and supervised them through improvement and learning plans.
- The registered manager was aware of their responsibilities in relation to duty of candour. Duty of candour requires providers are open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.

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

- Peoples opinions and feedback were sought about the running of the service. The registered manager had restarted meetings with people to get their direct feedback. People we spoke with told us they had attended the meetings and felt they could raise things for discussion there.
- The registered manager and provider engaged people, relatives and staff through surveys to ask for their



feedback. In addition, the registered manager held virtual meetings with relatives and had regular staff meetings.

Continuous learning and improving care; Working in partnership with others

- The registered manager had good oversight of the service through the governance processes they had in place.
- Staff were supported to develop their skills with additional training. One member of staff said, "We are supported to complete leadership training." The registered manager told us they believed in development of staff and succession planning for senior roles.
- The registered manager worked in partnership with other organisations, including other healthcare professionals and the local authority.