

Care UK Community Partnerships Ltd

Woodland Hall

Inspection report

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Date of inspection visit:
10 November 2022

Date of publication:
28 November 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Woodland Hall is a residential care home providing personal and nursing care to up to 72 people. The service provides support to older people, people living with dementia and people on reablement. At the time of our inspection there were 72 people using the service. Woodland Hall provides support on five units over two floors.

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

Environment and individual risks had been assessed, incident and accidents were investigated, and we saw evidence reviews had been carried out and lessons learnt. People told us they felt safe and systems were in place to act on allegations of abuse. Staff were recruited safely. We saw sufficient staffing on duty during the day of our inspection. Medicines were managed safely.

MCA and DoLS assessments had been completed, staff were observed asking for consent before undertaking any activity. 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. Admission assessments had been undertaken, and we saw evidence of the involvement of professionals in people's care. Staff told us, and records confirmed, training had been undertaken.

We received positive feedback about the registered manager and the staff team. We saw evidence of meetings taking place and surveys from people and professionals. Information was available on the actions taken from the surveys. A range of audits and monitoring was taking place. This included the findings and actions taken as a result. The provider had developed a detailed electronic system which supported the monitoring and oversight of the service

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 good (published 7 April 2018)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Woodland Hall

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 two inspectors.

Service and service type

Woodland Hall is a 'care home' with nursing care. 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. 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 reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR) from February 2022. 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 spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the registered manager, regional director, activities and well-being co-ordinator, chef and four care workers.

We reviewed a range of records including people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We used 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.

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 were adequately protected from the risk of any harm or abuse. Any incidents or concerns were appropriately reported and shared with relevant safeguarding authorities.
- The service had clear and robust safeguarding procedures and staff demonstrated good understanding of how to deal and respond to harm and abuse. One member of staff said, "I will report any harm and abuse report to the manager and if serious this will be reported to Local Authority safeguarding Team and CQC. Some types of abuse are financial, physical, bullying maybe because of your background and culture. We have yearly training."
- People who used the service confirmed that they felt safe and well cared for at Woodland Hall. One person said, "If you ask me if I am safe here, then the answer is yes. Staff are very good to me and I am well cared for."

Assessing risk, safety monitoring and management

- Risks in relation to people who used the service receiving care and support were assessed and managed well.
- There were appropriate risk assessments and management plans for risks specific to each person's care and support. These were monitored and updated to make sure people's plans of care remained current. This helped to keep people safe from avoidable harm.
- The registered manager made sure the building and equipment were safe and well maintained. Fire drills were undertaken on a regular basis to make sure people using the service and staff knew how to evacuate the building safely. All people had personal emergency evacuation plans which were reviewed annually to ensure they were up to date.
- The service had a clinical risk register for all people who lived in the home This included information on wound care, catheter care and diabetes as well as the use of restraint. The clinical risk register was reviewed weekly by the clinical lead to ensure risk assessments and risk management plans were responsive to people's changing needs and safe care and treatment was provided.

Staffing and recruitment

- The service followed safe recruitment practices and undertook appropriate recruitment checks to ensure prospective employees were safe to support people who used the service. Recruitment checks included a minimum of two references, proof of identification and proof of address and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager had recruited additional staff. He told us that additional staff would help the service respond quickly to staffing shortages due to sickness, training and annual leave. We discussed

workforce pressures with the registered manager and were advised that the service did not experience recruitment challenges.

- Staff and people who used the service told us that the service had not experienced staff shortages. One person told us, "I think there are enough staff, if I ring the bell, they [staff] come very quickly." We reviewed call bell audits and found that response times were mostly within two minutes.
- The service used a tool to assess the staff requirements based on people's dependency, which was reviewed and updated weekly. People who used the service and staff told us that most of the time there were enough staff on duty. One carer said, "We have been short on staff, but I know that the manager has been recruiting and more staff have come and are still coming and this will help."

Using medicines safely

- People who used the service were supported safely with their medicines.
- Since our last inspection the service had implemented an electronic medicines administration system. We observed staff during their medicines administration rounds and saw that the system was used appropriately, and records were of good standard. The system provided real time alerts if medicines were missed allowing the registered manager to respond swiftly if there had been any errors. During our inspection we found no evidence that medicines were missed.
- Medicines administration records (MARs) highlighted time sensitive medicines such as Warfarin to ensure that they were administered at the time prescribed.
- Staff supporting people with their medicines had received training and their competency was assessed.
- Controlled drugs (CD) were stored appropriately and the CD register had been completed diligently.
- We discussed with the registered manager that some people may be able to take their medicines independently and suggested that the service explored ways to make this possible. The registered manager and regional director assured us that they would look into this and would try to find ways to facilitate this.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The service is fully open to visitors. During our inspection we saw relatives visiting their loved ones. All visitors had their temperature checked in the reception prior to being able to access communal areas to ensure people who used the service were protected from infections such as COVID-19.

Learning lessons when things go wrong

- The service had systems to monitor accidents, incidents and risks which included an analysis of trends and patterns to reduce such incidents and learn lessons for the future.
- Accidents and incidents were investigated, and appropriate action was taken to reduce the risk of reoccurrence. Any lessons learned following any investigations was shared with staff to help improve the quality and safety of the support provided.

- Care staff told us that they would record and report any accidents and incidents to the person in charge and were confident that they would be investigated. One care staff said, "I will report accidents to the nurse, and we will also discuss them during hand overs. This helps us to do things better."

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to the service. Assessments were clear and detailed all necessary information about the person. This included health and support needs, wishes and preferences.
- People and relatives where appropriate were involved in the planning of care. One person told us how they took part in the initial assessment. The person told us how they were consulted about their expectations and how the care and their social needs could be met. The person said, "Before I moved in, a member of staff visited me at the hospital and we talked about my needs, expectations and what I wanted from Woodland Hall."
- People's assessments considered support they may want to meet their protected characteristics under the Equality Act. For example, people were asked about any religious or cultural needs as part of their assessments. Staff were trained and understood how to support people's equality and diversity needs.

Staff support: induction, training, skills and experience

- Staff completed an induction, including shadowing experienced staff. A recently recruited member of staff told us, "I found the induction very thorough and I have learned a lot."
- Mandatory training had been completed by most staff, including the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider's comprehensive training programme gave staff the opportunity to develop their skills and knowledge. Staff were motivated to provide good care with the opportunity to pursue areas of interest and gain formal qualifications.
- Staff completed training in a wide range of subjects, this included manual handling, pressure care, diabetes and falls prevention.

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

- People received appropriate support to eat and drink to maintain a health and balanced diet.
- People told us they enjoyed the food provided. One person said, "The food here is good, there is plenty to eat and I have a choice if I don't want what is offered on the menu."
- People were provided with a menu, which gave them three meal choices every day. However, if people did not like what was offered, they were able to ask for an alternative.
- The chef regularly spoke with people to discuss the menu and to find out if people required any changes to the menu.
- People's dietary input was monitored, and their weight was checked regularly. People who had specific

dietary needs received additional clinical support to maintain their weight. One member of staff said, "Some people are at risk of choking so the speech and language team get involved and advise us on how to support the person, they may need thickeners and to sit up when eating. Dieticians are also involved for advice."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with other external agencies to ensure care was consistent and effective and people's needs were met.
- The service worked closely with the local hospital discharge team to ensure a smooth transition. The registered manager told us this had been challenging but ongoing communication ensured that further improvements to the discharge pathway for people was made.
- We spoke with the local authority quality assurance team who advised us that they had no concerns about the care provided at Woodland Hall and that there was ongoing monitoring of care.
- Care staff and the management team told us they had good relationships with external professionals to ensure people's physical, clinical and psychological needs were met.
- The service provided intermediate care beds for rehabilitation of people who used the service. The service had a physiotherapy team on site to support people to become more independent and prepare them for a safe discharge to their own home.

Adapting service, design, decoration to meet people's needs

- People who used the service lived in a well-adapted, designed and decorated home which met their required needs.
- The service had a designated maintenance team working at the home. The maintenance team dealt with basic maintenance issues such as changing lightbulbs and fixing items and painting and decorating.
- The home was clean and well maintained. People who used the service had en-suite bedrooms which they decorated to their preference and we saw that personal belongings, pictures and ornaments were displayed.
- People who used the service told us that they felt comfortable and liked their rooms. One person said, "I like my room, I am happy here and have everything I need."

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us they were given choices to live in the way they wished. One person said, "The staff are generally good here in explaining things and asking me what help I need."
- Where people were unable to decide; a decision was made in the person's best interests following the

appropriate process.

- The provider and staff understood their responsibilities for ensuring people could make decisions about their care and support, and the role of best interest decision making. One staff member told us, "I will always give people a choice and ask them what they want."
- DoLS applications and authorisations for people were effectively monitored.

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 and relatives were happy with the leadership of the home and the care they received. One person said, "It is ok here, I feel that I am looked after well, and my needs are met." Another person told us, "I feel listened to by the staff and I am happy here."
- People were given a choice in their care and their choices were respected. Care plans were tailored to meet people's daily individual preferences and staff worked to ensure their needs were met.
- People's cultural needs were met. The service celebrated religious and cultural festivals such as Christmas and Diwali and people's preferences around culturally appropriate food was accommodated if people requested this.
- Staff spoke of a positive and open leadership culture. One member of staff told us, "The new manager is very good and does listen to us during meetings." Another staff said, "The team is nice, and the manager is approachable."
- A daily management meeting was chaired by the registered manager and attended by all heads of departments. This meeting discussed people's needs and the operational functioning of the home. This assured the registered manager that action was consistently taken to support people's health and wellbeing.

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

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- The registered manager had a sound knowledge of duty of candour and what this meant for people living at the home. The registered manager said, "It is important to be open and honest and hold your hands up if something goes wrong."
- The registered manager and staff understood the need to be clear and record incidents in a way that could be easily investigated and responded to.
- People and staff were confident they would be involved in any investigations, supported and receive feedback to aid future learning.

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

- Quality assurance systems and governance arrangements were in place to identify areas for improvement

and actions required. The management had several action plans to monitor and continually improve. The provider continuously invested in improving the systems used at the home, for example, the electronic medicines administration system improved the ongoing auditing of medicines administered.

- Staff understood their roles and the provider's expectations of them. They received guidance in a variety of ways such as daily meetings. Staff told us guidance from management was good and that management were approachable. Some staff had lead areas, such as for infection control, and shared good practice in these areas.

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

- There were systems in place to gather feedback from relatives and people including surveys and meetings.
- The management sent regular updates to relatives and arranged meetings to listen to their feedback. One relative told us, "The manager is good, he is always available for a chat and there have been meetings over Zoom. My relative has been here for over three years, they like it here, the staff are very good and caring."
- Staff were consulted through regular surveys and meetings and said the registered manager had an open-door policy. One staff member told us, "It is good to work here, the manager listens, and you can talk to him if you need to."
- The provider asked visiting professionals for their feedback on the home, the responses were positive.
- The registered manager showed good understanding of the need to support people meeting their cultural and religious needs. We saw evidence around this in care plans referring to peoples meal preferences due to religious beliefs and practical examples of celebrating cultural and religious festivals such as Christmas, Diwali and St Patricks day.

Continuous learning and improving care; Working in partnership with others

- During the pandemic staff had worked with paramedics, NHS Response teams and GPs to treat people who had contracted COVID-19.
- Managers and senior staff worked hard to ensure people had access to specialist health care professionals when needed. This included mental health practitioners and continuing health care practitioners when an assessment of health needs was required.
- Managers liaised with adult social care and health commissioners to support admission to the care home.
- The registered manager supported ongoing learning and improvements. Accidents and incidents were assessed for trends and patterns and discussed with staff. Complaints were used to make ongoing improvements to the support people received at the home.