

# Woodlands Total Care Nursing Home Limited

# Woodland Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Woodland Nursing Home is a residential care home providing personal and nursing care to up to 30 people. The service provides support to older people, some of whom are living with dementia and some require support with nursing care. At the time of our inspection there were 30 people using the service. The service is built over 4 floors. The kitchen and laundry room are on the lower floor [in the basement], and people live on the upper three floors. There is one communal lounge and dining area on the ground floor.

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

Risk assessments and care plans did not always cover people's needs in relation to epilepsy and diabetes, and when they did, they did not always contain sufficient information. Quality assurance systems were in place, but these were not always effective, as they had failed to identify the shortfalls we found in relation to care plans and risk assessments.

There were enough staff to support people and robust staff recruitment practices were followed. Medicines were managed in a way that was safe. Systems were in place to protect people from the risk of abuse. Steps had been taken to ensure the physical environment was safe. Lessons were learnt when things went wrong. The home was clean and infection control and prevention measures were in place.

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 provider was aware of their regulatory requirements and worked with other agencies to develop best practice and share knowledge. Staff spoke positively about the management of the service and the working atmosphere. Managers and staff were clear about their roles.

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 26 July 2019). At our last inspection we recommended that the provider review its quality assurance systems to make them more effective. At this inspection we found that quality assurance systems were still ineffective, and we have made a requirement about this.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 12 June 2019. At that inspection we rated the service Requires improvement and made a recommendation about their quality assurance processes. We undertook this focused inspection to check if they had made improvements. This

report only covers our findings in relation to the key questions Safe 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 Woodland Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to the quality of risk assessments and the quality assurance and monitoring processes 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Woodland Nursing Home

## 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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Woodland Nursing Home 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 Nursing Home is a care home with 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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

During the inspection we spoke with six people who used the service and three relatives. We spoke with five staff; the registered manager, area manager, a nurse and two health care assistants. We observed how staff interacted with people. We reviewed six sets of care records relating to people and multiple medicines records. We reviewed records relating to the management of the service, including a range of policies and procedures.

# 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 comprehensive inspection we rated this key question Requires improvement. At this inspection the rating 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.

### Assessing risk, safety monitoring and management

- Risk assessments were not always in place where required. We saw numerous risks covered including those associated with the use of bedrails, skin integrity, medicines and mental health. However, assessments were not always in place where required, or where not always as comprehensive as they should have been.
- A nurse told us that three people had epilepsy. We looked at their risk assessments, and for one of those people there was no risk assessment in place around epilepsy. Several people had diabetes. For some people there was no risk assessment in place at all in relation to this.
- For other people, there was a risk assessment, but they were not sufficiently detailed. For example, the risk assessment for one person with diabetes stated, "Maintain blood sugar level within normal range", but did not set out the safe or normal range for blood glucose levels in people. Further, the same risk assessment stated, "Symptoms of hypo and hyper glycemia to be notified to the nurses", but the assessment did not include any information about what those symptoms were.

Risk assessments did not always contain sufficient information to promote people's safety. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had taken steps to ensure the premises were safe. For example, checks were carried out by qualified persons to ensure the gas, electrics and fire alarms at the service were in good working order. The provider carried out their own testing of fire alarms, fire doors and emergency lighting.

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

At the last inspection we found some concerns with the infection prevention and control measures in place. During this inspection we found these had been addressed.

- 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.
- People told us the premises were clean. One person said, "They clean every day and beds are made." Another person said, "I have everything I need and everything is clean."

### Visiting in care homes

- At the time of our inspection, there were no restrictions placed upon visits to the service and the visiting arrangements were in line with government guidance that was in place at the time.

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

- Systems and processes were in place to protect people from the risk of abuse. The provider had a safeguarding adult's procedure in place. This made clear their responsibility to notify the local authority and Care Quality Commission of any allegations of abuse. Records showed where there had been any allegations, the procedure had been followed.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any suspected abuse. One member of staff told us, "I will report it to the manager if someone is abusing [people]."
- People told us they felt safe at the service. One person said, "I definitely feel safe and happy. I am settled and they are my new family." Another person told us, "I feel safe. They know that I want to go home but they are marvellous here." Another person, when asked if they felt safe, replied, "Absolutely. I'm never left to walk around alone. They take me in the lift."

### Staffing and recruitment

- There were enough staff to support people in a safe way. We observed staff were not hurried or rushed in their duties and that they responded to people in need of support in a prompt manner. Staff told us they had enough time to carry out their duties, and that they always had the breaks they were entitled to.
- People and relatives told us there were enough staff working at the service. One person said, "I rang my buzzer by mistake, and they [staff] all came running." The same person said, "There's enough staff. Some people may get impatient, but staff sort it." Another person said, "There's always plenty of staff around here."
- The provider carried out checks on prospective staff to ensure they were suitable to work in a care setting. These included criminal records checks, employment references and proof of identification.



### Using medicines safely

- We found that medicines were mostly managed in a safe way, although we did find 3 unexplained gaps on medicines administration records [MARs] we looked at. We discussed these with the registered manager who told us they would look into this. The gaps were in recent MARs, which meant they would not necessarily have been picked up by the provider's medicines audits.
- Medicines were stored securely in designated and locked medicines cabinets. Only trained staff administered medicines. The provider had a medicines administration policy in place, and we observed staff administering medicines in line with the policy.
- Where people were administered medicines covertly, or on an 'as required' basis, guidelines were in place about when and how to administer these.
- People told us they were supported to take their medicines. One person said, "They leave me water to take with my tablets." Another person said, "Everything is written on the [medicines administration] chart and according to the chart. I like to have something to eat before taking tablets."

### Learning lessons when things go wrong

- Steps were taken to learn lessons when things went wrong. The provider had an accident and incident policy in place to guide staff and accidents and incidents were recorded, along with details of follow up action.
- Accidents and incidents were analysed for trends and patterns to see what actions could be taken to reduce the risk of further similar occurrences. For example, if referrals needed to be made to other health care professionals or the deployment of staff needed to be reviewed.

# 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 comprehensive inspection we rated this key question Requires improvement. At this inspection the rating 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 the previous inspection we recommended that the provider reviewed its quality assurance systems to ensure they were effective. Not enough progress had been made on this issue.

- Quality assurance and monitoring processes were in place, but these were not always effective.
- The provider carried out various audits, for example, in relation to infection control and prevention, medicines, and an external company had carried out an audit of related to food and drink.
- Care plans and risk assessments were also audited, and in addition, these were reviewed on a monthly basis. Yet neither the audits nor reviews of care plans and risk assessments had identified the shortfalls in relation to diabetes and epilepsy we found during the inspection. We discussed this with the registered manager, who sent us confirmation that risk assessments and care plans were updated shortly after our inspection.

Quality assurance and monitoring systems used by the provider were not always effective. This placed people at risk of harm. This was a breach of regulation 17 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 service had an open and positive culture to help achieve good outcomes for people. Staff told us there was a good working environment with good teamwork, and they spoke positively about the registered manager.
- One member of staff said, "[Registered manager] is doing their job well" and "Everyone [staff] is supporting each other and we respect each other." Another member of staff told us, "[Registered manager] is very nice with me, I don't have any problems, they are nice and friendly."
- People and relatives told us they liked the senior staff. One person said, "[Registered manager] is very good." Another person said, "The [registered manager] comes to say, 'good morning' every day and has a word with everyone." A relative told us, "I'm happy with the [registered manager] and staff."

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

- Where things went wrong, the provider had been open and honest with people about this. Systems were in place to address when things went wrong, such as the complaints procedure and the way accidents and incidents were responded to. Safeguarding allegations had been reported to the local authority and the Care Quality Commission in line with the provider's legal responsibility to do so.
- People and relatives were kept informed by the provider. A relative had written on their survey, "I am very happy with the care and I am always kept informed."

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

- Managers and staff were clear about their roles and regulatory requirements. There was a clear management structure in place at the service and staff knew who their line manager was. Staff were provided with a copy of their job description to help provide clarity about their role.
- The registered manager was aware of regulatory requirements. For example, they were aware of what issues and incidents they had to report to the Care Quality Commission. Other regulatory requirements were met, such as having employer's liability insurance cover in place and ensuring fire safety equipment was serviced appropriately.

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

- The provider engaged with relevant persons using the service. For example, the provider carried out an annual survey of people and relatives to seek their views about the service.
- The most recent survey was carried out in October 2022. We saw the results of this, which contained mostly positive feedback. For example, a relative had written, "A very kind and caring environment." People confirmed they had surveys. One person said, "I've filled in a couple of forms, 1-10 questionnaire, which goes to the office. I always give them full marks."
- Staff meetings were held so staff could discuss issues of importance to them, and the service held meetings for people and relatives. We saw minutes from these meetings which showed they included discussions about people's care and food.
- The provider considered the equality characteristics of people and staff. For example, these were covered in people's care plans and staff recruitment was carried out in line with good practice in relation to equality and diversity.

Working in partnership with others

- The registered manager told us they had good working relationships with other agencies, including health care agencies and the local authority. They attended a forum for care providers run by the local authority which gave the opportunity to share and develop best practice.
- The provider was a member of a trade body that represented care homes in England, and the provider was affiliated to Skills for Care, who provided guidance and updates about what was happening in the care sector.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person had failed to implement effective systems for assessing the risks to the health and safety of service users receiving care or treatment and to do all that is reasonably practicable to mitigate any such risks. The registered person had failed to implement effective systems for assessing the risk of, and preventing, detecting and controlling the spread of infections. Regulation 12 (1) (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person had failed to establish and operate effectively systems or processes to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activities; and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activities. Regulation 17 (1) (2) (a) (b)