



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Woodlands Nursing Home

**Gordon Road
Ilford
Essex
IG1 1SN**

Lead Inspector
Ms Gwen Lording

Unannounced Inspection
16th November 2007 08:45

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Woodlands Nursing Home
Address	Gordon Road Ilford Essex IG1 1SN
Telephone number	0208 553 2841
Fax number	0208 553 2946
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Woodlands Total Care Nursing Home Limited
Name of registered manager (if applicable)	Usha Patel
Type of registration	Care Home
No. of places registered (if applicable)	30
Category(ies) of registration, with number of places	Dementia (30), Old age, not falling within any other category (30)

SERVICE INFORMATION

Conditions of registration:

1. The Registered Person may provide the following categories of service only:

Care home with Nursing - Code N

to service users of the following gender:

Either

whose primary care needs on admission to the home are within the following categories:

Old Age, not falling within any other category - Code OP

Dementia - Code DE (maximum number of places: 30) (of the following age range: 55 years and above)

2. The maximum number of service users who can be accommodated is: 30

Date of last inspection 21st December 2006

Brief Description of the Service:

Woodlands Nursing Home is registered to provide nursing care for up to 30 older people, including people who have a diagnosis of dementia.

The large converted property is situated in a residential area of Ilford in the London Borough of Redbridge. There are good transport links and the home is close to shops and other amenities and community facilities.

The majority of the rooms are single and some have en suite facilities. The bedrooms are located on three levels with access by lift to all floors.

The home is able to accommodate people from different cultural and religious groups. The manager and some of the staff team have the ability to speak a variety of languages, and key words are taught to staff to facilitate care for residents whose first language is not English. The home is able to meet the cultural dietary needs of all residents.

The home employs an activity co-ordinator, catering, laundry, domestic and maintenance staff.

On the day of the inspection the range of fees for the home was between £553.00 and £575.00 per week. Copies of the home's Statement of Purpose,

service user guide and most recent inspection report are available in the main entrance hall, together with other information about the home. In addition there is a copy of the service user guide in each bedroom.

SUMMARY

This is an overview of what the inspector found during the inspection.

This was an unannounced inspection, which started at 08:45am and took place over six hours. The inspection was undertaken by the lead inspector, Gwen Lording. The manager was available throughout the visit to aid the inspection process. This was a key inspection in the inspection programme for 2007/2008.

Discussion took place with the manager; several members of nursing and care staff; the cook, laundry and domestic staff. The inspector spoke to residents where possible, and a number of visiting relatives. Residents were asked to give their views on the service and their experience of living in the home. Nursing and care staff were asked about the care that residents receive and were also observed carrying out their duties.

A tour of the premises, including all communal areas, main kitchen and laundry was undertaken. The files of several residents were case tracked, together with the examination of other home and staff records. This included medication administration; training records; maintenance records; complaints; accidents/incidents and staff recruitment files.

The inspector was joined for part of the inspection by an 'Expert by Experience'. This is a person who, because of their shared experience of using services, and/ or ways of communicating, visits a service with an inspector to help them get a picture of what it is like to live in or use the service. By prior discussion with the inspector, the role of the 'expert by experience' was agreed. This was to talk to the people who use the service and observe the quality of interaction by staff with those residents whose communication is limited.

Information was also taken from an Annual Quality Assurance Assessment (AQAA), which all providers are required to complete once a year. Additional information relevant to this inspection was also obtained from monthly Regulation 26 monitoring reports and Regulation 37, notification of events.

Surveys for staff, residents and relatives were sent out prior to the inspection. Resident's responses indicated that they were satisfied with the care and support they were receiving in the home: "***There are always staff around to attend to my needs***". "***All the staff are dedicated and always listen to what I have to say***".

Staff responses indicated that they felt well supported by the manager and identified their strengths as giving good quality care to residents with respect and dignity.

Several residents were asked how people living in the home wished to be referred to. The majority expressed a wish for the term *resident* to be used. This is reflected accordingly in the report.

The inspector would like to thank the residents, staff and relatives for their input during the inspection, and to those people who completed surveys.

What the service does well:

There is a very relaxed atmosphere in the home and residents receive good care from a committed staff team and it is evident that the home is operated for the benefit of the residents. One resident commented: ***"I like living in Woodlands, the staff are all very friendly and helpful"***. ***"The staff do their utmost to make me as happy and comfortable as possible"***.

The manager and staff are very aware of promoting issues of equality and diversity and the respect of individual's beliefs and cultures, and this report includes many positive examples of this. One resident said: ***"My God and religion are important to me and staff help me with this"***.

During the inspection staff were seen to be providing good personal care and all residents appeared clean, well groomed and appropriately dressed. There is a relaxed atmosphere throughout the home and residents appeared unhurried and are given sufficient time and support in their everyday activities.

An extract from the expert by experience's report was: ***' Everything I saw and heard indicated to me that residents' personal freedom and wishes, which are among the most important aspects from a residents' perspective, were respected by the manager and staff, and I commend the management and staff of the Home for this. The whole ambience of the Home, it seemed to me, was hospitable, friendly and caring, and thoughtful towards residents. There were no matters that caused me any real disquiet.'***

'Overall, my opinion was that if I were myself to need nursing home care then I would be happy to go into this Home. From a personal perspective, I would have only one reservation – namely the Home's policy that pets are not allowed. This matter does not appear in any formal criteria for quality of care, but it is a point which I believe would be important to many older people who may have an animal companion, for example a dog or cat or budgerigar, whose company means a great deal to them and parting from whom can be very traumatic. I was therefore very pleased to hear from the Manager that, in such a case, the Home would be willing to consider making an exception.'

What has improved since the last inspection?

The home was registered for the category of dementia in August this year. A number of changes were made to the environment at this time including improved signage and décor in line with good dementia care guidance.

There has been a significant improvement in the content of the Regulation 26 monitoring visit reports, which report on the quality of the service being provided in the home.

What they could do better:

Whilst there have been some improvements to the environment the registered providers must ensure that all parts of the home are well maintained. In many areas of the home the decoration and some furnishings are being to look 'tired and worn'. These areas are now in need of redecoration and refurbishment, which will be to the benefit of all current and any prospective residents.

Care plans are generally detailed but need to be more specific with regards to recording outcomes for the specialist needs of those people living with dementia.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Each service user has a written contract/ statement of terms and conditions with the home.
- 3.** No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- 4.** Service users and their representatives know that the home they enter will meet their needs.
- 5.** Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- 6.** Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 3 & 4

People using the service experience good quality outcomes in this area. We have made this judgement using all available evidence including a visit to this service.

A pre-admission assessment is undertaken for all prospective residents. Care plans are drawn up from the information in this assessment ensuring that the needs of the residents are identified, understood and met.

The home does not offer intermediate care.

EVIDENCE:

Individual records are kept for each resident and a number of files were examined. All records examined had assessment information recorded and the information had been used to continue assessment following admission to the home. The records showed that residents, where possible and their relatives/ representatives are involved in the assessment process. Where appropriate, information provided by the placing authority was also included.

The inspector was satisfied that a full assessment of needs is undertaken prior to residents moving into the home, and that the manager would not admit a new resident unless she was sure that the assessed needs of the individual could be met.

An extract from the expert by experience's report was: **'I met, and talked at some length, with the daughter of one lady who had just been admitted from hospital, having lived for several months previously in a residential care home belonging to the same group; the daughter confirmed that she was happy for her mother to come to Woodlands'**.

The manager was provided with a copy of the Commission's **'Policy and Guidance on Provision of Fees Information by Care Homes'**. This sets out what information care home providers need to include in the Service User Guide regarding fees and terms and conditions, and is in a format that is easy to understand.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

- 7.** The service user's health, personal and social care needs are set out in an individual plan of care.
- 8.** Service users' health care needs are fully met.
- 9.** Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- 10.** Service users feel they are treated with respect and their right to privacy is upheld.
- 11.** Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 7, 8, 9, 10 & 11

People using the service experience good quality outcomes in this area. We have made this judgement using all available evidence including a visit to this service.

Resident's health, personal and social care needs are set out in individual care plans. The care plans are generally detailed but need to be more specific with regards to recording outcomes for the specialist needs of those people living with dementia.

There are clear medication policies and procedures for staff to follow, so as to ensure that residents are safeguarded with regard to their medication.

All residents could be assured that at the time of their death, staff would treat them and their family with care, sensitivity and respect.

EVIDENCE:

Individual care plans were available for each resident and a total of five residents were case tracked and their care plans and related documentation

inspected. The records for these residents were found to be generally detailed around health, personal and social care needs. However, there was limited information on meeting the specialist care needs of people living with dementia. The quality of care, which is experienced by someone with dementia, can be improved by the way staff use and understand care plans. A comprehensive care plan can only enhance the care experience of a resident living with dementia. Care planning must include the management and understanding of the cognitive and affective features presented by people living with dementia. Details should also include for example, the use of visual prompts and how the individual's independence is to be promoted and maintained.

Risk assessments are routinely undertaken on admission around nutrition, manual handling, continence, risk of falls and pressure sore prevention; and are being reviewed on a regular basis. Records are maintained of nutrition, including weight loss or gain with appropriate action being taken where necessary. Records indicated that residents are seen by other health care professionals such as tissue viability nurse; diabetic nurse specialist; GP; dietician; optical, dental and chiropody services.

A number of monitoring charts were examined including blood sugar monitoring, turning charts and fluid/ food intake/ output monitoring. These were found to be in good order and being maintained up to date.

The documentation/ health records relating to wound management; management of insulin dependant diabetes; catheter care and the most recently admitted resident, were examined. The records for these residents were found to be detailed and being adequately maintained. There was evidence that care plans were being reviewed at least monthly.

An audit was undertaken for the handling and recording of medicines within the home and a sample of Medication Administration Record (MAR) charts were examined. There are clear medication policies and procedures for staff to follow. Discussions with staff and the review of medication records show that staff are following the policies and procedures, so as to ensure that residents are safeguarded with regard to their medication. The home receives a pharmacy service from a local independent pharmacy who visits the home on a monthly basis to give advice and training. On the day of the visit a resident had been prescribed anti-biotics by the GP. To avoid delay in the resident commencing the medication staff had gone to the local pharmacy to have the prescription dispensed rather than wait for it to be collected and dispensed by the pharmacy later in the day.

An extract from the expert by experience's report was: **` All the residents with whom I spoke told me that they were satisfied with their accommodation and with the care they received. They said, and I saw, that their visitors were freely welcomed. Residents were**

complimentary about the attitude of staff, confirming that staff listened to them and heeded their wishes and preferences’.

The inspector spoke to a number of residents about the care they receive in the home. They all spoke positively about the care and support they received: Comments included:

***"I like living in Woodlands, the staff are all very friendly and helpful".
"The staff do their utmost to make me as happy and comfortable as possible".***

There has been some development of care plans around 'End of Life' wishes and needs. From discussions with the manager and viewing cards and letters received from relatives, it was apparent that staff dealt with a person's dying and death in a sensitive and understanding manner. One relative had written: ***"Warm appreciation and gratitude for all your support, help and thoughtfulness you gave to me both during and after (X) death"***. Staff in the home routinely support relatives following the death of a resident through sympathy cards, floral tributes and support for staff to attend funerals.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 12, 13, 14 & 15

People using the service experience excellent quality outcomes in this area. We have made this judgement using all available evidence including a visit to this service.

There is a general programme of activities available, which is varied to suit individual interests, preferences and capabilities. The attitude and practice of the staff working in the home, promotes opportunities for residents to remain independent, exercise choice and express their wishes and needs.

The manager and staff are very aware of promoting issues of equality and diversity and the respect of individual's beliefs and cultures.

The nutritional needs of the residents are well considered so that food and meal times are seen as being important for all residents.

EVIDENCE:

There is a part time activity co-ordinator who works three days a week and for two days works in the capacity of a senior carer. There is a general programme of activities available for all residents, which is regularly reviewed.

Consideration is given to providing a range of activities that support residents individuality and their social preferences. Activities include a variety of large, small and one to one activities such as karaoke, bingo, card games, hand massage, manicures and regular visits by professional entertainers. Relatives and friends are encouraged and welcomed to be involved in special events in the home, so that residents are able to maintain contact with them. The home was recently registered for the category of dementia. There are a number of training organisations that run workshops and seminars for staff involved in activities, for example The National Association for Providers of Activities for Older People (NAPA). It is a recommendation that the activity co-ordinator undertake such training, which is specific to the provision of activities for people living with dementia.

An extract from the expert by experience's report was: **' There was a programme of activities and entertainments within the home, including celebration of all important festivals from each of the cultural or religious groups represented here. I also saw that residents occasionally had enjoyable outings, for example to Colchester Zoo and to Southend, and I talked for a long time with one elderly gentleman who, though frail and ill, had recently been able to attend his granddaughter's wedding (accompanied by a member of staff). He told me how much he had enjoyed and appreciated that opportunity, which had meant a lot to him.**

Only one resident had a minor grumble, which was that staff were "sometimes bossy" in asking her to go to bed when she would prefer to continue watching TV (she told me that she did not have a TV of her own). The Manager subsequently said she might be able to lend this lady a TV, and that in general residents are free to go to bed at a time of their own choosing.'

The manager and staff are very aware of promoting issues of equality and diversity and the respect of individual's beliefs and cultures. Positive examples of this include supporting a resident to celebrate Diwali with her family; support to attend a workshop in the community with a visiting yoga Guru from India; a quiet private environment for religious observance; and enabling/supporting residents to go to their preferred place of worship. From discussions with residents this is clearly important to them. One resident commented: **"My God and religion are important to me and staff help me with this"**. When a new resident is admitted to the home whose first language is not English, the manager ensures that all staff are aware of how to greet residents in their own language and some key cultural sayings and translations in respect of individuals daily needs. Diets specific to individual's culture and religion are clearly recorded and provided for accordingly, for example Halal and vegetarian diets.

One resident had been supported by staff to attend his granddaughter's recent wedding. He and his family had not thought this would be possible but he was accompanied on the day by a member of staff. He had written a letter of thanks to the staff: ***"Eighteen months ago I would not have thought it possible to attend such an important event. This was made possible by staff dedicated in their work and my supportive family. The carer who came with me was excellent and I felt secure in her care"***

The AQAA identified that the organisation is in the process of acquiring a mini bus with a designated driver for use by all homes in the company.

Throughout the visit the inspector observed staff allowing time for residents to express their wishes and supporting individuals to make choices in their everyday lives. All staff including ancillary staff are very aware that Woodlands is the home of the residents and try to make this as pleasant as possible.

An extract from the expert by experience's report was: **'A feature of this home is that the residents are from various cultural backgrounds. Their individual circumstances are fully recognised and catered for. I was told, for example that arrangements had been made for one lady's husband to celebrate Diwali (The Festival of Light) with her in her own room, including the lighting of candles – an important part of the celebration. I saw too that the commendably varied daily menu included both English and Indian cuisine, enabling residents not only to enjoy their own traditional diet but also to choose the alternative (as I was told several did)'**.

A visit was made to the kitchen and the inspector was able to discuss the storage and preparation of food with the cook. She is fully aware of those residents requiring special therapeutic diets and other diets/ foods such as Halal and vegetarian. There is a separate Asian menu and a vegetarian option each day. The cook was able to demonstrate a good knowledge and understanding of the importance of well balanced and well presented meals. Fresh fruit is provided daily and is available on request. The use of full cream milk, butter and cream is used wherever possible to supplement the diets of those residents with reduced food intake/ diminished appetite. Nutritional 'smoothies' are also prepared for those residents who are experiencing weight loss. There is little reliance on tinned, processed or frozen foods.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
17. Service users' legal rights are protected.
18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 16 & 18

People using the service experience good quality outcomes in this area. We have made this judgement using all available evidence including a visit to this service.

The manager and staff make every effort to sort out any problems and concerns. Residents and their relatives can be confident that their complaints and concerns will be listened to and acted upon.

All staff working in the home have received training in safeguarding adults to ensure that there is a proper response to any suspicion or allegation of abuse.

EVIDENCE:

The home has a written complaints policy and procedure for dealing with complaints, and staff spoken to were aware of the complaints procedure and how to deal with complaints or concerns made to them. The complaints log was inspected and indicated complaints received, details of investigation, action taken and outcome for the complainant. The complaints procedure is also produced in three Asian languages i.e. Gujarati, Punjabi and Hindi. No complaints have been received by the Commission since the last inspection.

All staff working in the home have received training in safeguarding adults and this is included in induction training for all new staff. This was evidenced on staff files and the training schedule. Those staff spoken to were conversant with the action to be taken if they had concerns about the safety and welfare of residents.

Recently the manager arranged for a local organisation to give a presentation to residents around understanding elder abuse. '*EKTA Project*' is an Elder Abuse Awareness Training and Outreach Project for Older People. The presentation was well attended and received by residents and generated a lot of discussion.

One resident has had involvement from an Independent Mental Capacity Advocate (IMCA) with regard to his financial situation.

Environment

The intended outcomes for Standards 19 – 26 are:

- 19.** Service users live in a safe, well-maintained environment.
- 20.** Service users have access to safe and comfortable indoor and outdoor communal facilities.
- 21.** Service users have sufficient and suitable lavatories and washing facilities.
- 22.** Service users have the specialist equipment they require to maximise their independence.
- 23.** Service users' own rooms suit their needs.
- 24.** Service users live in safe, comfortable bedrooms with their own possessions around them.
- 25.** Service users live in safe, comfortable surroundings.
- 26.** The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 19, 21, 23, 24 & 26

People using the service experience adequate quality outcomes in this area. We have made this judgement using all available evidence including a visit to this service.

The home is clean and generally the physical environment meets the needs of the people living in the home. However, in many areas of the home the decoration and some furnishings are beginning to look 'tired and worn', and are in need of redecoration and refurbishment.

EVIDENCE:

The building was toured by the inspector, accompanied by the manager, at the start of the visit, and all areas were visited later again during the day. The home was registered for the category of dementia in August this year. A number of changes were made to the environment at this time including improved signage and décor in line with good dementia care guidance. The trees have been pruned in the front garden and the front of the building repainted. The sink and vanity unit in the bedroom that was converted into a

small dining room has now been removed and has improved the dining facilities overall. However, a requirement made at the last inspection to re-decorate and replace the floor covering in the downstairs disabled bathroom/toilet has not been complied with. This requirement has been repeated with a new timescale for compliance.

Some of the bedrooms were seen either by invitation of residents, whilst others were seen because the doors were open or being cleaned. All of the bedrooms seen were very personalised and reflective of the occupant's interests, culture and religion.

An extract from the expert by experience's report was: **'Residents' bedrooms are spread through the three main floors. All except two are single rooms. One of the two twin-bed rooms is occupied by a married couple; the other is occupied by a blind lady, who likes to have someone to talk to, and a lady who was anxious when in a single room – both these residents and their families, had agreed to the sharing arrangement. All of the rooms are light and pleasantly decorated, and personalised with residents' own memorabilia and, in many cases, with their own TV and radio sets. There were no unpleasant odours. Lounge and dining room facilities – all with a homely feel to them – are on the ground floor, and the kitchen is in the basement.'**

There were no offensive odours and the home was clean and tidy. Generally the physical environment meets the needs of the people living in the home. However, in many areas of the home the decoration and some furnishings are being to look 'tired and worn', and are in need of redecoration and refurbishment. The current system in place for staff to report items requiring repair or attention is not being very effectively managed. There were a number of reported maintenance issues that had not been actioned. The most recent Regulation 26 report also highlighted this as a concern. An extract from the report states: **'There is a new maintenance system in place but still having initial teething/ bedding in problems. The management team are working to improve the situation'**. The manager has also reported her concerns and is confident that this is being actively addressed by the organisation. The following issues were also noted for action and discussed with the manager:

- Bedrooms 110, 112, 309 – upholstery on lounge chairs is torn and requires repair or replacement.
- Bathroom 212 – Foot pedal broken on clinical waste bin and requires repair. Floor covering in poor state of condition and requires replacing.
- Bathroom 301 – floor covering in poor state of condition and requires replacing.
- The staff toilet on the first floor in urgent need of re-decoration and refurbishment.

The laundry area was visited and this was found to be clean, with soiled articles, clothing and foul linen being stored appropriately, pending washing.

The manager has received information and is fully aware of the recent legislation regarding smoking in care homes, which came into effect on the 1st July 2007.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 27, 28, 29 & 30

People using the service experience good quality outcomes in this area. We have made this judgement using all available evidence including a visit to this service.

Staffing levels are satisfactory and there are sufficient staff on duty to meet the individual assessed needs of the residents. Residents benefit from a committed staff team who have the skills and training to meet their needs.

The procedures for the recruitment of staff are robust and provide safeguards for people living in the home.

EVIDENCE:

Staff rotas were inspected and the staffing level and skill mix of qualified nurses and care staff was sufficient to meet the assessed nursing and personal care needs of the residents. The home has retained a stable workforce and effective team working was observed throughout the inspection. Care workers were being effectively deployed throughout the home to ensure that residents, who remain in their bedrooms, either by choice or for health reasons, were being cared for appropriately.

The organisation has a designated trainer. A record is maintained of staff training and records showed that staff have undertaken training in essential areas such as manual handling, basic food hygiene, first aid, infection control and fire safety. Other training undertaken has included equality and diversity,

dental care, nutrition for life, naso gastric tube feeding and caring for people with dementia. Five nurses have undertaken training in the implementation of the Liverpool Care Pathway for the Dying Patient (LCP) and are scheduled to attend a meeting at St Francis Hospice next week to review progress. A discussion took place with the manager around the recently introduced Mental Capacity Act 2005, and the impact it will have upon the delivery of care to vulnerable people. Training has been identified for all qualified nurses in this important area and it will then be cascaded down to all staff working in the home.

The files of the two mostly recently employed staff were inspected and these were found to be in good order with necessary references, Criminal records Bureau (CRB) disclosures, and application forms duly completed.

The registered organisation, employs a workforce from diverse cultures and backgrounds. It was apparent that the ethnicity of the majority of staff is not generally reflective of that of the resident group. However, all staff have undertaken training in equality and diversity. This ensures that the spiritual, dietary, cultural, sexual and any other diverse need of residents at Woodlands is understood and appropriately met, wherever possible. Staff are able to demonstrate a good understanding of the particular needs of individual residents and can therefore deliver meaningful person centred care.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 31, 32, 33, 35, 36 & 38

People using the service experience good quality outcomes in this area. We have made this judgement using all available evidence including a visit to this service.

The manager of the home is a well qualified and experienced person and residents benefit as the home is run in their best interests. Staff are appropriately supervised and the health, safety and welfare of residents are promoted and protected.

EVIDENCE:

The manager has the qualifications and experience to manage the home and is able to demonstrate a clear understanding of the residents. Mrs Patel is very resident focused and works continuously to improve the service and provide an increased quality of life for residents with the support of a committed staff team.

From viewing staff records and talking to staff it was evident that staff receive regular supervision, including one to one, peer and observational supervision. Staff meetings are held regularly and are minuted.

The responsible individual undertakes Regulation 26 monitoring visits on a monthly basis to monitor and report on the quality of the service being provided in the home. A copy of the report is sent to the Commission. There has been a significant improvement in the content of these reports since the last inspection.

Currently the manager does not act as an appointed agent for any resident. Residents financial affairs are managed by their relatives/ representatives. The manager has responsibility for the personal allowances of a small number of residents and secure facilities are provided for their safekeeping with records being maintained.

A wide range of records were looked at including fire safety, accident/ incident reports, water temperature safety checks, emergency lighting and Portable Appliance Testing (PAT). These records were found to be detailed, up to date and accurate.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	3
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	3
10	3
11	3

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	4
14	4
15	4

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	2
20	X
21	2
22	X
23	3
24	3
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	4
32	4
33	3
34	X
35	3
36	3
37	X
38	3

Are there any outstanding requirements from the last inspection?

YES

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP19	23	The registered providers must ensure that there is an ongoing programme of renewal for the fabric and decoration of the premises, which includes timescales and areas highlighted for priority action. (Timescale of 31/03/07 not met)	28/02/08
2.	OP21	23	The registered persons must ensure that both the disabled bathroom and toilet on the ground floor are re-decorated and the floor covering replaced. (Timescale of 31/03/07 not met)	28/02/08
3.	OP7	15	The registered providers must ensure that care plans are more specific with regards to recording outcomes for the specialist needs of those people living with dementia.	28/02/08
4.	OP19	23	The registered persons must ensure that there is an effective system in place for actioning all reported repairs. This will ensure that all areas of the home are adequately maintained.	31/01/08

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP12	It is a recommendation that the activity co-ordinator undertake training, which is specific to the provision of activities for people living with dementia.

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