Medina View Limited

Wollaton Park Care Home

Inspection report

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Tel: 01159283030

Date of inspection visit:
13 March 2019

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: Wollaton Park Care Home is owned by Medina View Limited. It is situated in the Wollaton Park area of Nottingham. Providing care for up to 40 people with dementia and residential care. 33 people were living in the home at the time of our inspection.

People's experience of using this service:
The service met the characteristics of Good in most areas; more information is in the full report.

There were audits in place to review the quality of care however these were not used to identify and mitigate shortfalls. Communication between staff needed to be improved to ensure people received the correct support.

Staff knew how to recognise abuse and understood the actions they should take to report concerns. There were risk assessments and management plans in place to support people safely. Medicines were stored, recorded and administered correctly to ensure people had the medicines which were prescribed for them. There were sufficient suitably recruited, trained and supported staff who were aware of infection control requirements to protect people from harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to provide care effectively. People were provided with a variety of foods, presented in a way that met their needs and plentiful drinks to maintain their wellbeing. People were supported by health care professionals to sustain their health.

Staff provided kind, compassionate and considerate care. People were given opportunities to voice their opinions and were confident that if they raised a complaint it would be investigated thoroughly.

Relatives were welcomed and involved. People were given opportunities to take part in social activities inside and outside of the home. Staff knew people well and care was reviewed with people to ensure their care reflected the level of support they required.

There were opportunities for people to voice their opinions of the service at meetings and through satisfaction surveys. People were aware who the registered manager was, and staff felt supported.

Rating at last inspection: Good: report published on 9 September 2016.

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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For more details, please see the full report which is on the CQC website at 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? 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 caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Wollaton Park Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector and two experts-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: Wollaton Park Care Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: We looked at information we held about the service when we planned the inspection. We reviewed the Provider Information Return (PIR) and statutory notifications the provider is required to send us. The PIR is information we require providers at least annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 17 people who used the service, three visitors to the home and one relative by phone. We observed the care and support people received in the communal areas of the home to understand people's experience and observe their interaction with staff.

We spoke with one of the providers, the registered manager, the care coordinator, a team leader, the activity coordinator, three staff members, a volunteer, the cook and the hairdresser.

We reviewed the care plans for three people to check if they reflected the care people received. We looked at medication administration records and reviewed documents related to the management of the home including audits, meeting minutes, the satisfaction survey and fire safety arrangements. We looked at a recruitment record for a member of staff to oversee the employment process and confirm that pre-employment checks were completed.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

•□People felt safe and secure. One person said, "I feel safe. There's no bullying and no one pushes us about"
•□Staff understood how to recognise abuse and poor care and their role in protecting people. One member of staff told us,"
•□Staff were confident that their concerns would be listened to. We saw that the registered manager investigated potential safeguarding incidents and reported them externally when required.

Assessing risk, safety monitoring and management

•□Peoples risks had been assessed and there were management plans in place to support them safely.
•□Some people required the use of specialist equipment, for example, hoists to help them to move. We saw staff used the equipment correctly and waited until there were two staff available before the person was moved. People were reassured whilst staff assisted them to move and one person said, "They use a hoist to lift me and I've always been okay".
•□People's risks were reviewed regularly and updated whenever necessary.

Staffing and recruitment

•□There were sufficient numbers of staff to support people.
•□People we spoke with confirmed that staff were available when they needed attention. One person told us, "If staff are busy I might have to wait but mostly staff come straight away".
•□We saw that staff observed people whilst they were in the communal areas and responded in a timely manner when people requested support.
•□There were recruitment processes in place.
•□Staff told us that employment checks were completed before they could start work. A member of staff said, "I had an interview, provided information to confirm my ID and had to wait for everything to come back before I started work". This demonstrated that there was a process in place to check and ensure staff were of a suitable character to work in a caring environment.

Using medicines safely.

•□Medicine management systems were in place to ensure people received their prescribed treatments.
•□People we spoke with confirmed they received their medicines. One person said, "Yes I get my medicines regularly from the senior carer or her cover. You can get paracetamol if you need. The staff record what you

have taken". Another person told us, "I know what my medicines are for. I get them every day for my illness".
•□Staff confirmed that they were trained to deliver medicines and their competency to do so was reviewed regularly.
•□We saw that staff followed and were familiar with processes for the safe receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

•□The home was clean and well maintained to promote hygiene and reduce the risk of infection.
•□Staff followed infection control procedures to protect people.
•□We saw staff had access to personal protective equipment to use when delivering personal care and handling people's food.

Learning lessons when things go wrong

•□Lessons were learnt when things went wrong and actions were taken to reduce risks.
•□Staff told us they received updates following safeguarding referrals to ensure they understood what had happened and what had been put in place to prevent re-occurrence.

Good

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

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

•□We saw when needed, care plans and risk assessments were written and delivered in line with current legislation.
•□For example; if people had specific health needs or chronic illnesses information was included within their care plan to educate staff.

Staff support: induction, training, skills and experience

•□Staff were provided with training to care for people effectively. A member of staff told us, "We do a mixture of online and face to face training for things like moving and handling. New staff do the care certificate". The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care.
•□There were arrangements in place to support new staff. We spoke with a member of staff who had recently started working at the home. They told us, "I was able to shadow staff before I started working alone".
•□Staff received individual support and an opportunity to discuss their performance and progression through on-to-one sessions. One member of staff told us, "We can talk about what we want in supervision. Any problems we have, anything".

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

•□People were offered a choice of meals and plentiful drinks throughout the day.
•□One person told us, "The food is okay. I've not been eating as much recently so they offer me a sandwich instead". Another said, "I can eat what I want. Tea comes around all the time".
•□Staff supported people patiently. We saw that they observed everyone's progress with their meal, prompting them when necessary.
•□We saw the cook had been provided with information about people's dietary needs and preferences.
•□People were weighed regularly and referred for dietary or eating support advice whenever necessary.

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

•□People's care plans contained evidence that other agencies and healthcare professionals were involved

in their care.
•□One person we spoke with said, "The doctor comes once a fortnight, every Tuesday. I've been to the dentist. Staff look after my nails. A chiropodist visits here. We have nurses if you need them".
•□Staff contacted support services for advice when they recognised the need for further involvement from them. For example, we saw that one person had been falling and staff arranged for a medicine review and advice from the physiotherapy department on supporting them effectively.

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

•□Wollaton Park is a purpose built residential home.
•□There was orientation information for people. For example, we saw that the day of the week and the weather were displayed on a notice board. The communal rooms and bathrooms had pictorial information on them to assist people.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

•□We read that, when necessary people's capacity had been assessed.
•□Staff understood the importance of supporting people to make as many decisions for themselves.
•□One person said, "The home is very good in this respect (making choices). I can get up or sleep when I want. I tell staff what clothes I want to wear and they help me dress".
•□One member of staff told us, "You must never assume people don't have capacity to make decisions, it has to be assessed. You never take choices away, but some people need more help than others".
•□When people were unable to make decisions for themselves we saw that staff had demonstrated why the choice made on their behalf was in their best interest.
•□We saw that some people had a DoLS in place and applications had been made on behalf of others. Staff recognised that this had been done to lawfully deprive people in order to maintain their safety.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good:People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

•People were complimentary about the staff. One person said, "Staff are charming and very friendly. They are always there when you need them. Pretty good. Very helpful people".
•We saw that staff spoke kindly with people and were polite to them.
•There was light hearted banter between people, their relatives and staff. One person told us, "I pull their legs terribly".
•Staff demonstrated patience with people. One person was constantly calling for attention and we saw staff respond to them each time with understanding.

Supporting people to express their views and be involved in making decisions about their care

•People could choose how they spent their time. For example, one person said, "I can do what I want. Get up or sleep when I wish. Don't have to do what I don't want".
•We saw that people were given the opportunity to discuss their care and support. One person explained, "I have a care plan and very much had a say in it. I speak my mind".
•When people wanted their relatives involved in their care, this was arranged. A member of staff told us, "We work hand in hand with families when the person wants us to".
•For those people who did not have family support there was information available to them on the involvement of the advocacy services. One person confirmed this and said, "In my bag I have the name and phone number of an advocate. I might contact them to support me"

Respecting and promoting people's privacy, dignity and independence

•People confirmed that they were treated with dignity and their privacy was respected. One person told us, "Staff are always there for you. I rely on them all the time. I have seen them support others and they respect us".
•Another person said, "If I want to, I can go to my bedroom for privacy. I leave the door open and staff will knock on the door before coming in"
•We saw that some people chose to stay in their rooms.
•People's independence was encouraged by staff. People told us they were encouraged to do as much as they could for themselves. One person said, "I help myself as much as I can before requesting support from the staff".
•People were supported to maintain relationships which were important to them.

•□We saw relatives and friends visiting throughout the day.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•□People were supported by staff who knew them and understood what was important to them. For example, one person said, "Most staff have been here quite a while. Staff know what I like and don't like".
•□Information about people's previous lives, for instance, families, childhood memories and work was included in their care plans. One person told us, "My relative told staff about my life".
•□Staff knew people's past history and their preferences for support. For example, some people preferred their care to be delivered by a female carer. We checked with people and they confirmed their requests had been respected.
•□People were able to take part in activities led by a member of staff employed to provide this support.
•□During the inspection, we saw people playing games, knitting and reading whilst in the afternoon some people were making cakes to fund raise for comic relief the following day. One person said, "In the morning I always enjoy reading. In the afternoon I'll go to my room and play with the computer, see my e-mails. There's lot of entertainments on the internet. I do join in activities. The ladies do sewing; knitting and cooking. They do word search. We get entertainers, singers and pianists". Another person said, "We play domino's, scrabble, do quizzes and crayons. We made paper daffodils this week. We do things we enjoy like cooking biscuits and cakes. If you don't want to join in you don't have to".
•□The provider understood the Accessible Information Standard (AIS) which was introduced to make sure people with a disability or sensory loss are given information in a way they can understand.
•□Some people living in the home were unable to verbally communicate with staff because of sensory loss or language. We saw that one person was using an electronic device to communicate with staff and others had been provided with pictorial cards to assist them.
•□People's diversity had been considered.
•□People told us they were supported to follow their chosen faith and beliefs. For example, one person was provided with halal meat and told us their beliefs were respected. Other people spoke of attending a church service. One said, "I was brought up Christian and go to communion once a month here in the conservatory".

Improving care quality in response to complaints or concerns

•□There was a complaints procedure in place which was displayed throughout the home.
•□We saw that complaints were investigated and responded to in full and within a timely period.
•□People we spoke with said they were happy to raise concerns and one said, "I did complain once, sometime back, and the manager sorted it out".

End of life care

• No one living in the home was receiving end of life care at the time of our inspection.
• A recently bereaved relative spoke with us and said, "I can't praise the staff enough for the care they gave. They couldn't have done anymore and I can't praise them enough. They were fantastic.
• We saw in people's care plans that they were given the opportunity to discuss their preferences for end of life care should they wish.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- The registered manager and staff had identified that communication needed to be improved. One member of staff told us they had discussed this at a team meeting. However, we identified that a minor skin injury sustained by a person the day before our inspection had not been shared between staff or recorded in the person's care plan or handover documents. The registered manager and the care coordinator were unaware of the injury until we highlighted it to them. After we had brought this to their attention they ensured that appropriate actions, such as a body map and recording were put in place.
- Some audits were in place. However, there was no information to show how the monitoring was used to improve the quality and safety of care. For example, we saw that the number of falls was audited but this did not identify trends such as, increased risk at certain times of the day, if the number of staff on duty had any impact or whether the falls had been witnessed or not. This information could provide staff with evidence they could use to reduce falls in the future. However, we did see that improvements had been made for people at risk of falling, such as lower beds and sensors.
- We saw that a visit from the fire officer at the beginning of last year had highlighted some shortfalls which required action. The report had highlighted the lack of regular fire drills. The registered manager told us they had completed all that was required however there was no action plan in place to identify the timescales involved. We noted that only one fire drill had been recorded in the past year.
- A monthly audit of a random sample of care plans had not been completed since December 2018.
- The registered manager and staff had identified that communication needed to be improved. One member of staff told us they had discussed this at a team meeting and had implemented communication books. However, we identified that a minor injury sustained by a person the day before our inspection had not been shared between staff or recorded in the person's care plan or handover documents.

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

- People, relatives and staff were given opportunities to discuss changes in the home.
- A resident and relative meeting was held during our inspection. We heard updates about future plans for people's entertainment, an update on the podiatry service for the home and students coming to gain experience working in the communal areas of the home.
- Satisfaction surveys were distributed. However, there was no detailed breakdown of the responses

received. The registered manager told us the results of the survey were discussed with attendees at service user and relative meetings.
•□There was no information displayed in the home to show what actions had been taken in response to comments received.
•□Staff met regularly and also had the opportunity to complete satisfaction surveys. We read mainly positive comments from staff including one which said, 'career aspirations are achieved here'.

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

•□The registered manager split their role between two of the providers services. A care coordinator and team leaders were responsible for overseeing and managing people's care.
•□People we spoke with knew who the registered manager was and commented on their dual role. One person said, "I know who the manager is. She does come and say hello to us but she also works at the other place".
•□Staff told us they felt supported. One member of staff said, "The manager is good. She's there for you and you can call her anytime".
•□Staff spoke of a strong team ethic and one told us, "We work well as a team here. It feels like a family".
•□The registered manager was fulfilling the regulatory requirements of their role including notifications to us about changes which affected the service.
•□Our previous report and the ratings poster were displayed as we require. This is to ensure people; their visitors and members of the public can read about the home and our findings.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

•□People, relatives and staff spoke positively about the management team and the support they received.
•□An open and honest environment was promoted. Staff told us they could approach the registered manager with any concerns and there was a whistle blowing policy in place.

Working in partnership with others

•□There were relationships in place with local health and social care professionals, schools, the library and churches in the area.
•□We read in people's care plans that staff worked jointly with others to deliver effective care and support.