Medina View Limited

Wollaton Park Care Home

Inspection report

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Date of inspection visit:
07 July 2016
26 July 2016

Date of publication:
07 September 2016

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?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 7 and 25 July 2016.

Wollaton Park Care Home provides accommodation to older people. It is registered for a maximum of 40 people. There were 35 people receiving care and support at the home at the time of our visit.

On the day of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at the home. They were supported by staff who understood how to report allegations of harm. Risk assessments were in place to identify and reduce the risk to people's safety. There was sufficient staff to keep people safe and medicines were stored and handled safely.

People's rights were protected under the Mental Capacity Act 2005. People were supported by staff who were knowledgeable and skilled to carry out their roles and responsibilities. Training and development was reviewed and updated appropriately. People received sufficient amounts to eat and drink and enjoyed their meals. People had access to other healthcare professionals and received effective care that was relevant to their needs

People were treated with kindness and compassion and spoke highly of the staff. Staff interacted with people in a friendly and caring way. People's privacy and dignity was protected and they felt able to contribute to decisions made about their care. Arrangements were in place for people to receive support from an independent advocate if they needed one.

People's care records focused on people's wishes and respected their views. Staff responded to people's needs promptly. They encouraged people to participate in activities that were meaningful to them which reflected their needs. A complaints process was in place and staff knew how to respond to complaints.

People, relatives, staff, and healthcare professionals complimented the registered manager. People were empowered to contribute to the development of how the home was run. The registered manager actively sought people's views and acted on them. There were systems in place to monitor and improve the quality of the service provided. The home and staff was led by a registered manager who had a clear understanding of their role and how to improve the lives of all of the people living at the home. They had a robust auditing process in place that identified the risks to people and the home and they were dealt with quickly and effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe in the home and staff knew how to identify potential signs of harm.

Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

Sufficient staff were available to meet people's needs. There were safe recruitment practices to ensure people were looked after by suitable staff.

Medicines were managed and stored appropriately.

Is the service effective?

Good

The service was effective.

People always received effective care that met their needs. People were supported by staff who were knowledgeable and skilled to carry out their roles and responsibilities. Training and development was reviewed and updated appropriately.

The principles of the MCA were used to determine people's ability to make their own decisions. Staff followed appropriate guidance to ensure people who lacked capacity were supported effectively.

People were encouraged to be independent and to make their own choices. People were supported to have sufficient to eat and drink.

People were supported to maintain their health and had access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

People were supported to express their views and be actively involved with decisions about their care and support.

People were treated with respect, compassion and in a dignified way by the staff who cared for them.

People's privacy was respected.

Is the service responsive?

Good

The service was responsive.

Staff responded to people's changing needs in a positive way. People participated in activities and were encouraged to interact with others.

Care plans were reviewed and people were involved with the planning of their care to ensure they received personal care relevant to their needs.

People knew how to make a complaint if they needed to. The complaints procedure was available and the provider responded to concerns to the satisfaction of the complainant.

Is the service well-led?

Good

The service was well-led.

The registered manager was visible and present at the home. People complimented the registered manager.

Systems and procedures were in place to monitor and improve the quality and safety of the service provided.

People, their relatives and staff were encouraged to be involved in the development of the home. They had opportunities to voice their views and concerns. There was a positive atmosphere throughout the home.

The registered manager and staff worked well with other health care professionals and outside organisations.

Wollaton Park Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 July and 25 July 2016 and was unannounced. The inspection team consisted of one inspector 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.
Before our inspection, we reviewed information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted visiting health and social care professionals, the commissioners of the service and Healthwatch to obtain their views about the care provided in the home.

During our visit we spoke with six people who used the service, seven visitors, five members of staff, the registered manager and the provider's representative.
We observed people participating in day to day activities. We looked at the care plans for three people, the staff training and induction records for four staff, four people's medicine records and the quality assurance audits that the registered manager completed.

Good

Is the service safe?

Our findings

The provider had systems in place to help protect people from harm. The provider identified the possibility of harm and reduced the risk of harm to people.

People told us they felt safe in the home. One person said, "I like it here; that's why I stayed after my respite care ended. Everyone is so nice and they really look after us." Three staff we spoke with confirmed they had attended safeguarding training. They could describe different types of harm and knew who to report concerns to, both internally and externally. One staff member described the process of reporting concerns. They said they had used this process and the registered manager dealt with the concern appropriately.

Information about how to raise a safeguarding was displayed in the home. This provided guidance to people and their relatives about what they could do if they had concerns about their safety. The registered manager told us about the process they used for reporting concerns of a safeguarding nature. This process was put in place to make sure people were kept safe. This included how to contact the local authority and the Care Quality Commission.

We saw appropriate safeguarding records were kept. There had been three safeguarding concerns raised in the last 12 months. We saw the registered manager had followed protocols and completed investigations. They took appropriate action with the support of the local safeguarding team. We felt assured that if any further issues did arise they would be dealt with.

The provider's own health and safety checks had identified an issue with a small area of the lounge carpet. We found two areas of concern that posed as a potential risk to a trip or fall. The provider's representative told us they were in the process of replacing the carpet with more suitable flooring, but addressed the hazard issue during our visit. This showed us the provider was committed to keeping people safe.

Individual risks were identified and managed; a robust system was in place to manage accidents and incidents to ensure they mitigated any risk to people. The registered manager recorded information for each accident or incident into a spreadsheet. Information was analysed on a regular basis to monitor any trends or themes that may occur so they could be address promptly. We found appropriate action had been taken when required, for example people had been referred to the falls team.

Risks to people's health and welfare were being assessed and action was being taken to minimise any risks identified. We saw body maps were in place to record where the injury was, the date the injury occurred and if a review of person was required. For example, after an injury to the head or fall. We found risk assessments had been completed for pressure ulcers, falls and bedrails. This meant risk was identified and actions, such as regular monitoring or referral to the falls team were put into place to reduce the risks to people and these were reviewed regularly.

People had their own personal evacuation plans (PEEP) to ensure they were fully supported in an emergency. There was a copy of evacuation plans in reception. This meant staff had easy access to

information should an emergency arise, such as an outbreak of fire, and could ensure people were evacuated safely. We found the premises were well maintained and the member of staff responsible for the maintenance of the home undertook and recorded weekly and monthly checks. These included checks such as, water temperatures, call bell systems and fire tests to make sure people were safe. There was a maintenance book where staff reported any issues. We saw repairs were completed in a timely manner.

We saw sufficient staff on duty on the day of our visit. We asked one person if there had ever been a time when they had to wait a while after calling staff. They replied, "I waited much longer in hospital than I do here! They are on the ball and one doesn't like using the lift, so it might be a couple of minutes, but she [member of care staff] always comes." One relative told us when asked if there was enough staff, "Oh yes, more than enough staff. Nothing is too much trouble for them. Most of the time they just know what needs to be done and get on with it." Another relative said, "There seem to be a lot of staff here." We observed many staff within the home. The service also had an intermediate care unit. The staff for this unit was provided by the NHS. A number of beds were used for people who needed to recuperate after a stay in hospital. The intermediate care team were responsible for the care of these people, but staff from the home also supported and provided most of the daily care for people.

The provider operated an effective recruitment process to ensure that staff employed were suitable to work at the home. Staff we spoke with confirmed they had undertaken appropriate checks before starting work. We looked at four staff files and we saw all the required checks had been carried out. This showed that the registered manager followed robust recruitment practices to keep people safe. However, we saw two people who were not wearing uniforms or name badges. We could not tell if these people were working at the home or were people living in the home. Staff told us they had difficulty identifying these people. We spoke with the provider's representative on the first day of our inspection. They told us these staff members were at the home to provide one to one support for people supported by the intermediate care team. The provider's representative said all safety checks had been completed, but they had identified an area of concern regarding name badges and addressed this during our visit.

People told us they received their medicines in a timely manner. One person said, "My pills come in a little pot and they watch me while I take it." Another person said, "I could set my watch by the time my medicine arrives." A relative told us, "My relation was always forgetting to take their medicine and then they couldn't manage the bubble (blister) packs. So I can rest easy knowing they have all that totally under control. If there are any changes, they always let me know."

Two staff we spoke with were competent and knowledgeable when administering the medicines. We observed people received their medicines in a timely manner. Medicines were administered a safe way that valued the persons preferred choice. Records we viewed confirmed this.

Staff confirmed and records we looked at showed they had received up to date medicine training. There was a named person responsible for completing audits of medication administration records (MAR) and ordering and disposing of medicines. However, we found a large number of medicines that required to be returned to the pharmacy were stored inappropriately. The provider's representative removed the medicines to a safer place. We also asked the provider to seek guidance and find a safe way of disposing of the medicines, which they did. They also provided us with written confirmation on 26 July 2016 to give us reassurance that the medicines would be stored safely.

We saw the MAR sheets were completed as and when required. MAR sheets were used to confirm each person received the correct medicines at the correct time and as written on the prescription. Each MAR was identified with a picture of the person. This was to help ensure they received the medicine that was

prescribed by their GP.

Good

Is the service effective?

Our findings

During our previous inspection on 4 August 2014 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not following and had not implemented the process for Deprivation of Liberty Safeguards (DoLS). At this inspection we found that improvements had been made in this area and the regulation had been complied with.

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 people 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS applications were made where appropriate.

The requirements of the MCA were adhered to. When a person lacked the capacity to make some decisions for themselves, a mental capacity assessment and best interests documentation had been completed.

People told us they consented to their care and support. People were able to move freely around the home. One person said, "I come downstairs for most of the day and I use the lift." We asked if they used the lift on their own and they said, "There is a buzzer in my room and I push that, they come and get me and we come down in the lift." We asked if they ever used the lift on their own and they told us they preferred a staff member to take them. Another person said, "Oh yes, I use the lift all the time on my own and if I am leaving the building, I speak to them in the office and they let me out." We observed people who had capacity and access to the lift code use the lift independently.

Staff told us they had received training in the MCA and DoLS. One staff member described how the MCA reflected people's rights to make decisions for themselves. They told us that if a person was unable to make a decision, staff would need to make sure any decisions were made in the person's best interests. We saw DoLS referrals had been submitted for relevant people and when authorised the provider had notified CQC.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. These had been completed appropriately.

People had their needs met by staff who were knowledgeable and skilled to carry out their roles and responsibilities. People gave us positive feedback regarding their care and support. One person said, "I am here on respite care after a fall at home. It was hard and I really got down." We asked if they had been offered emotional support since they had been in the home. The person said, "The girls [care staff] know if I am down here and [care worker] always gets me laughing." We asked the person if they felt they could ask for support if it wasn't spotted that they were feeling down. The person replied, "Oh yes, they are very good here. I don't actually want to go back home now. I would like to stay as I have already made friends."

Another person told us that staff helped with their care, because they were unable to walk far. However, they could stand now, which they could not for a long time before coming into the home. The person also told us they used to have two staff supporting them. They said, "Now that I can stand on my own steam and have a rotunda (a rotunda is an aid used to turn and transfer people from a sit and stand position) of my own, it only takes one staff to support me." This showed us the care these people received was effective to their needs.

Staff we spoke with described people's different and complex needs. We found staff were knowledgeable about the people they cared for. They were able to describe the support people required and the level of care needed to ensure they received effective care. The registered manager told us staff gained increase knowledge of how to care for people with a range of conditions including physical and mental health needs. The registered manager gave us examples of good care practice and effective care. For example they were complimented on the skin care of one person even though the person was doubly incontinent. Another person who had a pressure sore and needed equipment to be moved, as they were unable to walk made a full recovery and was walking unaided.

A relative told us they had seen a lot of training going on at the home. They said, "They [management] seem to keep staff up to date, so they can do their job." Staff felt supported and confirmed they had opportunities to undertake specialist training or complete the care certificate. The care certificate was developed by 'The Skills for Care', which is a nationally recognised qualification. It is regarded as best practice for the induction of new healthcare assistants and care workers. It also offers existing staff opportunities to refresh or improve their skills. One staff member told us they were in the process of completing the care certificate. Records we sampled confirmed staff training was up to date. Another staff member said, "Even though I don't do caring, I have been through the training so that I feel comfortable with what is going on around me and could assist if it was an emergency. I never get asked to do caring though and people respect that this is not my purpose for being here." There were robust systems to identify staff training needs and any refresher courses they needed to attend if and when required. We found staff received various methods of training to support all their training needs. Staff told us they received supervision and appraisals of their performance. One staff member told us they had been shadowing another member of staff for two weeks and were in the process of completing relevant training.

People were supported to eat and drink sufficient amounts and to maintain a balanced diet. People told us they liked the food. One person said, "I absolutely love the food here. We always get a choice when they come round in the morning to ask what we want. And I don't have to worry about being a diabetic, because they sort all that bit out for me before it arrives in front of me." A relative said, "The food is freshly cooked. It smells nice and when I brought [family member] back around 2.30pm one day from a hospital appointment, they asked straight away if [family member] had eaten and sorted it immediately when they found out [family member] hadn't. They even offered me a meal!"

Staff told us people were always offered a choice of meal and if the person changed their mind they were always offered an alternative. The staff member said, "Choices are available for meals and the menu is balanced and varied." The cook told us people were asked what they would like to eat on the previous day and pictorial choices were being developed to support people with visual choices. They had good knowledge of people's dietary needs and were able to describe what allergies people had. Where staff had concerns regarding people's dietary requirements monitoring was put into place. For example, if staff noted a person had a poor diet they put appropriate monitoring processes in place. For example, a food or fluid chart to ensure people received sufficient to eat and drink. The registered manager told us the home had always achieved a five star food rating and staff had received compliments about the food they served. The registered manager also told us they had theme days like St Patrick's day and celebrations were held for the

Queens 90th Birthday.

We observed the lunch time serving, and saw that people received their meal within an appropriate time frame. The lunch time was a sociable event with members of care staff chatting with different people about lots of different things. We observed drinks being offered at the beginning of the lunch time period, but we saw only lemonade was being served. Staff were not asking if people wanted anything else instead. We spoke with the provider's representative and they told us they would make changes in this area.

People's choices of where they wanted to sit and eat their meals were valued. Two people had chosen to sit where they were and told us they were happy and it was their choice. We observed one staff member was asking a person if they would like her food cut up. The person seemed unable to comprehend, so the member of staff knelt down beside the person, picked up their knife and fork and made a cutting motion, which the person understood and nodded. We saw several people had changed their minds about what they wanted to eat and that they were offered an alternative without question.

People were supported to maintain their health and wellbeing by having access to healthcare services. This included a GP, dentist and chiropodist. Staff were knowledgeable about the people they cared for. Staff told us people's health was monitored and they were referred to health professionals in a timely way should this be required. We saw people had been referred to appropriate health care professionals.

A visiting health care professional gave positive feedback about the care staff provided. We also spoke to the intermediate care team and they gave positive comments about how they worked with the management and staff of the home. We were told communication and instructions related to people's care needs were recorded and followed.

Good

Is the service caring?

Our findings

People were encouraged and supported to develop positive caring therapeutic relationships with staff and with each other. One person said, "Those girls [staff] are great. They are caring and kind and always knock or explain what they are doing." Another person said, "It's bad enough when you can't do things for yourself, but when the staff are nice and polite, it makes a big difference." A third person said, "I can be as independent as I like. I like mixing and have made friends, but I am going away for four days with my daughter in August and am really looking forward to that." We spoke with relatives and one relative said, "I can take [family member] out any time I like. I just sign her out, tell the staff in the office and then repeat the process when we come back. My relation [family member] actually likes coming back, so that must be a recommendation." Another relative said, "I don't think [family member] could receive better care anywhere. They are a lovely bunch of people [staff] and just get on with the job they have to do. There are people with many different needs here and it is comforting that the managers were nurses and there are nurses upstairs so there is never any delay in getting support like that if it's needed."

We observed that there was a lot of interaction with people and staff on a social level. There were discussions going on about family, where they were going to be taken when they went out, where family had been on holiday. Staff also asked people what they had chosen for lunch and whether they were following the tennis. People were laughing and generally happy in the main lounge area.

We also observed that when staff were assisting people in the lounge, they were careful to bend to the person's level (if seated) and always used people's first name when speaking to them. If people had difficulty with their hearing staff shifted position, or gently touched them on the arm or shoulder before they started to speak. We saw people being gently walked across the room by one and sometimes two staff. They were careful to go at the person's chosen speed and there was never a sense of rushing.

People were supported to express their views and be actively involved with decisions about their care and support. People told us they felt involved in how their care was delivered because the staff always asked them what care they wanted on a daily basis. Care records contained evidence that the person or their relatives had been involved in the development of their care plans. One person told us they saw staff updating their care folder. They said, "Staff have to do a lot of paperwork, but they always tell me what is happening or when the GP is coming to visit so it's not a surprise."

Information was displayed on the notice board in the home about how people could access an advocacy service. Advocacy services use people to support, enable and empower people to express their views.

People told us they were treated with dignity and respect. One person said, "I used to worry about someone washing me, but the staff make it normal and I don't have to get embarrassed at all. They are so kind to me." Another person told us the staff encouraged them to do what they could for themselves and then give them privacy until the person was ready. They said, "I never get embarrassed now. I just get on with it. If I have a bad day when I am really stiff, they just take over after asking me if that is ok."

Staff described how they treated people with dignity and respect. One staff member said, "I always cover people with a towel and close the doors and curtains to make it private." Another member of care staff said, "I always ask people if they want care before I provide it." They told us it is all about communications and what the person wants.

We observed one person being hoisted from a wheelchair, back into an easy chair in the lounge. This task was performed by two staff who talked the person through the process and tried to retain the person's dignity as they had a flowing skirt on. Staff received dignity training and this had been discussed in supervision sessions.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We asked people if they received care from their preferred gender member of staff. They said, "I find them as good as each other, so I don't really mind if it is a male or female member of staff." A relative told us their family member was nervous about male staff at first, but they are so sweet to my relation they probably prefer them now."

Staff told us people were treated as individuals and made personal choices. They said it is all about what the person wants and how they prefer their care. We were also told by staff that some people had to complete exercises daily and felt embarrassed doing them in the lounge, so staff got everybody doing them and join in themselves if they have a moment or need to get things moving along. We observed staff responding promptly to people when they required assistance or support.

Care plans identified aspects of care that people could do independently, while also identifying areas of support. For example, staff talked about people who lived with dementia and how they communicated with them effectively. However, the care plans we sampled for people receiving intermediate care were not person centred. The registered manager told us they were working with the intermediate care team to address this issue. The provider had employed a care plan coordinator who was in the process of updating care plans to ensure they were more person centred.

People were supported to take part in activities. Good links with the local community had been forged. Students from a local school came to entertain people. In addition students from the local university spent time visiting and getting to know people as part of their work experience.

There was a good rapport between people and staff and the ambience was pleasant, calm, ordered and happy. Staff talked about varied topics and proved that they knew the people they were taking care of and wanted to be in communication with them and enjoyed interacting. One person was watching a TV program and asked a staff member some questions relating to the programme. The staff member responded to the person and they had a discussion about the programme. If someone was "not themselves" staff encouraged people in several different ways to participate in conversation or an activity to make sure people achieved their goals. Staff had people's best interests at heart.

"The provider's representative and staff told us that monthly religious services took place at the home. Some people were able to take the level walk to a near-by local place of worship."
People had attended Strawberry Tea events and there was a good rapport between the home and the local community generally. The registered manager told us about specific days out to the man-made beach in the city centre and how they encouraged family and friends to go out together.

People did not raise any concerns or complaints about the care they received as they told us they were satisfied with the service provided. People received a copy of the service guide that contained a copy of the complaints procedure. Staff were aware of the complaints procedure and the process they were required to follow should a person or relative make a complaint. The complaints procedure was available in the

reception area of the home. We saw a copy of the complaints log and most complaints had been resolved. There was one outstanding at the time of our visit, but this was being dealt with.

Good

Is the service well-led?

Our findings

People and their families had the opportunity to be involved with the running of the home. One person said, "We have monthly residents' meetings which sometimes the relatives come to as well. There is usually a good turnout and we can discuss anything that we want." We asked if they had ever complained about anything and was told, "I have actually. The laundry. It gets lost sometimes and takes a bit of finding again. I am not sure why as my number (room) is [labelled] in everything I own." We spoke to the person responsible for the laundry and they had a system in place. They knew all the people living in the home. They told us they knew which items belonged to who, however sometimes names were missing or removed through the wash. They said the system sometimes was disrupted when they were not available for work. We spoke with the provider's representative who said they were aware of the issue which had been raised in a monthly meeting, which we saw the minutes of. They told us they and the registered manager were looking at ways to improve this.

The culture of the home was open, honest and focused on individual needs. Systems were in place for people and their families to feedback their experiences of the care they received and make comments. We saw management had sent out questionnaires. Comments received were overall positive. For example one person said that they were very happy and staff were caring and always there if you needed them. Another person commented that the home was very welcoming and friendly.

Staff told us they felt supported in their role, they felt listened to and valued. One staff member said, "The [registered] manager is approachable and very fair."

The registered manager told us they regularly met with the provider's representative to discuss best practice for the home. They told us they discussed the things that worked well and the things that could be improved to help them increase the quality of the service that people received. We observed the registered manager interact in a positive way with people and staff.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and their team and also by representatives of the provider. The registered manager told us they completed a number of audits, which covered safety and cleanliness of the premises. Other audits were carried out in the areas of infection control, care records, medication, health and safety, laundry, kitchen and domestic areas. This told us the provision of the service was monitored regularly and that they had a plan and time scale in place they had to adhere to. This was to ensure they were monitoring the service they provided was effective and efficient and people received the care they wanted.

A registered manager was in post. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Their roles and responsibilities were discussed, including those of night staff. Staff told us they had handover meetings at the end and start of each shift. They also used a communication book to keep all staff informed of any changes in people's needs. One staff member said, "The handover and communication book are useful and we get enough information about the people who

use the service. We can raise questions and issues if needed."

The management and staff worked well with other health care professionals and outside organisations to make sure they followed good practice. We noted the provider followed their legal obligation to make relevant notification to CQC and other external organisations.