Medina View Limited

Wollaton Park Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection, which meant we did not notify the care home of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. There was a registered manager in post on the day of our visit. There were no outstanding breaches from the last inspection.

Wollaton Park provided accommodation and nursing for up to 40 people who have nursing or dementia care needs. There were 33 people living in the home at the

Summary of findings

time of our inspection. The home also provided intermediate care for people who needed care and support on a short term basis, when they first left hospital.

We found that the provider did not make suitable arrangements to ensure people who lacked capacity received appropriate assessment.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff were aware of the MCA, but lacked understanding of Deprivation of Liberty Safeguards (DoLS). This meant there was a risk that people could be restricted without the appropriate safeguards being in place.

This was a breach of Regulation of the Health and Social Care Act 2008. (Regulated Activities) Regulation 2010. You can see what action we have asked the provider to take at the back of the full version of the report.

All of the people we spoke with told us they felt safe and that staff were kind and compassionate. We saw staff interacting with people in a calm and respectful way.

Staff we spoke with was caring and knowledgeable about the people they supported. They treated people with dignity and respected their privacy. People's specific care needs were assessed and care workers were made aware of these in plans of care. They alerted health care professionals if they had any concerns.

We observed people participating in activities, such as reading newspapers, completing puzzle books and one person was knitting. We also saw staff supported people to be involved with the local community.

The provider had adequate systems required by regulations to assess and monitor the quality of service provision, but in relation to complaints and safeguarding referrals there were no audit trails. to ensure complaints were satisfactory addressed.

Staff training arrangements were good and staff we spoke with told us they attended training regularly to support them do their job. Other staff talked about the induction process and how they felt supported by the management.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider and staff did not have a good understanding of Deprivation of Liberty Safeguards (DoLS) and what this means for people using the service. They lacked knowledge in regards to DoLS referrals and how they should be made.

The provider operated an effective recruitment processes to ensure that people were suitable to work with vulnerable people. However, where people were unable to consent to their own care we did not see that the protections of the Mental Capacity Act 2005 were observed.

Care staff had a good understanding of what to do if they saw or suspected abuse. They were clear that this should be reported to the managers of the service and the local authority.

Is the service effective?

Good

The service was effective.

People told us their needs were properly met. We found when people needed support staff were accommodating and cared for people in a kind and respectful manner.

People received food and drink to ensure they maintain a well-balanced diet. We saw people enjoyed their food.

Staff attended relevant training to ensure people received effective care.

Is the service caring?

Good

The service was caring.

We found all staff had a good understanding of people and how to meet their needs. All the people who used the service we spoke with complimented the staff and how they interacted with them on a daily basis.

We found people were encouraged to form meaningful relationships and staff supported this.

Is the service responsive?

Good

The service was responsive.

We found care was individualised. We observed staff responding to people's needs and they adhered to their choices and preferences.

Staff responded to people needs in a timely manner.

People were encouraged to participate in activities with in the home and the local community.

Summary of findings

The provider made the complaints procedure available to people who use the service and their families. However, there were no audit trail to analyse themes and trends to ensure complaints had been responded to and where necessary improvements made to the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not always have adequate systems in place for assessing and monitoring the quality of service provision.

The service worked alongside key organisations. who arranged short term care for people who leave hospital and were unable to return home straight away. However the communication regarding care and treatment was sometimes unclear.

There were plans in place for emergency situations, such as an outbreak of fire. Staff understood their roles and responsibilities should an emergency occur.

Wollaton Park Care Home

Detailed findings

Background to this inspection

The inspection team consisted of an inspector, specialist advisor with a nursing background and an expert by experience. An expert by experience has personal experiences of using or caring for someone who used this type of service.

We visited the home on the 4 and 5 August 2014. We spoke with 16 people who use the service, three relatives, and one senior care staff, two care workers, one care coordinator, the registered manager and the registered provider. We also spent time reading documents, looking at eight care files, audits undertaken by the manager, four staff files and a number of policy and procedures.

During the inspection we spoke with 16 people living at the home, three relatives, one senior carer, two care workers, one care coordinator, the registered manager and the registered provider.

We also completed a Short Observational Framework for Inspection (SOFI). SOFI is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because of cognitive or other problems.

Before our inspection the provider sent a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements that they plan to make. We examined any notifications that were received by the Care Quality Commission. A notification is information about important events which the provider is required to send us by law. We used this information to prepare for the inspection. We contacted the local authority which had responsibility both for safeguarding and commissioning services. We took the information they provided into account in this report. We reviewed all the information relating to this provider held at that time by the Care Quality Commission.

Requires Improvement

Is the service safe?

Our findings

People who used this service were not always safe. The provider was not following and had not implemented the process for Deprivation of Liberty Safeguards (DoLS). Some of the actions taken to keep people safe meant that people without the mental capacity to make decisions were restricted.

None of the people we spoke with or their relatives had direct concerns about abuse in relation to the service provided, but we found one person had a barrier in front of their bedroom door. When we spoke with the manager and they told us this person had capacity to make decisions for themselves, which included giving consent for the barrier to be in place. The manager also told us the person was fully aware of the barrier in place as it was to stop people entering their bedroom not to restrict the person getting out. The provider and manager lacked understanding of the new Supreme Court ruling and what this meant for people whose liberties were restricted.

We looked at the persons care file and found no mental capacity assessment had taken place or discussion to say the person had consented to the barrier across the doorway. We also found a barrier across another doorway to a bedroom. When we looked at this persons care file we found there had been no DoLS referral implemented or taken into consideration for the restriction that was in place. When we discussed DoLS with members of staff they were unaware of what this meant for the people who lived in the home. However, we saw a risk assessment had been completed to clarify what staff should do to ensure the person was aware the barrier was in place. We found there had been a best interest check list completed to ensure the person was safe in and around the building.

We spoke with the manager and they told us the barrier had been put in place, because the person's room was upstairs and they wanted the person to be safe to move around their bedroom freely. They told us the person was never alone in their room when the barrier was in place. We were unable to speak with the person about this as they lacked capacity, but we did speak with the person relative and they confirmed the person was never alone in their bedroom.

This was a breach with Regulation 11(2) of the Health and Social Care Act 2008. (Regulated Activities) Regulation 2010.

The provider told us they had identified this was an area of concern. They showed us records of discussions that had taken place regarding training for staff in mental Capacity Act (MCA) 2005 and DoLS. However, the provider was in the process of arranging this training, but it had not been given at the time of our inspection.

All the people we spoke with told us they felt safe living in the home. One person said, "There are incidents occasionally because some people are a bit confused, which is a bit frightening, but the staff are very good at handling them and soon calm everything down again." We saw from the staff training plan that staff had received safeguarding training along with challenging behaviour. One care worker we spoke with talked about how they distracted one person when they showed signs of challenging behaviour. They said they were aware of the person's triggers and it was best to support them on a one to one basis. We saw in the person's care plan that there were instructions on what staff should do if an incident occurred. This meant staff was able to manage risk appropriately.

All staff we spoke with confirmed they had received training in safeguarding adults, which helped them to protect people and keep them safe. One staff member told us if anyone living in the home should raise a concern with them or they were to witness a concern they would follow the appropriate procedure for reporting such concerns.

All staff had an awareness and understanding of what potential abuse could be and how to recognise abuse and stop it from happening.

We asked some of the staff where the key challenges were for the home. They told us it was to keep people safe by providing good safe care.

The registered manager told us their key concern for the home was providing care for the intermediate unit. They told us they were unsure who they were caring for until the person arrived at the home when admitted from the hospital. The manager told us sometimes information was not submitted with the person and this made it difficult for staff to assess the person's needs in the first instance.

Concerns had been raised to CQC regarding the care on this unit. We spoke with one member of the intermediate team and they told us the staff at the home mostly provided good care for people on the unit. When we asked what this meant they told us there had been times when some

Requires Improvement

Is the service safe?

people had not received the care they required as communication and instructions had not been followed correctly. People were at risk of not receiving the correct care and treatment. When we spoke with the registered manager they told us the provider had tried to address this by employing a care coordinator specifically to coordinate the care in this area. This process was new at the time of our visit and we were unable to see any positive effects for people who used this unit.

The provider operated an effective recruitment process to ensure that people employed were suitable to work with vulnerable people. Staff we spoke with confirmed they had undertaken appropriate checks before starting work. We looked at the staffing files for four of the staff 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.

Good

Is the service effective?

Our findings

People told us their needs were properly met by knowledgeable staff. One person said, "I need help when having a bath. I can't have a shower because my feet slip." They told us staff helped to support them to ensure they can wash themselves independently. This meant the person's preference and choices were adhered to.

We saw the staff had attended relevant training courses to support them in their role to ensure people received effective care. One member of staff told us they had completed training in areas such as food hygiene, infection control and challenging behaviours. We looked at the training programme and found the areas had been identified. The registered manager told us they monitored staff development to ensure they acquired the skills and knowledge they needed to support people who lived in the home.

Staff records identified they had completed an induction, regular supervision and appraisals to ensure they were supported by the management. One staff member told us they found the induction process beneficial and felt supported as they had a named member of staff to shadow before they provided any care. They also told us they had to be competent in the care tasks they had to deliver. They were observed performing the tasks and signed off by a senior staff member to say they were competent to deliver care. This showed the provider had systems in place to ensure staff were fully skilled to carry out their responsibilities.

We saw people received plenty to eat and drink throughout the day. We found the outcome very positive and people received the care and support they needed. One person told us they were a vegetarian and were always offered a vegetarian option at meal times. We looked at the person's care file and the nutritional assessment confirmed this.

Staff we spoke with was able to tell us who was vegetarian and who required special diets. One staff member told us they remember that one person who was at the home for respite liked Jamaican food and they had to order this in specially. We found that people's needs and choices were adhered to.

We saw people enjoyed their food and they received sufficient to eat. Staff asked people if they wanted any more food once they had finished their food. Meal times were protected; this meant people could eat their food without interruptions. The manager told us this was to ensure people's nutritional needs were met.

People were supported to maintain good health and discuss their health need with the staff. One person told us they get their medicines for pain relief promptly and they were never left in pain. They said, "They [staff] are constantly asking if I have any pain." The person also told us they were very nervous when they first came to the home, but the staff showed them a lot of consideration." This meant people were involved in discussion in regards to their health and wellbeing and if required additional support or intervention would be given.

The provider also provided intermediate care for people who had just left hospital and could not support themselves at home and needed some rehabilitation for a short period of time. One person spoken with said, "It's very good here, but I didn't know I was coming here from the hospital. The food is very good here, always two or three choices." We found good documentation by the intermediate team. All notes "included printed information" regarding people's specific medical conditions – such as dementia and schizophrenia. Staff told us they liked seeing people's conditions improve with appropriate care and treatment. One staff member said, "I get job satisfaction when I see someone's care and treatment has been effective."

Good

Is the service caring?

Our findings

People told us the staff were kind and compassionate towards them. We observed a number of warm interactions between people and the staff. One person told us they were pleasantly surprised. They said, “Everyone is so lovely to me.” Another person said, “I get very emotional and feel sorry for myself, but [staff] give me a hug and are very kind.”

We observed people having positive relationships. We found staff supported people to bond and encouraged these friendships to take place. Two people told us they were ‘best friends’ and we saw them being seated together. One of the relatives we spoke with said, “It’s lovely here. My family member really enjoys the company and has some lovely friends here.” This meant staff were aware of people’s friendships and encouraged them to develop.

We observed staff caring for people and involving them to make decisions about what they wanted. One staff member was getting a person a drink of tea and they asked the person how they would like their tea.

People were seated in small groups in the lounge area and we observed them chatting to each other. We heard staff asking people where they would like to be seated. This meant they were encouraged to make the decision for themselves.

We observed the atmosphere of the home environment to be calm and relaxed. People were not rushed or ignored

We spoke with a relative who was visiting the home. They said, “They [staff] always contact my sister [who has power of attorney] if there is anything they need to change for [person name] or if there are any decisions to be made.” We looked at the person’s care file and the records confirmed this was the procedure for staff to follow.

The registered manager told us when people who lacked capacity or if a person needed a representative to help them make decisions they arranged for the person to be supported by advocate. (Advocacy is to ensure people are able to speak out, to express their views and defend their rights.) This was to ensure people fully understood what the decision and discussions were right for them.

We saw satisfaction surveys had been sent out in January, February and July 2014. We saw comments such as “They helped me get back on my feet, because of the support they give me.” “With the help of the home I am on the road to recovery.” A relative told us there were monthly resident and relative meetings. They said, “We are encouraged to comment and make recommendations to the home.” This meant people were able to express their views.

People told us they were respected by the staff and described how they knocked on their bedroom doors before entering. We observed staff speaking to people in a kind and respectful way. Staff we spoke with told us they had attended dignity training and described how they treated people with dignity and respect at all times. We saw policies and procedures were in place to ensure staff understood how to respect people’s privacy. We observed staff spending time with people and using their first names when talking with them.

Good

Is the service responsive?

Our findings

During our inspection we found people were receiving responsive care because their individual needs had been assessed. For example, one person was assessed as being fully independent, but needed support when using the stairs. We spoke with the person and they confirmed this was correct. This meant people received the care, treatment and support they needed.

We saw care plans contained information about people's preferences, likes and dislikes. Where appropriate we saw people's individual needs and requirements had been identified. For example, one person's care file stated they liked to receive a paper in the morning. We observed this person reading the paper on the day of our visit. This meant their personal choices were respected.

Three staff we spoke with described two people's care needs. They told us about different aspects of their care. They were able to describe what this meant for each person and how their care was personalised to suit them.

The provider told us people who lived at the home had access to twice monthly visits from a GP. We spoke with one of the GP's responsible for people who lived at the home. They told us they had a good relationship with the home and were happy their patients were receiving appropriate care. The provider also told us they had regular meetings with other healthcare professionals to ensure they provided a responsive service. We looked at three of the care files and the information confirmed this.

People and their relatives told us they had regular resident meetings to discuss arrangements for the home. Such as the use of the conservatory kitchenette for people who lived in the home and their visitors. The manager told us when these meetings took place all attendees would go out for lunch after the meeting. This meant people were encouraged to have links with the local community.

We saw some people were taking part in one activity as a group. Others were participating in individual activities, such as knitting, completing puzzle books or reading the newspaper. One person told us there is always plenty to do and I really enjoy having the company [of other people]. I was lonely before I came here."

We saw weekly activities were advertised and on the day of our visit it stated 'music.' We observed this did happen and people looked like they enjoyed it very much. We saw people were more active and the whole group joined in. one person told us they loved singing, it made them feel happy. This meant people had access to activities that were important to them.

No one we spoke with raised any concerns or had any complaints about the care or service they received. All the people we spoke with said they knew who to make a complaint to and had seen a copy of the service user guide. We saw the complaints policy was available as part of the service user guide and on the notice board in the home. The provider told us they had received two complaints about the service in the last twelve months and both were resolved within the timeframe of their complaints policy and procedure. However, when we asked to see the documentation the manager told us they had been archived or were on individual care files. They were unable to show us the documentation as there was no audit trail or analytic information available. This meant we could not tell if the complaint had been resolved in a satisfactory way.

Requires Improvement

Is the service well-led?

Our findings

All the people we spoke with felt the manager was approachable. All staff told us they felt supported by the management. They told us there were opportunities to discuss any concerns they had about the people who lived at the home. They said they felt listened to by the manager if they made any suggestions for improvements to people's care and treatment. Staff told us they had participated in regular team meetings where they were given the opportunity to discuss any matter of importance to them. We saw copies of minutes for team meetings, which confirmed that a variety of topics had been discussed, including feedback from staff members on what worked well and what had not gone so well. They said they discussed key achievements for providing good safe care and challenges that arise if they don't work together as a team.

The provider did not always have adequate systems in place for assessing and monitoring the quality of service provision, or the service that people received. The registered manager completed quality checks throughout the year. The provider also visited the home most days and completed visual assessments, but nothing was recorded. We saw the complaint procedure was made available for people who used the service and their families. However, we found no audit trail to analyse themes and trends to ensure complaints had been responded to and where necessary improvements made to the service.

We saw care plans were reviewed on a regular basis. This showed that the home and the care and support provided were checked on a regular basis by a member of the provider's management team.

We spoke with the registered manager about any improvements that had been made or were planned for the home. They told us there was work on going for restructuring the care plans and they were introducing "my day" for all people living in the home. This was to ensure we could see what people have achieved throughout their day. The manager also discussed they were moving to an online drug ordering system to make sure people received their medication in good time.

We saw there were plans in place for emergency situations, such as an outbreak of fire. Staff understood their roles and responsibilities should an emergency occur.

The provider told us they had a good relationship with key organisations such as the local authority who confirmed they had no concerns with the care and treatment supplied. However, an organisation the provider worked with who arranged short term care for people who leave hospital, or were unable to return home straight away; told us the communication regarding care and treatment was sometimes unclear and they were working with the home to address this.

We spoke with the local authority and they confirmed the manager worked with them. We saw the registered manager submitted relevant notifications to CQC, which is a requirement of their registration.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulation 2010. The provider did not make suitable arrangements to ensure people who lacked capacity received appropriate assessment. We saw mental capacity assessments had not been implemented for all people living in the home at the time of our visit. Regulation 11 (1) (a) (2) (b)