

Careline Lifestyles (UK) Ltd

Wilkinson Park

Inspection report

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Date of inspection visit:

21 July 2022

27 July 2022

03 August 2022

13 September 2022

Date of publication:

31 August 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Wilkinson park is a residential care home which provides personal care for up to 21 people, including people with learning disabilities and those with complex behaviours. Accommodation is provided over two floors and there are three separate accommodation areas where people live more independently. There were 15 people using the service at the time of our inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Some people had one to one hours with staff. However, records did not always evidence that this one to one support was provided.

Right Care:

Some people told us that activities at the service was limited. Records of activities which people took part in were not always detailed or evidenced meaningful occupation.

Right Culture:

An effective system to monitor the quality and safety of the service and ensure people achieved good outcomes was not fully in place. A new manager was in place. She was going to apply to become a registered manager.

Following our visits to the service. we asked the provider to send us an improvement plan which detailed the actions they had taken/were going to take in relation to the issues identified during our inspection. The provider responded and explained that management and their quality and compliance team were monitoring and supporting the home. They also stated that they were in the process of reviewing each individual's activity plans with the support of one of their occupational therapists and had linked up with a charity to provide an opportunity for individuals to meet on a monthly basis for various activities and engagement opportunities. In addition, an artist was employed who provided a fortnightly art. The provider explained that these actions had commenced/were in place before the start of the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 29 December 2020)

At our last inspection we recommended that the provider revisited best practice guidance in relation to infection control and the use of PPE and reviewed their information management system to ensure documentation and information requested by CQC is available and submitted to us in a timely way. At this inspection we found that improvements had been made in relation to the use of PPE; however further shortfalls were identified with infection control and the environment. Action had been taken to ensure information requested by CQC was submitted in a timely manner.

Why we inspected

The inspection was prompted due to concerns received from the local authority about the cleanliness of the environment, the assessment of risk and staff deployment. A decision was made for us to inspect and review the key questions of safe and well-led and examine those risks.

When we inspected, we found there was a concern with meeting people's social needs, so we widened the scope of the inspection to include the responsive key question.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wilkinson Park on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. These related to safe care and treatment and good governance. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (notification of other incidents).

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response in relation to Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (notification of other incidents) is added to reports after any representations and appeals have been concluded.

We have made recommendations in the safe and responsive key questions in relation to medicines management and the monitoring of complaints and concerns. Please see these sections for further details.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Wilkinson Park

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and a member of staff from CQC's operational team.

Service and service type

Wilkinson Park is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Wilkinson Park is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection a new manager was in post who was going to apply to become a registered manager.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 21 July 2022 and ended on 13 September 2022. We visited the service on the 21 and 27 July 2022 and 3 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 staff including the head of care delivery, the head of care outcomes, the registered manager from another of the provider's care homes, the newly appointed manager, senior care workers, an agency care worker, the maintenance man, administrator and chef. We also spoke 10 people and three relatives. We reviewed records relating to people's care and medicines and records relating to staff and the management of the service.

Following our visits to the service. we asked the provider to send us an improvement plan which detailed the actions they had taken/were going to take in relation to the issues identified during our inspection.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong

At our last inspection we recommended that the provider revisited best practice guidance in relation to infection control and the use of PPE and reiterated this to staff as well as reviewing their practice regularly. Whilst improvements had been made regarding the use of PPE; shortfalls were identified with the environment and infection control.

- An effective system to ensure risks were assessed, monitored and managed in relation to infection control was not fully in place. Not all areas of the home were clean.

The failure to ensure people and others were protected from the risk of infection was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014. The failure to ensure an effective infection control system was in place was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Procedures to make sure visitors were prevented from catching and spreading infections were not always being followed and a system to ensure staff were following government guidance in relation to testing was not fully in place.
- External cleaning contractors were visiting twice a week and cleaning staff from the provider's other homes were being used.
- Electronic risk assessments were in place which had been updated to reflect specific risks relating to people.
- Checks and tests were carried out on the premises to make sure the building was safe.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Relevant applications had been made to the local authorities, where people lacked capacity to consent to their care and treatment. However, the provider had not notified CQC of the outcome of all DoLS applications in line with legal requirements.

The failure to ensure the outcome of DoLS applications was notified to CQC was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. This is being dealt with outside of the inspection process.

Staffing and recruitment

- An effective system to evidence that staff were suitably deployed was not fully in place.
- There were no designated cleaning staff employed. Management staff explained that recruitment for domestic staff had been difficult due to the remote location of the service. They explained that night staff carried out cleaning duties.
- Some people were funded for one to one hours for specific activities with staff. People told us that they did not always receive their one to one support. Records did not always detail the one to one support provided or the length of time taken.
- People told us there was a lack of staff who could drive the company vehicles. Most of the drivers at the service were senior care staff, who were unable to leave the building if they were the only senior on duty. This meant that people could only access the local community on certain days.

The failure to have an effective system which evidenced that staff were suitably deployed to meet people's assessed needs and the cleanliness of the environment was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following our visits to the service, we asked the provider to send us an improvement plan which detailed the actions they had taken/were going to take in relation to the issues identified during our inspection. The provider responded and explained that management and their quality and compliance team were monitoring and supporting the home. A private contractor was providing cleaning services and support twice a week and the relevant local authorities were reviewing people's one to one hours. The provider explained that these actions had commenced/were in place prior to the inspection. After our inspection the provider wrote to us to confirm a staff member had been recruited to work as a domestic.

- Recruitment checks were carried out prior to staff starting work to help ensure they were suitable to work with vulnerable people.

Using medicines safely

- A system was in place to manage medicines safely. However, we found that best practice guidance was not being followed in relation to the administration of medicines which the service were managing as 'controlled drugs.' In addition, medicines with shorter shelf life; were not always dated on opening.

We recommend the provider reviews best practice guidance in relation to the management of medicines and reiterates this to staff.

- Other aspects of medicines management were managed safely.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding system in place. Due to a number of concerns at the service, the local authority had placed the home into 'organisational safeguarding.' This meant the local authority was monitoring the

home and supporting them to ensure the correct procedures were in place to keep people safe. The provider was cooperating with this process.



Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An effective system to evidence that people's social needs were met was not fully in place.
- Some people told us that activities at the service were limited. Records of activities which people took part in were not always detailed or evidenced meaningful occupation.
- Some people had one to one hours with staff. However, records did not always evidence that this one to one support was provided.

The failure to ensure records evidenced how people's social needs were met was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following our visits to the service. we asked the provider to send us an improvement plan which detailed the actions they had taken/were going to take in relation to the issues identified during our inspection. The provider responded and stated that they were in the process of reviewing each individual's activity plans with the support of one of their occupational therapists. They had also linked up with a charity to provide an opportunity for individuals to meet on a monthly basis for various activities and engagement opportunities. In addition, an artist was employed who provided a fortnightly art session. The provider explained that these actions had commenced/were in place prior to the inspection.

- People's needs were assessed and electronic care plans were in place

Improving care quality in response to complaints or concerns

- There was a complaints system in place. However, some people told us they had raised a complaint or concern; but no action had been taken. Management staff explained that people's concerns and actions taken, were recorded in their electronic care plans which were overseen by the manager. However, there was no central overview of the number or type of complaints or concerns that people had raised so any themes and trends could be analysed and monitored.

We recommend the provider reviews their system for the monitoring of complaints to help ensure these are effectively analysed and monitored.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to

do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. Management staff explained that this information would be provided, should information be required in a different format.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- An effective system to monitor the quality and safety of the service was not fully in place. We identified shortfalls relating to infection control, staff deployment and meeting people's assessed needs.
- There had been a history of non-compliance with the regulations. The provider had been rated requires improvement and in breach of the regulations at four of the six inspections carried out since 2015. The provider had failed to maintain the improvements made at the last inspection.

The failure to ensure an effective system was in place to monitor the quality and safety of the service and ensure people achieved good outcomes was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following our visits to the service, we asked the provider to send us an improvement plan which detailed the actions they had taken/were going to take in relation to the issues identified during our inspection. The provider explained that their quality and compliance team had reviewed the governance systems in place and were implementing changes, with the operational team. They explained that these actions had commenced/were in place prior to the inspection.

- An effective system was not fully in place to ensure the outcome of DoLS applications were notified to CQC in line with legal requirements. We are dealing with this issue outside of this inspection process.

The failure to ensure the outcome of DoLS applications was notified to CQC was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

- A new manager was in place. She was going to apply to become a registered manager.

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

- There was a system to involve people and staff in the running of the service. Some people told us that they did not always feel involved in the service. We passed this information to management staff for their information. The provider wrote to us following our inspection and explained that their quality and compliance team were reviewing feedback tools for people, families, carers and others, to improve people's

outcomes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management staff were aware of their responsibilities under the duty of candour to be open and honest with people when something went wrong.

Working in partnership with others

- The service were working with the local authority and other agencies to make improvements at the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment An effective system was not in place to protect people and others from the risk of infection relating to the environment. Not all areas of the environment were clean. Regulation 12 (1)(2)(h).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system was not fully in place to monitor the quality and safety of the service, maintain and sustain improvements and ensure people achieved positive outcomes. Regulation 17 (1)(2)(a)(f).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not submitted the outcome of all DoLS applications to CQC. Regulation 18 (1)(2)(d).

The enforcement action we took:

We did not proceed with enforcement action in respect of this breach