

# Parkcare Homes (No.2) Limited

# Wigginton Cottage

## Inspection report

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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?

Good ●

# Summary of findings

## Overall summary

About the service: Wigginton Cottage is a residential care home providing personal and nursing care to seven people with Prader-Willi syndrome (PWS) at the time of our inspection. This is a genetic condition with specific characteristics which include excessive appetite, poor muscle tone and some hormonal imbalance. People may also have a learning difficulty.

Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was meeting the principles of this policy.

People's experience of using this service:

- People were protected from the risk of abuse and risks to safety were assessed and managed.
- People received effective care and support.
- Staff were trained and showed they had the skills to support people with meeting their needs.
- People were supported by staff that knew them well and had positive relationships with them.
- Staff were kind and caring.
- People's needs and preferences were understood and their privacy and dignity was respected.
- People were encouraged to make choices for themselves and maintain their independence.
- People could go to places which interested them and do activities of their choice.
- People were involved in the service and any concerns were listened to.
- The systems in place to monitor the quality of care people received were effective and these identified improvements.
- The registered manager and staff created a positive atmosphere where people were central to the service they received.
- The registered manager understood their responsibilities.
- Learning and partnership were promoted to improve people's quality of life.
- Everyone we spoke with about the service was positive about the changes they had seen and their experience.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published 19 June 2017).

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

Follow up: We will continue to monitor the service through information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

Good ●

The service was safe.

Details are in our Safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Wigginton Cottage

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Wigginton Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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:

This inspection was unannounced.

#### What we did:

Before the inspection visit, we checked the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service such as what the service does well and any improvements that they plan to make.

We reviewed other information we held about the service, such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public and commissioners of the service. We

used this information to help us plan our inspection.

During the inspection we spoke with five people who used the service and two relatives. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with three support workers, a senior support worker, a quality manager and the registered manager.

We looked at the care records of two people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included training records, incident reports, medicines administration records and quality assurance records.

# Is the service safe?

## Our findings

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

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

Using medicines safely:

- At our last inspection in 2017, we found some people did not have their medicines administered safely and this was a breach in regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014 Safe care and treatment.
- At this inspection we found the provider had made the required improvements and was no longer in breach of the regulations.
- People had individual risk assessments and plans in place for medicines administration. Guidance was in place for staff including specific guidance on when to give medicines which had been prescribed on an 'as required' basis.
- People were observed receiving their medicines in line with the guidance and this was done accurately and on time.
- Medicines were stored safely, for example; temperature checks were carried out daily on the refrigerator used to store some topical medicines.
- Medicine stocks were checked on each administration this meant people had their medicines available as prescribed.

Supporting people to stay safe from harm and abuse, systems and processes:

- People were kept safe from the risk of harm and abuse. People told us they felt safe living at the service. One person told us, "I am happy and safe here, staff support me."
- Staff could recognise abuse and describe the procedures for reporting any safeguarding incidents. One staff member said, "We have been trained, we follow the Staffordshire safeguarding procedures, I know how to report things and what the signs are to look for."
- The registered manager understood how to report any concerns to the local safeguarding authority and we could see where incidents had occurred, these had been investigated and reported to the local safeguarding authority as required.

Assessing risk, safety monitoring and management:

- People were involved in their risk assessments and supported to manage risks to their safety. One person told us about how they had discussed concerns about their health with the registered manager and they had made changes to the person's risk assessment and care plan.
- We saw people had specific risk assessments in place to manage their health conditions. These were tailored to the individual and were keeping people safe and well.
- Staff could describe in detail how they supported people to manage their health conditions and the risks associated with it.
- Records were in place to show how people received their support to manage the risk and plans were reviewed on a regular basis.

#### Staffing levels:

- There were enough, safely recruited staff to meet people's needs. Where people required one to one support this was available to them.
- People told us there were always staff around to support them. One person told us, "I get on well with all the staff and they are always available."
- Staff told us there were always enough staff to support people. One staff member said, "We have recruited enough staff now, there is always one to one available for those that need it. It's really good now."
- The registered manager confirmed they worked out how many staff were needed to support people with their activities. They also ensured if people needed one to one support this was available.

#### Preventing and controlling infection:

- The home was clean and well maintained. We found cleaning schedules guided staff on how to maintain the home and keep it free from the risk of infection. One person told us, "We have a home day where we help with cleaning our rooms and doing our washing."
- Staff had received training in infection control and we saw they used protective clothing when supporting people and followed handwashing procedures.
- One staff member said, "The training was good and we have a night time cleaning schedule in place. We have access to personal protective equipment as well."

#### Learning lessons when things go wrong:

- The registered manager told us when incidents occurred they reviewed the incident and these were also considered within the provider governance meetings to look for any trends or learning opportunities.
- The provider had also introduced additional trend analysis but this had not yet been completed, we will check this at our next inspection.

# 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.

Good: 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:

- People were involved in their needs assessments, creating their care plans and reviews. One person told us, "I am fully involved in my care plan. I decide what goes in it. We have discussions about my needs and agree what actions and support are needed we do this on a regular basis."
- People's diverse needs had been considered including consideration of the protected characteristics under the Equalities Act 2010 such as age, culture, religion, disability and sexuality.
- Staff shared examples of how the information about people's protected characteristics had helped shape their care plan and the support people were given.
- Health professionals had given guidance on managing specific health conditions and this was included in people's care plans.

Staff skills, knowledge and experience:

- People received support from staff that had the required skills and knowledge. Staff told us they had an induction and had regular updates to their training.
- One staff member told us, "We have done loads of training which is really good, it's a mix of face to face and online courses. We have specialist training about health conditions and can choose to do additional vocational qualifications as well."
- We found staff had the skills to support people safely. The registered manager had a system in place to ensure staff stayed up to date with their training.
- Staff were supported in their role. Staff received supervisions and had regular meetings to discuss their role and the way the service operated.

Supporting people to eat and drink enough with choice in a balanced diet:

- People told us they enjoyed their food and could choose what they had to eat and drink. One person said, "The food is nice, I get to choose what I want." A relative told us, "The food plan is certainly working, we don't have any concerns at the moment."
- People were supported to maintain their independence with meals. One person told us, "We make our own cereal bars with staff which I really enjoy doing."
- People had risk assessments and clear care plans regarding their food and fluid intake. People were aware of the risks and the plans in place to support them with managing these.
- Staff were knowledgeable about people's needs and could describe how people were supported to in line with their risk assessments.

Staff working with other agencies to provide consistent, effective, timely care:

- Staff told us there were systems in place to ensure information was shared about people's needs and they



received consistent support.

- One staff member told us, "There is a handover at each shift, a communication book and each person had two allocated key worker staff to support them."
- Other health professionals were involved where needed in providing care for people.

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

- The environment met people's needs and suitable adaptation had been made for people.
- People told us they were happy with the home and could personalise their own rooms. One person told us, "I like my bedroom, it's my own space. We are planning a gardening group to put some flowers in the garden which will be nice."
- We saw there were adapted bathrooms in place and people had options for a bath or a shower with bedrooms having ensuite bathrooms for people to use.
- The staff told us there were plans in place for further adaptations to the home. They were planning additional living space to have a games room and changes to the laundry area.

Supporting people to live healthier lives, access healthcare services and support:

- People had access to support with their health and wellbeing. One relative told us, "The staff are looking after and keeping [person's name] very well and healthy." One person told us they were attending an appointment that day and staff were supporting them.
- We saw referrals had been done to other professionals where needed. Advice from professionals had been used to inform care plans and we could see staff were following the advice.
- Staff had guidance in place to support them with helping manage individual health conditions. Staff were observed following this guidance when supporting people.

Ensuring consent to care and treatment in line with law and guidance:

- The 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Where people did not have capacity to make decisions, they 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 understood their responsibilities under the MCA and followed the principles of the MCA. Where needed, people had a MCA and decisions were taken in their best interests.
- When a person was being deprived of their liberty, the service had applied for the appropriate authority to do so.

# Is the service caring?

## Our findings

Caring – this means 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:

- People and relatives without exception told us the staff were nice and kind. One person said, "I really love it here, I like all the staff and they know me really well." Another person told us, "I get on well with all the staff its great here." A relative told us, "[Staff name] is really good with [person's name] they have a good attitude." Another relative said, "We are very happy with the care [person's name] receives at Wigginton Cottage. They appear to be very settled."
- Staff told us they had good relationships with people and understood people's needs and what they liked and disliked.
- We saw kind and caring interactions between people and staff. Staff made sure people were happy and content, they spoke with people about things that mattered to them. They used their knowledge of peoples interests to have conversations about things which were important to people.

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

- People could make their own decisions and choose for themselves. One person told us, "I choose everything really, where to go what to do meals, clothes everything."
- People were making their own day to day decisions and making choices for themselves. For example, we saw people choosing when to get ready in the morning, where they were going during the day and what they wanted for meals.
- Regular discussions were held between people and key workers to consider what people wanted and to update their care plans to reflect this. One staff member told us one person chose a different community location to hold these discussions.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity were respected by staff. One person told us, "The staff always knock my door and wait to be told to come in."
- Staff spoke to people respectfully and ensured their privacy was maintained. Staff made sure everyone understood what the inspection was and they asked if people would be happy to speak with us individually.
- People were supported to maintain their independence. One person was observed making an appointment on the phone for the following day. Another person was observed getting ready for their day out.
- Staff were encouraging people to do things for themselves. For example, people were encouraged to clean their rooms and help with other tasks in the home.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

Good: 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 fully involved in developing and reviewing their care plans. People told us they all had a choice of keyworker, one person said, "You get to choose two each, we swap them around and you always get one of the two you chose to make it fair."
- Staff told us this was so people always had someone allocated to support them and it worked well. They said there were regular discussions about care plans, which people confirmed.
- People's assessments and care plans took account of their protected characteristics. Information about people's preferences relating to culture, religion and sexuality had been considered.
- There were descriptions of the things which were important to staff and their interests on display to help people living at the service get to know staff.
- People told us about the things they enjoyed and how they could follow their interests. One person told us, "I love going to theme parks we have been to loads this year." One relative said, "They have a brilliant timetable for activities, which they also send to relatives, they are always going out and about, and they are all excited about the forthcoming holiday."
- Staff confirmed everyone enjoyed this type of activity so they had bought people an annual pass which gave entry to many different theme parks for Christmas, which was being used now to arrange lots of trips out. We spoke to people about the varied interests they had and everyone without exception felt supported to do things they wanted to do. One person told us, "I volunteer once a week and staff support me to meet up at a club for other people with disabilities, it's nice to socialise with people."
- People had their communication needs assessed and plans were in place to support staff with communicating with people effectively. For example, one person's plan described the type of sentences staff should use to aid understanding.
- We saw staff followed the plans and people told us they had no concerns with how they were supported with communication.

Improving care quality in response to complaints or concerns:

- People had information about how to complain about the service. There were regular discussions with staff and people they supported about the home and any areas they were unhappy about.
- One person told us, "We have meetings called your voice, we can say if we are unhappy about something, staff give us information and discuss any changes with us here too." Another person told us, "If there are any problems, staff and the managers sort it out for us straight away."
- There was a complaints policy in place and we found complaints were recorded, investigated and responded to in line with the procedure.

End of life care and support:

- At the time of the inspection no-one was receiving end of life care.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection we found the providers systems for monitoring and improving the quality of the service were not consistently effective and people and relatives were not listened to and staff felt unsupported. At this inspection we found the provider had made the required improvements.
- People and relatives told us without exception they were engaged in the service and they felt they could approach the registered manager about any concerns they had. One person told us, "The registered manager helped me to sort out concerns with my hours allocated for one to one support. It is much better now, I feel better."
- A relative told us, "We discussed incidents which had occurred and have found a positive way forward now with the new registered manager."
- The registered manager had systems in place to check the quality of the service. There were checks in place to make sure people had their medicines as prescribed. We saw these checks were effective in driving improvement. For example, daily stock checks were carried out to ensure the supply of medicines.
- Accidents and incidents were analysed to prevent reoccurrence and the registered manager had a learning process in place to check for areas of improvement.
- We saw checks were carried out by the provider on care plans. However, one person's risk assessment was found not to have been updated following an incident. This was addressed straight away by the registered manager and we could confirm staff were aware of how to support the person safely. The registered manager told us they would be increasing the audit process to ensure these issues were monitored.

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

- The staff told us the vision was for people to have a good quality of life and manage their health needs safely. We confirmed this was the approach taken through our observations of staff and discussion with people and relatives.
- The registered manager understood their responsibilities and acted on the duty of candour.
- The provider understood their legal responsibility for notifying the Care Quality Commission about significant events that had occurred within the home.
- The rating from the last inspection was on display in the home and on the provider's website in line with our requirements.

Engaging and involving people using the service, the public and staff:

- People were involved in reviewing the quality of the service and making suggestions. We saw regular

opportunities for people to share their thoughts about the service were in place.

People, relatives and staff spoke positively about engagement with the home and could give examples of how things had improved since the last inspection.

- Meetings were held to talk with people about their experience of the service. This included understanding their suggestions for the home environment, their individual needs and group activities.
- Staff were engaged in the service and felt able to make suggestions to the registered manager. One staff member told us, "The registered manager and the deputy are always about, we can raise anything with them and make suggestions, it's so nice to work here now."
- We saw peoples feedback was used to make changes to the service and people told us feedback was given to them during their regular meetings.

Continuous learning and improving care:

- The provider told us in the PIR there were systems in place to continuously learn and improve the quality of the care. For example, they ensured all staff had regular updates to changes in legislation, policy and were given training to support this.
- The registered manager told us they looked for opportunities to extend staff knowledge and undertake training which was confirmed by staff and the records we saw.

Working in partnership with others:

- The provider told us in the PIR they worked in partnership with other agencies and sought advice about peoples care from health professionals and national support services. They told us they made links with the local community for people. People confirmed they had good links to local community groups and accessed these on a regular basis.
- Staff told us and records confirmed there were other health professionals involved in people's care plans.