

Whitwell Park Care Home Limited

The Corner House

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

The Corner House is a residential care home providing personal care to up to 3 people. The service provides support to people with learning disabilities and autistic people. At the time of our inspection there were 3 people using the service. The service had 3 bedrooms, a communal bathroom, lounge and dining area and a large accessible garden.

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

Right Support:

Staff were recruited safely, there were sufficient numbers of staff with the necessary training to support people safely and meet their needs. People were protected from the risk of abuse and relatives told us they felt the service was safe. Risks to people and staff had been assessed and people's care plans were regularly reviewed and updated. Staff supported people to maintain their health by accessing healthcare services which positively supported their health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Staff understood how to promote people's independence and ensured the care they provided treated people with dignity and respect. Staff had received training in equality and diversity and staff supported people to express their views. People's communication needs were considered and met. Medicines were managed safely, and we were assured that the provider had sufficient infection, prevention and control measures in place.

Right Culture:

There was a positive, person-centred culture within the service, people were empowered and included. The registered manager understood their responsibilities and had effective audit systems in place. People's needs were assessed prior to them receiving care and support from the service. People's needs and preferences were highlighted in their care plans for staff to follow.

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

Rating at last inspection

The last rating for this service was good (published 19 October 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service. 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.

Follow up

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?

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.

The Corner House

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.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

The Corner House 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. The Corner House 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

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 3 people who used the service, and 5 members of staff including the registered manager, regional manager, deputy manager and care support workers. We also spoke with 2 relatives about their experience of the care provided. We reviewed a range of records. This included 2 people's care records and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- People and their relatives felt happy with the service provided. One relative told us, "[Person] seems really happy, I definitely think [person] is safe."
- The provider had a safeguarding policy and systems in place for staff to follow. The registered manager knew how to follow local safeguarding procedures if required.

Assessing risk, safety monitoring and management

- Risks which affected people's daily lives were documented and known by staff. The management team monitored and regularly assessed these risks and took appropriate actions to ensure people received care in a safe and consistent way.
- Health and safety checks were undertaken regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs.
- The registered manager regularly carried out audits to monitor the safety and quality of the care people received.

Staffing and recruitment

- Staff were recruited safely. The provider followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to keep people safe and meet their individual needs. During the inspection, we observed people were supported to go out when they wished.
- Staff and relatives felt staffing levels were at an appropriate level. A staff member told us, "We have enough staff, we have a core team that have worked here a long time and know people well."

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Medicines were administered by trained staff.
- Stock levels of medicines corresponded with the records in place. Staff told us they checked the stock levels to reduce the risk of errors. Audits of medicine administration records were conducted regularly by the management team.

- The service was following STOMP principles (Stop the over medication of people with a learning disability). Staff had ensured people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and investigated by the management team. We found appropriate actions had been taken to reduce the risk of re-occurrence.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant 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 had their needs assessed prior to using the service. This ensured the staff team had information on a person's likes, dislikes, needs and known risks.
- People told us about their day to day lives, we also found this information recorded in people's care plans which provided guidance for staff to follow to ensure people's needs and choices were met.

Staff support: induction, training, skills and experience

- People were supported by a consistent staff team who knew them well.
- Staff had completed mandatory training as part of their induction, this included the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The service had effective systems in place to support and supervise staff. Staff received regular supervisions.
- Staff had training specific to the people they would be supporting this included supporting people with a learning disability.

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

- People's support plans clearly detailed their eating and drinking needs and included their likes and dislikes.
- Where risks had been identified in relation to a person choking, we found risk assessments and guidance from external professionals had been included in the person's care plan for staff to follow.
- People were encouraged and supported to prepare food and drink. One person told us about how they enjoyed 'theme nights' where they tried food from different countries and took part in activities or games linked to the country.
- Staff supported mealtimes by making them sociable and enjoyable. We observed staff join people at the table, offering discreet support when it was needed.

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

- People's records showed they accessed support from healthcare professionals to meet their needs such as GP's, Consultants, and Dentists.

- Care records showed where advice had been given by healthcare professionals staff followed this, and staff were prompt in raising concerns or issues.
- People had hospital passports in place to support them in the event they needed to attend emergency care. We found these to provide detailed information for hospital staff on the support people required.

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

- The service was well maintained and decorated to people's choice and preference.
- People had personalised their bedrooms with pictures and items of their choice.
- People told us about the flowers they had planted in the garden, the provider had ensured the garden was accessible and raised flowerpots were in place which aided people being able to pursue their gardening interests.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments were carried out where applicable, these were detailed and completed correctly.
- Staff had received training in MCA and understood how to support people in line with the Act.
- People were supported to access advocacy services. Advocates are independent of the service and support people to decide what they want and communicate their wishes.
- Where people were deprived of their liberty, DoLS were in place and people were supported in line with their agreed plans.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives consistently told us they were happy with how staff treated them or their family members. A relative told us, "The staff are absolutely amazing, I cannot fault them." And another relative told us, "The staff are lovely, they look after [person] really well."
- Staff received training in equality and diversity and understood how to apply this training in the support they provided.
- Care plans contained information about people's choices and personal relationships, and the support staff were to provide to ensure people's individual needs were met.

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

- People were given the opportunity to be involved in their care planning and how they wished to be supported. Care plans were regularly reviewed with people.
- We observed staff offering people choice throughout our inspection, for example, when one person had chosen not to go out with others, this was facilitated, and staff supported them to complete their artwork.
- People attended regular meetings where they expressed their views and put forward ideas for holidays and activities. We reviewed the minutes from these meetings and found staff had actioned people's requests.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged and supported people's independence. For example, people were involved in planning, shopping, preparing food, tasks around the home and gardening.
- Staff had received training in dignity and respect. Staff told us how they put this training into practice.
- People's privacy and dignity were respected. Staff demonstrated this by providing people with discreet support when required and respecting people's decisions and choices.

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 for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Following an assessment of people's needs, care plans were developed in how they wanted to receive their care. Care plans provided staff with detailed information and guidance.
- Staff spoke with knowledge and understanding of the people they were supporting. One staff member told us about the support and reassurance the staff provided to a person when they experienced feelings of anxiety, we found this to be consistent with the guidance in the person's care plan.
- People's needs were regularly reviewed, and support was adjusted as required. The management team evaluated people's care plans monthly or before if a change in a person's need was identified.

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.

- People's communication needs were detailed in their care plans and any support required to ensure these were met.
- Alternative formats were available on request such as easy read, we asked about this and were assured relevant support would be provided if alternatives were required.

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

- People were supported to access their chosen hobbies and interests. Staff supported people to plan their day to day activities and provided people with information on local groups and activities that could be of interest to them.
- People were supported to maintain relationships that were important to them. People and relatives told us how the staff supported and facilitated this.
- Relatives consistently told us about how the service organised and supported people with a wide range of activities. One relative told us, "[Person] leads an active life, they are always out and about and going on holidays." Another relative told us, "They get [person] involved with activities, [person] is very stimulated."

Improving care quality in response to complaints or concerns

- The service had not received any complaints, there were systems in place for responding to complaints

and concerns.

- People using the service, their relatives and staff knew who to speak with if they had any concerns.

End of life care and support

- People using the service were given the opportunity to express their wishes for the care they would like to receive at the end of their life.
- At the time of our inspection, the people using the service were not 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

- Since our previous inspection, improvements had been made to the accident and incident monitoring systems in place. We found effective systems in place to which identified trends and themes. The management regularly analysed this information to ensure any potential risks were identified and mitigated.
- The provider and registered manager had a robust quality assurance system in place which ensured all aspects of the service were regularly audited. Where issues were identified action plans were put in place. For example, where environmental issues had been identified this had been promptly followed up, with appropriate actions taken.
- The service had effective systems in place to support and supervise staff. Staff received regular supervision and told us they felt supported in their roles.
- Staff were clear about their role and responsibilities. Staff had received training which ensured they provided care and support to the required standard.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported to maximise their independence and to pursue hobbies of interest to them. We saw evidence that people were supported to further their everyday living skills and to take part in voluntary work.
- There was a positive, person-centred culture within the service, people were empowered and included. People were actively involved in the day to day running of the service and relatives confirmed this. One relative told us "[Person] is the happiest they have ever been, they do so much more now than they have ever have."
- Staff felt valued and supported by the management of the service. A staff member told us, "The manager is lovely and easy to talk to."

Continuous learning and improving care; 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

- The service had an action plan in place which detailed the areas they had identified for improvement, this included refurbishments of the environment.
- The registered manager understood their responsibility to keep people informed when incidents happened in line with the duty of candour.

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

- People had regular opportunities to feedback to staff about the care they received. We found people were regularly involved in evaluating and updating their care plans.
- People's equality characteristics were respected. This information was recorded in people's care plans and was known and supported by staff.
- Staff told us they felt supported in their roles and felt the provider had strengthened communication and the support networks in place for staff, by introducing forums and meetings with other services managed by the provider.

Working in partnership with others

- The service worked in partnership with other professionals such as GP's and consultants to support people to access healthcare when they needed it which had improved people's outcomes.