

PHUL Ltd

Wellington Park Nursing Home

Inspection report

76 Wellington Road
Enfield
Middlesex
EN1 2PL

Tel: 02083605977

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Wellington Park Nursing Home is a care home providing personal and nursing care to people aged 65, some of whom were living with dementia.

Wellington Park Nursing Home accommodates up to 30 people in one adapted building. At the time of this inspection there were 20 people living at the home.

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

People were safe living at Wellington Park Nursing Home. Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and basic guidance was in place for staff to follow. However, some risk assessments were not always comprehensive and lacked person centred detail.

People were protected from the risks associated with the spread of infection. The service was clean and well maintained.

There were enough numbers of staff deployed to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

Medicines were managed and administered safely. However, whilst all staff had completed medicines training, observed assessments had not been completed to ensure staff competency when administering medicines.

Staff received appropriate induction, training and support and applied learning effectively in line with best practice. This meant people's needs were safely and effectively met ensuring a good quality of life.

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.

Staff were caring and kind and relatives confirmed this. We observed staff responding to people's needs with kindness and respect.

Care plans in place detailed people's needs and preferences. People's care needs were assessed prior to admission and regularly thereafter.

Staff supported people to meet their health and nutritional needs. Staff worked with health care professionals to maintain people's wellbeing.

There were quality monitoring systems and processes in place to identify how the service was performing and where improvements were required.

We have made a recommendation that the provider and registered manager ensure that complete records of the care and treatment people receive were maintained and that systems in place to oversee the quality of care were effective.

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 16 May 2018).

Why we inspected

This was a planned inspection based on the previous rating. We had also received information of concern prior to the inspection around the management of people's health and care needs and the overall management of complaints. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

During the inspection we identified some minor concerns around risk management, person centred care recording, recording and oversight of daily fluid intake monitoring and management oversight processes.

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

The overall rating for the service has remained as good.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Wellington Park Nursing Home

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 Care Act 2014.

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

This inspection was carried out by two inspectors and a specialist advisor nurse. The inspection was also supported by two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One Expert by Experience supported the inspection on-site and spoke with people using the service to get their feedback. The second Expert by Experience contacted people's relatives and friends by telephone to request their feedback.

Service and service type

Wellington Park Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service. We spoke with the nominated individual, the registered manager, the business manager, two nurses and the activity co-ordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us.

We reviewed a range of records. This included five people's care records and 20 people's medication records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, training records and health and safety were also reviewed.

After the inspection

We spoke with seven relatives and the friend of one person living at the home. We also spoke with one senior care worker, two care staff and one domestic staff member. We further reviewed four care plans and associated records. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

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

- Risks associated with people's health and care needs were identified, assessed and recorded within people's care plans. This included risks associated with falls, mobility, skin integrity and swallowing difficulties.
- The home communicated any issues and identified risks promptly to relatives. One relative said, "If there is an issue it's identified immediately and then they speak with me and action is taken."
- However, we found that some risk assessments were not always comprehensive and lacked person centred, detailed guidance for staff on how to minimise risk and keep people safe. For example, where people presented with behaviours that challenge, risk assessments lacked detail around how their behaviours presented, what were the triggers and the actions to be taken by staff on how to support the person safely. Another person, who was diagnosed with diabetes, their risk assessment did not contain enough information on how to manage the associated risks related to this specific health condition.
- Despite the issues identified with the lack of detailed guidance, care staff knew people well and were aware of the actions to take to minimise risk and keep people safe.
- Detailed feedback was given to the nominated individual and the registered manager during and after the inspection. Following our feedback, we were sent examples of risk assessments that had been reviewed and updated. We have reported on this further under the well-led section of this report.
- We saw detailed records of accidents and incidents, and staff understood the procedures of reporting these.
- Accidents and incidents were reviewed monthly and discussed during handover, at staff meetings and individually with staff during supervision. This enabled the staff team to identify trends, review practices and implement learning and further development to prevent re-occurrences.
- The home carried out checks on the environment to help make sure it was safe. These included checks on electrical, gas, water and fire safety and equipment within the home. People had individual evacuation plans highlighting the level of support needed for each person.

Systems and processes to safeguard people from the risk of abuse

- The home had policies and procedures explaining the process of identifying abuse and what actions to take if any harm has occurred.
- Staff received regular training on safeguarding, understood their responsibilities and demonstrated knowledge of how to report any concerns. Team meetings included discussions around safeguarding.
- People told us they felt safe living at Wellington Park Nursing Home. Relatives also told us that they felt their loved ones were safe there. Comments included, "My uncle's safe, happy and well looked after. I go to sleep with a clear conscience" and "I believe that my mother is safe there. She receives an exceptional level

of care."

- The registered manager understood their responsibilities around reporting safeguarding concerns to all relevant authorities including the Care Quality Commission.

Staffing and recruitment

- Processes and checks in place enabled the service to ensure that only those staff who had been assessed as safe to work with vulnerable adults were recruited. Checks included inviting staff for interviews, confirmation of identity, conduct in previous employment and any criminal records.
- Whilst most recruitment checks had been completed, for three staff files we found that gaps in employment had not always been explored and references received had not always been verified with the person who had provided the reference to confirm its validity. We raised this with the registered manager who acknowledged this shortfall and assured us that going forward these checks would be completed more thoroughly.
- During the inspection we observed there to be enough staff on duty to meet people's needs and keep them safe. We saw people receiving one-to-one support where required during mealtimes.

Using medicines safely

- People received their medicines safely and as prescribed. Policies in place supported this.
- Medicines were stored securely. Medicine administration records were complete and there were no omissions in recording.
- Where people received medicines as and when required (PRN), protocols and guidance was in place on how and when to administer these medicines, PRN medicines can be administered to help with pain relief or anxiety.
- Some people received their medicines covertly. Multi-disciplinary agreements were in place confirming the method for administration of covert medication. Covert medicine administration is when medicines are hidden in food or drink without the knowledge of the person.
- Monthly audits were completed to ensure people received their medicines on time and as prescribed. Where issues were identified these were recorded and addressed.
- All staff had received the required training to administer medicines safely. However, observed assessments had not been completed to confirm staff competency when administering medicines. Following the inspection, the registered manager sent us confirmation that staff competency assessments to manage medicines had been completed.

Preventing and controlling infection

- The provider had appropriate procedures in place to prevent and control infection.
- The premises were clean and there were clear processes in place with regards to daily cleaning to prevent the spread of infections. There was also up to date guidance available, including policies and risk assessments, around managing COVID-19 safely.
- Staff said they had access to Personal Protective Equipment (PPE) such as face masks, gloves and aprons, and regular training around infection control. We saw hand sanitiser stations around the home. Relatives feedback included, "New PPE equipment supplied in the home every time I visit" and "Visiting has been handled well by this home."
- People living at Wellington Park Nursing Home were offered vaccinations against COVID-19 and staff encouraged to have theirs too. We also saw COVID-19 related information posters displayed around the home which helped to raise awareness.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We observed people to be eating and drinking well. People were supported with their meals by care staff with dignity and respect.
- People were offered a choice of meals and alternatives if they did not like what was on the menu. One person told us, "I like their cooking. The meat's cooked nice." Another person said, "They come and ask you what you want. I've got no complaints."
- Feedback from relatives about the meal provision at the home included, "The food is good and there is a nice menu choice" and "The cook is excellent and will take my uncle's personal order. He's well-nourished and provided with healthy food."
- Care plans recorded people's dietary needs including any specialist or culturally appropriate dietary requirements.
- Where people's food and fluid intake required monitoring due to specific health risks, this was done. However, records that we looked at had gaps in recording which meant the recording was inconsistent. There was no minimum or maximum recommended fluid intake guidance to measure fluid intake against and there was no record that these charts were reviewed so that if people had not had enough food or fluid, appropriate action would be taken to address this.
- We brought this to the attention of the nominated individual and the registered manager who agreed to review this immediately and ensure recording was comprehensive and complete. We have reported on this further under the well-led section of this report.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were observed to be appropriately supported by care staff, in line with the principles of the Mental Capacity Act 2005 (MCA).
- Care staff understood the MCA and how this translated into the care and support that they delivered. One care staff told us, "We shouldn't presume people with dementia lack capacity. People have choices which need to be respected."
- Care plans documented people's consent and where required, the relative's involvement in the planning and delivery of care.
- Capacity assessments had been completed for people. However, where best interests decisions had been discussed with relatives and involved health professionals, these had not always been clearly documented within the person's care plan. We highlighted this to the nominated individual and registered manager who, following the inspection, sent us updated care plans to evidence the information they had included. We have reported on this further under the well-led section of this report.
- DoLS authorisations had been applied for where required and systems were in place to monitor these when applications were due for renewal.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed prior to their admission to the home so that the service could confirm they were able to meet their needs safely and effectively.
- Despite the challenges posed by the COVID-19 pandemic, the service had continued to complete the pre-admission assessment to include additions screening and checks to ensure people's safe admission to the home.
- Based on information collated at the preadmission assessment, a care plan was compiled for care staff to follow. Care plans were regularly reviewed and updated to ensure care provision was current and in line with the person's needs and preferences.

Staff support: induction, training, skills and experience

- People were supported by care staff who had the training and skills to do so. New staff went through a comprehensive induction process comprising of shadowing experienced staff and completing mandatory trainings including safeguarding, fire safety, first aid, infection control and the Mental Capacity Act 2005.
- The registered manager ensured staff training was current, refreshed regularly and offered additional support where needed. One relative said, "The staff seems to be well trained in dementia."
- Staff told us and records confirmed that they received regular supervision and an annual appraisal. Staff confirmed that they were supported in their role. One staff member said, "We are asked what we think about the job, how are we coping and asked about the residents."

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

- People were supported to access a variety of health and care professionals so that they received effective and timely care and were supported to live a healthy life.
- Where people required specialist input and support, care plans documented the referrals that had been made to the relevant health and care professionals with details of actions and support plans implemented as a result.
- Care staff knew people well and worked together to achieve positive outcomes for people. Daily handovers, weekly and monthly team meetings enabled the team to communicate and exchange information about people so that they were supported with their health care needs effectively.
- Relatives told us that they were assured that the service would access the appropriate health and care support when required and that they were kept informed on a regular basis. Comments from relatives included, "I believe his healthcare needs are fully met and I'm updated on his state of health via phone calls"

and "Staff seem to understand his health care needs and respond well to any health changes."

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

- The home had been adapted, designed and decorated to meet people's needs. The home was person centred and people were able to decorate their bedrooms according to their choice and wishes.
- People were able to access all areas of the home which included the outdoor areas.
- In response to the COVID-19 pandemic, the service had arranged a separate area for visitors to be tested and screened before they entered the home. Visits were then facilitated safely to minimise risks to people living at the home.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Continuous learning and improving care

- The registered manager had systems and processes in place to oversee the quality of care people received. Audits were in place to check medicines management, health and safety, care plans and infection control. However, these did not always identify the issues we identified as part of this inspection.
- We found that some care records lacked detailed information relating to risk and best interest decisions. Where records were kept for monitoring purposes of people's care such as fluid intake, there were gaps in recording and these did not give assurance that appropriate actions would be taken if and when people's fluid intake was low.

We recommend that the registered person identify and implement effective governance arrangements to reduce the risk of people receiving unsafe and inappropriate care.

- During and following the inspection, the concerns identified were discussed with the nominated individual and the registered manager who promptly acted on our feedback and provided evidence and assurance that the concerns identified had been and would be addressed going forward. This gave reassurance that the service acknowledged our feedback and was open and willing to continuously learn, develop and improve the quality of care delivery.
- The nominated individual and registered manager encouraged and promoted learning, development and improvements within the home. Where accidents/incidents had occurred, or complaints or safeguarding concerns had been raised these were discussed at daily handovers and team meetings so that the staff could discuss and implement change where required.

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

- We observed people receiving person-centred care which achieved good outcomes. One person told us, "The staff are very good. They're always good."
- Relatives spoke positively about the registered manager and the way in which the home was managed.
- Relatives felt confident in approaching the management team and felt confident that their issues and concerns would be dealt with promptly. Comments included, "[Registered manager] is the manager and he's lovely. He's a qualified nurse and very helpful. I would prefer to speak with him because he would deal effectively with any issues" and "[Registered manager is the manager and I would always phone and speak with him. He is very much on the ball and will sort things out if needed."

- People were involved in making decisions about the day to day care that they received. Relatives also confirmed that they also felt very involved in the care planning process and that the home communicated regularly with them about their family member.

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 registered manager clearly understood their responsibilities around duty of candour and being open and honest when something had gone wrong. Statutory notifications were completed and submitted to the required authorities including CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives knew the registered manager and the management team and felt confident in approaching them with their comments and concerns. One relative told us, "I speak to the registered manager on a regular basis. He's extremely helpful and professional. I've had no reason to complain."
- People were observed to be involved with day to day decisions about the care and support they received. Relatives also confirmed that they were kept updated about their family member and any changes on a regular basis.
- People and relatives were regularly asked to engage in completing satisfaction surveys so that they could give feedback about the quality of care and support they and their family member received. The last satisfaction survey exercise was completed in March 2021 and feedback was positive.
- Relatives also commented that communication during the pandemic had been good and that the home kept them regularly updated through emails, telephone calls and newsletters. One relative told us, "The regular emails updating on COVID-19 and visiting regulations have been good. I have also received monthly newsletters about what's going on in the home as well."
- Care staff told us that the registered manager was very supportive, approachable and listened to their ideas and suggestions. Regular staff meetings enabled staff to receive regular updates, share experiences and review practices.
- The home worked in partnership with other agencies to support people with their physical health.
- Records seen confirmed that referrals had been made to various healthcare practitioners and these were followed up appropriately.