

Pinnacle Care Ltd

# Wolston Grange

## Inspection report

Coalpit Lane  
Lawford Heath  
Rugby  
Warwickshire  
CV23 9HH

Tel: 02476542912

Website: [www.pinnaclecare.co.uk](http://www.pinnaclecare.co.uk)

Date of inspection visit:

28 August 2019

03 September 2019

Date of publication:

09 October 2019

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Wolston Grange is a residential care home providing personal care and accommodation for up to 39 people living with dementia. The service is made up of three units, the main house is a two-storey building and provides accommodation for mainly older people with dementia. The Lodge is joined to the main house and is a two-storey building which provides accommodation for up to 12 adults with dementia. The Barns is a separate building within the grounds of the main house, which provides accommodation for up to five adults with dementia. At the time of our inspection visit there were 24 people receiving care, 12 in the main house, seven in the Lodge and five in the Barns.

### People's experience of using this service

Changes had been made to the physical environment and the risk management and quality assurance processes. However, further improvements were required to ensure checks on quality were embedded and to ensure care was delivered effectively to meet people's needs.

People received support from staff, however, some people told us they waited for support and did not always have enough to occupy them during the day.

Improvements were required in securely storing hazardous substances, such as cleaning products.

The provider had not identified some risks associated with lone working in parts of the service.

Staff understood how to identify and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People were supported to have their medicines as prescribed. People were supported to have enough to eat and drink to maintain their well-being and were supported to obtain advice from healthcare professionals when required.

Staff understood and practised infection control techniques and had access to protective equipment to promote this.

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. However, staff had limited understanding of some aspects of the Mental Capacity Act 2005 (MCA).

People were supported to make choices about their day to day lives. People and their families understood how to complain if they wanted to.

### Rating at last inspection and update

The last rating for this service was inadequate (published 16 March 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had not been made and the provider was still in breach of regulations.

This service has been in Special Measures since 16 March 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring 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** ●

# Wolston Grange

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

There were two inspectors, a specialist nurse advisor in dementia care and an Expert by Experience in the inspection team. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Wolston Grange 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

The first day of the inspection was unannounced and the second day was announced.

#### What we did before the inspection

We looked at the information we held about the service and used this to help us plan our inspection. We checked records held by Companies House. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with nine members of staff including the marketing manager who was currently working alongside

the nominated individual in order to develop their skills to take over this role in the future and will be referred to in the report as the acting managing director. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the area manager, the registered manager, a senior care worker, three care workers, the cook and a member of the housekeeping staff. We also spoke with two health care professionals about their experience of the service. A health care professional is someone who has expertise in areas of health, such as nurses or consultant doctors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records, including five people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including checks on the quality of care provided.

#### After the inspection

We received further information from the provider to validate evidence found, including an improvement plan detailing actions taken following our visit.

# 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 inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

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

- At our previous inspection we found the provider had not adequately managed risks to people's safety relating to the management of the premises, fire safety, medicines management and infection prevention and there was a breach of Regulations. At this inspection, we found processes to identify risks to people's health and safety had improved and there was no longer a breach. Changes had been made to the environment to improve people's safety, including the maintenance of radiator covers and window restrictors. However, further improvements were needed to ensure the required standards were maintained. Some issues we identified on the days of our inspection, had not been recorded on safety checks, for example closure of fire doors. The registered manager explained they were aware of the issues and explained what action they were taking to ensure people's safety was maintained, however this had not been recorded. They gave us their assurance maintenance issues would be recorded accurately in future.
- Best practice was not always followed regarding the storage and control of substances hazardous to health (COSHH). For example, cleaning products were left accessible to people in some areas of the service and this could cause a risk to people's safety, for example, if they were accidentally ingested. The registered manager and the acting managing director gave us their assurance their COSHH processes would be improved to reduce risks to people.
- Staff understood the importance of recording accidents and incidents and notifying the registered manager of any events. The registered manager reviewed information to identify if any changes were required to people's care needs to keep them safe.
- Information in care plans guided staff on how to support people safely and staff understood how to reduce the risks to people's safety when supporting them. Plans included personal emergency evacuation plans, to ensure people could be supported to exit the building in the event of a fire.

Staffing and recruitment

- There were enough staff to provide support. However, people told us they sometimes waited for support in the main house. For example, one person told us they had asked for a cup of tea in bed on the day of our visit, but they did not receive it. People told us they could obtain support from care staff, but one person told us, "The waiting varied."
- The registered manager explained staff vacancies had decreased since our previous visit and the use of agency staff had declined, which helped to provide more consistent care for people. They explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service. They said there had recently been a reduction in the number of people they supported with complex needs in the Barns and the Lodge, which had allowed care staff to focus more on other people's needs.
- Care staff worked alone in the Barns and the Lodge, supporting people with complex needs including

dementia and mental health. Some staff had concerns about how they would obtain additional support in the event of an emergency in the Barns because it was separate to the main house. We discussed this with the registered manager and the acting managing director who assured us they had introduced a secondary procedure following our visit, allowing lone care staff to obtain support in the event of an emergency.

- The recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to the registered manager and felt assured that these would be taken seriously.
- The registered manager understood their obligation to report their concerns to the relevant authorities and had sent us statutory notifications to inform us of any events that placed people at risk.
- There was limited information for people about how to report a safeguarding concern. The registered manager assured us they would make information available straight after our visit.

#### Using medicines safely

- Medicine processes had improved since our previous visit. Medicines were stored and disposed of securely, and medication administration records in use were accurate, and regularly checked for any mistakes.
- Only staff who had been assessed as competent by senior staff, supported people with their medicines.
- Protocols were in place to ensure people received their medicines when they needed them. However, staff from the main house administered medicines to people in the Barns, because staff in the Barns were not trained to do so. It was not clear how one person's medicine prescribed on an 'as required' basis would be administered quickly in the case of a medical emergency. We discussed this with the registered manager and the acting managing director, who told us they would ensure staff who worked in the Barns were able to administer medicine themselves going forward.

#### Preventing and controlling infection

- Infection control processes had improved since our previous visit and the service was clean. Health professionals we spoke with told us they had seen improvements in the cleanliness of the environment.
- There were systems to prevent and control the risk of infection. For example, a member of housekeeping staff explained how they minimised cross infection by using a coloured coded system to ensure any soiled linen was washed separately.
- Staff had completed infection control training, had access to personal protective equipment (PPE) and wore this when needed.



# Is the service effective?

## Our findings

Effective – this means 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support was not always consistent.

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

- People's needs were assessed in their care plans. Most protected characteristics under the Equality Act 2010 were considered in people's assessment of needs. For example, people were asked about any religious or cultural needs they had. However, improvements were required to obtain information about all the protected characteristics, to ensure people could be supported in an individual way. We discussed this with the registered manager who assured us they would explore ways of obtaining more detailed information in future.

Staff skills, knowledge and experience

- Staff were competent and suitably trained to meet people's dementia needs effectively. However, not all staff had received training to enable them to support people with other needs, such as mental health. Those care staff who had attended a mental health awareness course, gave positive feedback and told us it was valuable and helped them understand how to support people with complex mental health needs better. The registered manager and acting managing director told us they planned for all staff to gain this additional training, to allow more staff to support people with complex needs in different areas of the service. They gave us their assurance the majority of staff will receive the training by the end of November.
- Newly recruited staff followed a formal induction programme and were required to undertake training when they commenced employment. They also worked with existing and experienced staff members to gain an understanding of their role. The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were positive about the standard of the training and told us training gave them the knowledge and skills to support people according to their individual needs. Some staff commented they would find additional training on how to manage behaviour which may challenge, valuable because they sometimes worked alone. We discussed this with the registered manager who assured us they would arrange further training for staff before the end of October.
- Some staff training was not up to date, for example, training in equality and diversity issues. However, we saw gaps in training had been identified and there were plans in place to ensure training was brought up to date during October.
- Staff told us they received supervision and feedback on their performance from senior staff. Staff said they were encouraged to study for nationally recognised care qualifications and progress to more senior roles.

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

- Staff knew about people's individual needs and ensured they had enough to eat and drink to maintain their well-being. People were offered a choice of meals.
- People received the support they needed to eat and drink at mealtimes in the three areas of the service. Meal times were relaxed and some care staff ate with people. Some people used adapted cups and plates to help maintain their independence. People ate in a communal room or in their bedroom, according to their preferences.
- People were offered a choice of drinks during the day of our visit.

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

- Where a need was identified, people were referred to other healthcare professionals such as the GP and community nurses, for further advice about how risks to their health could be reduced to promote their wellbeing.
- Health care professionals we spoke with told us they had positive relationships with staff and people received the care they required promptly.

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.

- Where restrictions were placed on people's care, the provider had made appropriate DoLS applications for authority.
- People's care plans identified whether they had the capacity to consent to their care. However, care plans did not record what support people needed to make complex decisions.
- It was not clear on people's care plans if they had a legal representative to support them to make decisions. Care staff demonstrated an inconsistent level of understanding when asked about this issue. We discussed this with the registered manager and the acting managing director, who agreed to obtain further guidance in this area and assured us this information would be clearly documented in future in order to uphold people's legal rights and care staff would receive further training to improve their understanding.
- Where complex decisions were made in people's best interests, we saw people important to them had been included in making the decision, however it was not clear what had been considered as part of the decision making process.

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

- The service was made up of three units. The main house was not purposely designed to meet the needs of people who were living with dementia. However, the home was spacious and people had room to move around freely. The Lodge was joined to the main house and was a purpose built extension with corridors wide enough to use equipment safely. The Barns was a separate building within the grounds of the main house, which was converted to meet the needs of the people living there. There was a communal garden where people from each part of the service could spend time if they wished.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported or treated with dignity and respect.

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

- People and their relatives told us they felt staff cared about them and knew them well. However, some people told us they waited for support and did not always have enough to occupy them during the day.
- There were caring interactions between staff and people who used the service. One person was displaying signs of anxiety and a staff member gently reassured them until they became less anxious.

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

- Staff explained how they supported people to make everyday decisions about their care. Staff understood people's gestures and behaviours and knew how people preferred to be communicated with.
- People were asked about their individual preferences and these were acted on. For example, people were asked what gender of staff they preferred and care was provided to meet their needs.
- Staff felt confident they could support people to maintain their individual beliefs. They understood some people might need particular support to make them feel equally confident to express themselves.

Respecting and promoting people's privacy, dignity and independence

- People told us care staff acted in a way that maintained people's privacy and dignity. Health professionals told us staff treated people with dignity and respect. For example, people were supported to a private area for any treatment.
- Staff explained how they encouraged people to be independent because it improved their wellbeing.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had mixed opinions of the activities available at the service. Some people in the main house told us, "The staff usually do their own thing in the afternoons, so there's not any activities really" and "I've got no complaints, but I do get bored. We get to 2pm and there's a gap, everyone's looking at one another bored." There was a schedule of visiting entertainers and staff encouraged people to join in different activities during the days of our inspection visits, including reading, a craft activity and singing with a visiting entertainer. The registered manager explained people could choose if they went on trips in the community, such as shopping or lunches out. However, no evidence was provided to confirm how often the excursions took place. Staff planned seasonal activities in the home and had recently hosted a summer fete where people and their families had attended.
- People told us staff knew them well and were positive about how responsive staff were to their needs. One person said, "If somethings bothering us we tell the care staff and they are pretty good at responding."
- Care plans had improved since our previous inspection. Plans contained more personalised information and gave direction to staff that was specific to each individual. For example, how people could be supported to maintain their oral health. This meant people could be better supported according to their preferences.
- Staff knew people well and told us how they identified if people's needs changed or if they needed additional support.
- Staff reviewed people's care needs and preferences with them. They told us people's representatives, including family members were invited to care reviews where people had consented, however some representatives chose not to participate. The registered manager explained they were currently working to improve relationships between staff and those who were important to people at the service. They had personally invited people to social gatherings at the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans and the registered manager told us if people needed information in particular formats, they would ensure these were made available.

Improving care quality in response to complaints or concerns

- We viewed records of complaints made about the service. Four complaints had been made since our previous inspection visit. The complaints had been dealt with according to the provider's policy and resolved to the complainant's satisfaction.

- People told us they could raise concerns without feeling they would be discriminated against.
- The provider's complaints procedure was accessible to people in a communal area. The registered manager told us they welcomed people sharing their views with them about the service because they said it was, "The best way of learning." Staff explained how they would support people to make a complaint if they needed help.

#### End of life care and support

- The registered manager explained what plans there were in place to support people at the end of their lives. They explained training was available for care staff and they would work alongside other organisations, such as GPs, to provide end of life care to people if required.

# Is the service well-led?

## Our findings

Well-Led – this means 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 inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Some processes 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

- At our previous inspection we found the provider had not ensured quality systems or processes effectively monitored the service to ensure people were kept safe and there was a breach of Regulations. At this inspection, we found improvements had been made to the risk management, quality assurance processes and the physical environment of the service. However, some concerns continued and there was a continued breach of Regulations.
- There was a lack of oversight by the provider who had not taken effective measures to correct their service user bands following our previous inspection
- The provider had not ensured all staff had received appropriate training to support people with all their health needs.
- The provider had made improvements to the way it monitored the quality of the service; however, checks were not all effective because they had not identified some risks to people's safety we found during our inspection visit. For example, some actions required to maintain fire doors had not been recorded accurately on fire safety checks.
- Best practice was not followed regarding the storage and control of some substances hazardous to health (COSHH).
- The provider had not identified some risks associated with lone working in parts of the service.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

- People were positive about the leadership of the service. One person told us, "It's very good here." Health professionals told us they had seen improvements made to the service within the last six months.
- Staff told us they felt supported by each other and by senior staff and told us they had seen improvements in the service. Care staff told us, "Things have been running more smoothly due to a more consistent staffing team" and "(Name of registered manager) is very approachable and fair. They will discuss issues and we come to an agreement."
- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about people's care. The registered manager told us, "I am proud of my staff, they are very helpful and they put their soul into what they do. They are a good team."

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

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

- The registered manager understood their obligations for reporting important events or incidents to the CQC. They were aware of their duties under the new general data protection regulations and information was kept securely. The provider information return sent to us by the registered manager, reflected our findings of the service during our inspection visit.
- The latest CQC inspection report rating was on display on the provider's website and at the service as required. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- Staff told us communication was good within the home and they were encouraged to suggest improvements and share information during staff meetings. Staff explained they also shared information about people's changing needs during daily shift handovers. For example, during our visit care staff noticed one person had not eaten well for two days and had supported them to obtain advice from the visiting GP. They identified ways to encourage them to eat and monitored them to reduce risks to their wellbeing.

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

- A survey had been carried out in 2018 with people who used the service and their representatives, prior to the registered manager's arrival at the service. They told us they planned to conduct a new survey soon and would analyse their findings for ways to improve the service and share the information with people. The registered manager explained since they began managing the service, they had spent time contacting people's families and representatives with consent, if they needed information or advice. The registered manager had recently organised a social event at the service and they told us this had improved their relationships with people.
- Staff were given opportunities to share their views of the service and the support they received, at meetings with senior staff. Staff told us they valued these meetings as a chance to share information.

Continuous learning and improving care

- The registered manager told us they had worked hard with the provider to improve the service following our previous visit. They said they felt supported by the provider and gave us their assurance steps would be taken to improve the service in line with current legislation and best practice.

Working in partnership with others

- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that systems or processes were established and operated effectively to assess, monitor and improve the quality of the service and mitigate the risks relating to health, safety and welfare of service users.</p>