

## Care Homes of Distinction Limited

# Wray Park Care Home

### 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

Wray Park Care Home is registered to provide personal care for up to 24 older people. This includes people who are living with dementia. The home is an adapted building with bedrooms on all three floors. The provider has two other nursing homes nearby, all three currently have a quality rating of Good. At the time of the inspection, 19 people were in residence but placement had already been offered to two other people who were about to move in.

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

People continued to receive a service that was safe. The staff team understood their role in safeguarding people- from harm. The management of any risks to people's health and welfare ensured any issues were mitigated. Risks were assessed and plans put in place to keep people safe. The numbers of staff on duty for each shift ensured they could safely provide care and support to people. Pre-recruitment checks carried out by the registered manager ensured new staff were suitable to support vulnerable people. Medicines were well managed and people received their medicines as prescribed. People were protected by the homes infection control policy and procedures.

The service remained effective in meeting people's needs. Staff received the training they needed to meet people's care and support needs and were regularly supervised. The staff ensured people had access to the healthcare support they needed. This included their GP, district nurses, speech and language therapists (SALT) and other allied healthcare professionals. People were provided with a healthy, balanced diet that met their own individual preferences.

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 service was meeting the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

The service was caring and each person received person-centred care based upon their own specific needs. People were relaxed and comfortable in their home. People and families gave us positive feedback about the way they were looked after and used terms such as "Exceptional", "Very kind and caring" and "Always welcoming when we visit". The staff team had a good awareness of individuals' needs and treated people in a warm and respectful manner.

The service continued to be responsive to people's health and social needs. People received person centred care and support. Their care plans were regularly reviewed and care delivery was adjusted to take account of changes in care needs and health status. Referrals were made to appropriate health and social care professionals in a timely manner. The service would pull out all the stops to be able to look after people who became very ill or were receiving palliative care. The service would work in partnership with family and

healthcare professionals to achieve this.

People were able to participate in a range of activities either as a group activity or on an individual basis. The service had developed links with local schools, colleges and the church and had plans to develop these further. People and their families were encouraged to make their views known about all aspects of the service and were listened to, the service making changes where appropriate.

The service continued to be well led. The registered manager and the senior staff team provided good leadership for the staff team. There was a clear focus on continually seeking to improve the service people received. The registered manager was actively involved with other agencies, for example the Surrey Care Association therefore able to keep up with and implement, best practice.

The service had good quality assurance systems in place with regular audits being undertaken. These identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

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

#### Rating at last inspection

The last rating for this service was Good (published January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

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.

# Wray Park Care 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Wray Park is a 'care home'. People in care homes receive accommodation and 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. The registered provider is also the registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. 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. We used this information to plan our inspection.

#### During the inspection

We spoke with three people who lived at the service and four friends or family members who were visiting the service. Because a significant number of people had varying degrees of dementia, we spent a period of time observing how they were looked after, how they spent their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. We spoke with four members of staff, as well as the registered manager.

We looked at three people's care records, together with other records relating to their care and the running of the service. This included policies and procedures, complaints, audits and quality assurance reports.

# 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.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- ☐ Staff understood the processes to follow to safeguard people in their care. The staff team recognised their responsibilities to raise safeguarding concerns if they suspected an incident or event had occurred that may constitute abuse.
- ☐ People were looked after by staff who had been safely recruited. Pre-employment checks included written references that were validated and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.
- ☐ Staffing numbers per shift were enough to meet every person's care and support needs. The staff team had the skills, experience and knowledge to meet their needs. Staff rotas were well managed, and the team worked well together. The service did not like to use agency workers but deployed staff from the provider's other nursing homes if they were short-staffed.
- ☐ When we inspected the service, the home was calm and staff did not appear to be rushed. The staff responded to people's requests for support in a timely manner. Visitors said there were always enough staff on duty. The registered manager ensured the dependency needs of each person was regularly reviewed and staffing numbers adjusted accordingly.

Assessing risk, safety monitoring and management

- ☐ Risks to people's health and welfare were assessed and a management plan put in place to mitigate that risk. These included risks associated with moving and handling, avoiding skin damage, weight loss and difficulty with swallowing. The management plans were revisited monthly to ensure they were still appropriate.
- ☐ Where people required the care team to use equipment to move them about, the service ensured this was done safely. Risk assessments and management plans were in place and staff received training on how to use the equipment.
- ☐ A personal emergency evacuation plan was in place for each person. These detailed the level of support the person would need in the event of a fire.
- ☐ The service had a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe. This included fire safety checks, water checks, checks of the premises, servicing and maintenance of all equipment.

Using medicines safely

- ☐ Medicines were managed safely. Only senior staff who had completed safe medicines administration training and been deemed competent, administered medicines.

- There were safe processes in place for the ordering, receipt, and storage of all medicines.
- Medication audits were completed monthly with other random checks being completed as well.
- If people were able to manage their own medicines, they were encouraged to do so. At the time of the inspection no one was able to do this.
- There had been no medicine errors in the previous 12 months.

#### Preventing and controlling infection

- People lived in a home that was clean, homely and free from any unpleasant odour. Dedicated housekeeping staff were employed who maintained the home to the providers standards.
- Staff received training in the prevention and control of infection and department of health guidance documents were available for the staff to refer to.
- The provider had infection prevention and control policies in place. Staff had access to the personal protective equipment such as disposable gloves and aprons, and cleaning materials.
- Regular audits were completed to ensure safety compliance was maintained.

#### Learning lessons when things go wrong

- Staff knew to report any accidents, incidents or areas of concern to the senior team. Written accident and incident reports detailed what had happened and, what immediate action had been taken.
- Any follow up action was recorded and then signed off by a manager (the registered manager or the quality manager).
- Monthly audits of incidents were completed. The managers looked for any trends to help identify any action that could be taken to help prevent reoccurrence.



# 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.

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

- ☐ Pre-admission assessments were completed with any person considering moving to live in Wray Park Care Home. This was completed by a senior member of staff. This ensured that any prospective 'resident' and the staff were able to determine whether the service was suitable, and care and support needs could be met.
- ☐ People's care and support was reviewed and evaluated at least monthly to ensure they continued to receive support that was effective and person centred.

Staff support: induction, training, skills and experience.

- ☐ People were looked after by staff who were well trained and competent to assist and care for them.
- ☐ The provider had an induction training programme in place for new staff to complete and a programme of refresher training for all staff. Induction training was in line with Care Certificate training to ensure new staff understood the national minimum standards?. New recruits were allocated a senior member of staff to oversee their induction.
- ☐ Regular training sessions were scheduled throughout the year. In the weeks following the inspection, fire safety and COSHH training was taking place registered manager ensured staff were equipped with skills and knowledge to meet people's needs.
- ☐ All staff had a regular supervision meeting with a senior member of staff. This enabled discussions about what was going well and where things could improve. Training and development needs were identified.

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

- ☐ People were provided with sufficient food and drink to meet their individual nutrition and hydration needs. They told us the meals were good and there was always plenty of choice.
- ☐ People's individual needs were assessed and catered for and they were offered choice at mealtimes.
- ☐ People chose where they wished to eat their meals but were encouraged to take their meals in the dining room where possible.
- ☐ Where people needed to be assisted with their meals this was done sensitively and not rushed.
- ☐ Drinks and snacks were readily available throughout the day.
- ☐ The chef and registered manager had worked hard on the menus to increase the variety of vegetables in the diet, reduce the use of red meats and provide healthier options. Feedback from people, staff and family was continually sought.
- ☐ People's body weights were checked monthly, more often if necessary. Where people were at risk of weight loss staff developed a care plan which detailed action required.

- Referrals were made to dieticians, speech and language therapists (SALT), where they were swallowing concerns and GPs. The staff team worked in partnership to ensure people's needs were met.

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

- Staff worked in partnership with other agencies to ensure people's health care needs were met. Examples included GPs, district nurses, occupational therapists and physiotherapist, mental health services and SALT.
- At the time of inspection each person was registered with the same medical centre. Records evidenced that people were supported to access their GP when necessary.

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

- Wray Park Care Home is an adapted Georgian building with a newer side extension at lower ground level.
- The home was well decorated throughout. There was an ongoing programme of refurbishment of bedrooms and communal facilities.
- The majority of bedrooms had ensuite facilities plus there were also assisted bathrooms and wet shower rooms.
- Specialist equipment, for example a tracked ceiling hoist had been installed to meet one person's needs.
- A range of different beds and armchairs, including profiling beds, were provided to aid peoples comfort.

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- All staff completed MCA and DoLS training however it was the senior staff who managed the implementation of any restrictions.
- Senior staff understood the principles of the MCA, how to implement this and to support best interest decision making. Improvements could be made within the service regarding the way best interest decisions were recorded to make things clearer.
- Staff encouraged people to make choices and gained their consent before delivering any care and support.
- The daily routines within the home were flexible and centred around each person's choices and preferences. For example, a number of people chose to get up later in the morning and have a later breakfast whilst others were early risers.
- The service had submitted a number of DoLS applications to the local authority and these were waiting approval. Three applications had been authorised. The provider had systems in place to manage these effectively.

# 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 Good. At this inspection this key question has remained the same. 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.

- ☐ Our observations concluded that people had good friendly relationships with the staff team. Each person looked relaxed in their home environment. We observed a lot of friendly, caring interactions, with positive outcomes for people.
- ☐ Family and friends were complimentary about the staff. Comments included, "The staff are excellent and extremely helpful", "Nothing is too much trouble" and "The staff are so committed to getting things right. They listen and act upon any suggestions we make".
- ☐ Those staff we spoke with all demonstrated great kindness and were proud to work at Wray Park Care Home.
- ☐ A number of staff had worked at the service for many years therefore people were provided with consistent care from staff who were familiar with them.
- ☐ All staff completed equality and diversity training and ensured they treated people with respect and dignity.
- ☐ The registered manager and other senior staff had a very visible, hands-on approach, and ensured high standards were maintained.

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

- ☐ People were encouraged to be involved in decision making about all aspects of care provided. One person said, "The staff are always asking me what I want to do. I can get up in the mornings when I want to and go to bed when I want. My family can visit anytime". A relative said they were always listened to if they made comments and action taken.
- ☐ Regular family forums were held and families were encouraged to share their views and suggestions on how to improve the service. Records showed these had taken place every two months.
- ☐ People's care plans were reviewed monthly and provided an opportunity for them to have a say. Family, where agreed upon, and healthcare professionals were involved in these review meetings where appropriate.

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

- ☐ Those people who were able to tell us said they were treated with respect and dignity, and their privacy was maintained.
- ☐ Our observations during the inspection confirmed that people were treated respectfully and their dignity was maintained. People were encouraged to be as independent as they were able, and to mobilise within their own limitations.

- Friends and family told us, "We chose Wray Park because it was evident when we were looking for a care home that the staff were kind and respectful" and "We never visit at the same time, but we always find mum neat and tidy and clean. That would be important to her".
- People were supported with personal grooming and staff had sustained those things that were important to them. This included their preferred style of dress, shaving, nail care and access to visiting hair dresser.

# 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 Good. At this inspection this key question has remained the same. 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.

- ☐ People received personalised care that met all their care and support needs. People told us they were well looked after. We observed the care team attending to people. They were attentive and vigilant and acting upon requests for support in a timely manner.
- ☐ Each person had a plan of care. The provider was in the process of transferring over to an electronic care planning system and proposed to update the information in the plans where needed. One person's mobility plan had not been updated since a change in the use of equipment had very recently been implemented.
- ☐ The service had purchased a specialist chair/motorised stair climber specifically for one person. This enabled the staff to move the person from ground to first floor without the need for staff to carry out multiple transfer movements. This was an example of how responsive the service was to changes in people's care needs.
- ☐ People were involved in developing their care plans and in subsequent reviews where this was possible. Family also contributed when required.
- ☐ Staff were knowledgeable about the people they cared for and were familiar with their individual preferences.
- ☐ Relatives confirmed that any change to people's needs were responded to quickly and communication with them was good. Staff maintained daily records for each person and these recorded changes in people's health and action taken.

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.

- ☐ Information was shared with people in line with the Accessible Information Standard. The providers Statement of Purpose, Service User Guide and home's brochure were available in written format. These were issued on admission and copies were kept in the main hallway. These documents were displayed on the provider's website.
- ☐ A communication profile for each person was included within people's care plan and their individual needs were met.

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.

- The service understood the importance of meeting people's social and emotional needs. People were offered and provided with a range of activities. People were encouraged to express their views about what they would like to do and share new ideas. Some activities were for groups of people and planned whilst others were ad-hoc, dependent on what people wanted to do.
- One person told us they liked the music and dancing events. Another person liked "To be left alone and do their own thing".
- On the day of inspection, a physical exercise session was arranged followed by a reminiscence activity.
- The service was developing the profile of the home and being part of the local community. Local school children had already visited the home to sing to people, along with a monthly visit by the church. Trips were planned with individuals who liked to shop for their own toiletries for example. At the time of this inspection, the home did not have any links with outside social activities, for example dementia cafes.
- Events throughout the year were celebrated. In the summer the home had held a barbeque and this had been attended by family, the staff team and their families. Photographs were displayed of the event. One relative told us, "It was a fabulous day and good to see mum so happy".
- The service knew the importance of maintaining family support and other important relationships so that people lived a life of their choosing. Visitors to the home were welcome at any time.

#### Improving care quality in response to complaints or concerns.

- The service had a complaints procedure. This was included in the service user guide and a copy displayed in the main hallway. The service had not received any formal complaints in the previous 12 months. CQC have not received any complaints regarding this service in the last 12 months.
- People and families were listened to and any issues they did report were dealt with effectively. One relative told us they had raised a maintenance issue and the matter was dealt with promptly.
- People and their family were encouraged to express their views during care plan reviews and family forums (resident and relatives) meetings.

#### End of life care and support.

- People were supported to remain in their own home, Wray Park Care Home, when they required end of life care, if this was feasible. The staff team would work in partnership with the person's GP, district nurses and palliative care nurses.
- The registered manager and senior staff team spoke of previous occasions where when they achieved the person's wish to remain 'in their own home'.
- One relative told us the staff team had pulled out all the stops to ensure their family member did not have to go in to hospital when their health had deteriorated. They said, "He does not like hospital and got better so much quicker because of being looked after by staff he knew".
- The service had received compliments and donations from families after Wray Park Care Home looked after their family member until their passing. The registered manager told us about one person they had looked after for "Many months" whilst they were receiving palliative 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 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.

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

- ☐ The registered manager and other senior staff led by example and provided good leadership for the whole staff team. There was a strong emphasis on quality with delivery of a person-centred approach to care. Treating people as individuals was consistent amongst all staff.
- ☐ People and families spoke well about the service. Comments included, "The care is exceptional, and the staff are very considerate", "I would recommend this home to others" and "I am very happy with everything here".

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 good processes in to communicate with families, the Care Quality Commission (CQC) and other relevant agencies. One relative said they were always kept informed of events affecting their family member.
- ☐ The service was open, honest and transparent when lessons could be learned and improvements in service provision could be improved. Senior staff told us about the action they had taken after a visiting professional had raised a concern regarding the conduct of another visitor. The staff team had been reminded to act promptly to safeguard the people they were looking after.
- ☐ No issues have been raised with CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- ☐ The service had delivered training for the staff team called 'When an inspector calls', preparing them for an unannounced inspection by CQC. The training covered the Key Lines of Enquiry (KLOEs) and what was expected of them as a team member.
- ☐ The service had submitted their provider information return (PIR) to CQC when requested. This had been completed well and evidenced the provider maintained a good oversight of the service and had a plan of further improvements they planned to make.
- ☐ The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- ☐ The service had good systems in place to monitor and evaluate services provided in the home. Any events that had happened in the home were reviewed and analysed to identify trends. This enabled the service to prevent re-occurrences and improve quality.

- Monthly audits were carried out for medicines, health and safety including the premises, infection control and training for example. Where shortfalls were identified, action plans were developed detailing the improvements that needed to be made.

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

- People were encouraged to express their views in a variety of ways. When the senior staff team were interacting with them, during delivery of personal care, at review meetings and during family forums.
- There were good relationships between people, their families and the staff team.
- Staff received a handover report at the start of a shift so that they were aware of any changes for people in their care. The registered manager and other senior staff had a visible presence in the home and were always available.
- Staff meetings were held every two months. The minutes of the meetings gave details about what was discussed and provided information of any action that was required.

Working in partnership with others

- The service and the provider had worked hard to maintain good relationships within the immediate neighbourhood and local community.
- The service was working in partnership with the speech and language therapy team and mental health services for example to meet individuals care needs. The service also had effective working relationships with outside agencies such as the local authority, district nurses, the GP practice, the safeguarding and DoLS teams and CQC.
- The registered manager is a board member of the Surrey Care Association and is an active member of the Surrey Elderly Care Team – Safeguarding Group. This enables the provider to remain up to date with all current best practice.