Parkcare Homes (No.2) Limited

# Wigginton Cottage

## Inspection report

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Wigginton
Tamworth
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Tel: 0182763441

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20 April 2017

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

We inspected Wigginton Cottage on 20 April 2017 and it was an unannounced inspection. The home provides accommodation and support for eight people who have Prader-Willi syndrome (PWS). This is a genetic condition with specific characteristics which include excessive appetite, poor muscle tone and some hormonal imbalance. People may also have a learning difficulty. At the time of our inspection six people were living at the home. This was the home's first inspection.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not consistently managed to protect people from the risks associated with them and to ensure that people received them as prescribed. The quality assurance systems did not always successfully improve the service. People and their relatives were not always communicated with so that their feedback could contribute to the development of the service. Staff did not always receive the necessary support to equip them to do their job well.

People were kept safe by staff who understood their responsibilities to protect them. Pictorial posters helped to explain to people how to raise a concern or make a complaint. They were also supported to make choices about their care and what they wanted to achieve. They planned their week to make sure they developed their independence and did the activities that they liked. People had busy, active lives which included education and leisure opportunities. They had care plans in place to support this and they were involved in reviewing these regularly.

Communication systems were adapted for each individual to ensure that they understood their plans and could make their own decisions. When they were unable to make a decision then these were made in their best interest in accordance with legal guidance.

There were enough staff available to be able to support people. The staff were knowledgeable about people's condition and understood the risks to people's health and wellbeing. They supported people to manage these risks and this included managing their food and drink. They also supported them to see healthcare professionals regularly to maintain good health.

Staff had been recruited following procedures to check that they were safe to work with people. They had positive relationships with people and respected their privacy and dignity. People were supported to develop relationships in the home and outside to ensure that they had a social network to support them.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.
Medicines were not always managed to ensure that people received them as prescribed. People were kept safe by staff who knew how to identify abuse and report it. Risks to their health and wellbeing were assessed and action was taken to reduce the risk. There were enough staff to meet people's needs. Staff had been checked to ensure they were safe to work with people.

### Is the service effective?

**Good**

The service was effective.
Staff knew how to support people and ensure that their health and wellbeing was maintained. People were supported to make decisions for themselves and if they were not able to do this then decisions were made in their best interest with people who were important to them. People's nutritional and healthcare needs were closely monitored to keep them well.

### Is the service caring?

**Good**

The service was caring.
People were supported in a kind, patient and respectful manner. They were supported to communicate their choices about the care they received and their privacy, dignity and independence were promoted. They were encouraged to maintain and develop important relationships.

### Is the service responsive?

**Good**

The service was responsive.
People led active lives and were involved in planning and reviewing their care. Any complaints or concerns were responded to and action was taken.

### Is the service well-led?

**Requires Improvement**

The service was not consistently well led.
People and their relatives were not always communicated with to develop the service. Systems which should improve the quality of the service were not always effective.

# Wigginton Cottage

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

One inspector completed this unannounced inspection on 20 April 2017. The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us to plan our inspection and come to our judgement.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with four people and also observed the interaction between people and the staff who supported them throughout the inspection visit. We also spoke with two people's relatives about their experience of the care that the people who lived at the home received.

We spoke with the registered manager, a quality manager, the deputy manager, a senior support worker and four support staff. We also spoke with a second quality manager by telephone after the inspection. We reviewed care plans for three people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Requires Improvement

# Is the service safe?

## Our findings

Medicines were not always managed to ensure that people received them as prescribed. When we reviewed medicines we saw that people had not always received them. For example, one person was prescribed two medicines in the evening which helped to regulate their mood and their sleep. Neither of these medicines had been signed for on the medicines administration record (MAR) on one evening. When we reviewed the medicines stock we saw that one was still in the blister pack and the other was missing. This omission had not been noted and no action had been taken to ensure that medical advice was taken. The same person had also refused their medicines on two occasions within the same week. This meant that their health and wellbeing may have been impacted but no follow up had occurred to review this.

Some medicines were prescribed to be taken 'as required' or PRN. One of these had been written onto the MAR to take daily and it had been administered to the person daily. This meant that the person had not taken their medicine as prescribed and may not have taken the amount that they required to manage their pain. The written guidance to enable staff to know when someone may need to take their PRN medicine was not detailed enough. For example, due to one person's condition they may not always recognise pain. One member of staff told us, "The staff who have been here longer know the signs to look for which show that the person is in pain". The written guidance did not detail this but said that the person would request pain relief. The member of staff acknowledged that there had been a lot of new staff who may need to refer to the guidance. Another person took PRN medicines to help them to calm when they were anxious. The guidance was vague and was kept next to guidance for a different medicine that they were no longer prescribed. When people took their PRN medicine the reasons why were not always recorded and so it would be difficult to monitor whether the medicines were administered appropriately.

Some medicines needed to be kept in a fridge at a specific temperature to maintain their integrity. We saw that the medicines fridge was broken and so arrangements had been made to store the medicines in the food fridge. When they are stored in this way they should be in a separate container away from food. We saw that not all of them were and some were stored on the shelf alongside food. Systems which were in place to record the temperature of the fridge had not been followed for over three weeks. This meant that we could not be certain that the medicines were kept at the required temperature to ensure that they were safe to use.

This evidence represents a breach in regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014 Safe care and treatment.

People felt safe in their home and protected from abuse. One person told us, "I would talk to staff about my worries or if I didn't feel safe and I know that they would listen". Another person said, "I do feel safe now. There were a lot of behaviours recently and then I didn't always but I do now". This was because there had been a high level of incidents of behaviours that could challenge in the home recently. When we spoke with the manager about the situation they described the action that they had taken to protect people from abuse during this period. They had made safeguarding referrals and had worked with other health professionals to keep people safe. The manager said, "The situation has now been resolved and we are spending a lot of

time reassuring people and re-building their confidence". We saw that there were posters around the home which explained to people how to raise any concerns that they had. Staff we spoke with understood their responsibilities to protect people from harm. One member of staff told us, "The safety of the people living here comes first and we have a duty to act on any concerns that we have. We have followed plans to protect people before; for example, making sure that people have a staff member with them in certain situations". When we reviewed the safeguarding concerns that had been raised we saw that they had been investigated and reviewed to avoid repetition.

People were supported to manage risks to their wellbeing while living as independent life as possible. The people who lived at the home all had a condition called Prader-Willi syndrome (PWS). This syndrome has specific features which can impact on people's health. For example, people who have PWS have an excessive appetite which can lead to overeating and obesity. People who lived at the home told us how they were supported to manage these risks by restricting calories and managing meals. One person said, "I am happy to plan meals and to live with the restrictions because I am used to it. I have lived with it all of my life". Staff we spoke with had a good understanding of how the support was planned for people to manage this risk. One member of staff we spoke with said, "We keep the cupboards in the kitchen locked. There are set meal times and snack time and each meal is measured for its exact calories. People eat little and often throughout the day and we find that this helps to stop them thinking about food as much". We saw that there were risk assessments and plans in place as well as food contracts which had been designed with people. This showed us that the risks associated with PWS had been considered to help people to maintain their health.

Other risks to people's wellbeing were also assessed and plans were put in place to manage them. Some people sometimes behaved in a way that could cause harm to themselves or to others. Plans were followed which enabled them to manage these behaviours by focussing on positive outcomes for people. For example, we saw that after an incident the staff team and the person affected were supported to re-visit their risk assessment. This was done by someone who worked for the provider who had expertise in helping people to manage their behaviour. Staff we spoke with knew how to support people to manage risk. One member of staff told us, "We meet with the people we are keyworker for and go through things like risk assessments to check they are still happy with them and understand them". Records we looked at demonstrated that risks were regularly reviewed and plans were altered when changes occurred. This showed us that the provider had systems in place to manage risks to people in order to support them safely.

There were enough staff to ensure that people's needs were met safely. One person we spoke with said, "There are usually always enough staff around. We have had a lot of staff leave and so staff from other homes have come to support us which can be a bit strange. I think it is ok at the moment though". We saw that there were enough staff to support people on an individual basis to get jobs around the house completed and to be able to go out. One member of staff said, "We have been short staffed recently but we all pull together and cover when we can to make sure people's lives aren't too disrupted". We saw that staffing levels were planned around individual need and to ensure that people were able to undertake activities such as education and leisure.

Safe recruitment procedures were followed to ensure that staff were safe to work with people. Staff told us their references were followed up and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions. Records that we looked at confirmed this.

Good

# Is the service effective?

## Our findings

People were supported by staff who were skilled and knowledgeable. One person said, "The staff understand our condition well and help us to manage it". Staff we spoke with told us that they were equipped to do their job through training. One member of staff said, "The training is good. The person who did the training on PWS was very knowledgeable and really helped me to understand. I have also recently done some training to assist me to manage behaviours which may become harmful. It was good because it gave me the tools to get out of situations; this puts you at ease". Another member of staff said, "The people who live here know lots about PWS and they are included in helping new staff to understand the condition". We saw that there had been a lot of new staff employed in a short period of time and not everyone had managed to have training in PWS yet. One member of staff said, "I haven't had the training yet but it is the first thing we are told about. We had time to read the care plans when we first started and we also spent time with people and their keyworkers to understand the impact the condition had on each individual". Records that we reviewed showed that staff's training needs were planned and reviewed with them. This showed us that the provider ensured that staff were skilled to support people well.

Staff also received induction training to ensure they were equipped to meet people's needs. One member of staff we spoke with said, "I did shadowing for a few days and then did some on line training. I am going to start the care certificate soon". The care certificate is a national approach to ensuring that staff receive a thorough induction and are able to do their job well. We spoke with the manager who explained that new starters were registered to complete it after their internal induction.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. We saw that staff encouraged people to make as many decisions about their support as they could. Symbols and pictures were used to assist some people to be involved in this. Where people lacked capacity to make certain decisions, their capacity had been assessed and decisions had been made in their best interests. For example, there were restrictions around access to food which had been considered under a best interest review. Capacity assessments also considered when people could have fluctuating capacity; for example, during periods of heightened anxiety. Where people's liberty was restricted DoLS had been applied for. Staff we spoke with were able to explain what these were for and what it meant for individual people.

People had their nutritional needs met and were encouraged to manage their diet and weight closely. One person we spoke with said, "I have lost quite a lot of weight since I moved here and that has helped with my health and independence". One relative told us, "[Name] has lost weight and is very happy with the food".

We saw that meals were planned to ensure that each person achieved their target calories per day and these were regularly reviewed when people's weight changed. Although nutrition was managed people told us that they did plan treats as well and that this was important to them; for example, for film nights.

People had their healthcare needs met. One relative we spoke with said, "[Name] has regular input from health professionals". We saw that staff were responsive to people's healthcare needs. For example, a healthcare appointment was made for one person on the day of the inspection visit to review their medicine. The manager told us that some people had very regular contact from certain health professionals to assist them to remain well. We saw that these appointments were planned and that people were aware of them and supported to attend them. This showed us that staff knew how to support people to ensure that their healthcare needs were met and worked closely with other professionals.

Good

# Is the service caring?

## Our findings

Positive, caring relationships were in place between people who lived at the home and the staff who supported them. One person we spoke with said, "The staff are really loving and caring". Another person said, "They are all nice and kind". We observed that staff treated people with respect at all times and were kind and friendly. They knew people well and shared jokes and chatted freely. They could describe people's preferences as well as things that could cause them distress. For example, we saw that one person chose to spend some time quietly and had items which would encourage relaxation. Staff supported them to do this and explained that the person sometimes found living with other people crowded and this was their way of unwinding. They understood how to support people's human rights and respected their choices. For example, one person told us, "I am a Christian and they make sure I am able to go to church". People knew staff well too and we saw that this was reinforced by staff profiles hung on the wall. They described their interests and hobbies as well as 'What a good day looks like', using the same format as the people's plans. One member of staff told us, "We are like one big family and we do things like that to share our personalities and to make having plans written about you more normal for the people who live here".

People had their dignity and privacy respected and upheld. When we spoke with one person they said, "They are good at respecting my privacy and always knock". We heard one member of staff ask another person if they could put something in the person's room. The person told us, "They always ask before they go in". When we spoke with one member of staff they told us that one person had joined a group where they were encouraged to talk about their feelings. The member of staff said, "The person didn't feel that they could speak freely with staff escorting them and so staff now wait outside while the meeting is happening".

People had their personal belongings in their rooms and in the rest of the house. They also had their own pets that they cared for. One person told us about their pets and how they had chosen their names. They said, "I look after them every day". This showed us that the provider ensured that people had roles that were important and gave them a feeling of self-worth. We also saw that people who lived at the home were encouraged to care for each other. For example, they were asked to consider other people's feelings and to allow each other to speak. They also had activities planned as a group which encouraged friendships and interaction.

Independence was encouraged and promoted. We saw that people were supported to be involved in looking after their home; for example, there was a rota for helping to prepare the meals. We saw that one person was going to the shop and they were supported to consider how much money they had so that they could make a decision about what they could buy. Other people travelled independently and made their own choices about the support they received.

Consideration had been given to communication systems which would enable people to make their own choices. We saw that information was displayed around the home in pictorial form to assist some people to understand it. In the PIR the provider told us that each person had their own communication dictionaries to enable staff to ensure they were included in choices. One member of staff told us, "We sit down with people all the time to work out what they want to do and decide together how much support they think they will

need with it". We saw that staff took time explaining options to people and responded to their decisions; for example, one person made the decision not to go out with others and chose to stay at home.

People were supported to maintain and develop relationships that were important to them. They had friends and partners that they saw regularly. Families were encouraged to visit when they wanted to and because some families did not live locally other arrangements were in place. For example, people had mobile telephones and had video calls through the internet. The people in the home were also involved in arranging a local festival for people with PWS. One member of staff told us, "It is a good opportunity for them to develop friendships with people who understand their lives because they have the same condition. It is open to the public as well so we can make connections in the local community". This showed us that the provider considered how to support people to be included in their local and wider communities.

Good

# Is the service responsive?

## Our findings

People were supported by staff who knew them well and understood their preferences. For example, we saw that people were supported to plan their day and that staff knew who would like assistance and support and who preferred to make their own plans. They understood that some people needed to follow certain routines or plan outings in advance to assist them to manage their anxiety. They were also aware of what the triggers could be and ensured that they took action to enable the person to become calm. For example, we saw that an unexpected occurrence had made one person quite excited and staff knew that this heightened response may be a trigger. They made sure that they spent time quietly with the person putting a plan together to deal with the situation. The situation was resolved within a couple of hours and the person told us that they were happy with the outcome.

We saw that people had plans in place which detailed how they liked to be supported. One person told us, "I have a support plan and I can read through it when we have keyworker meetings". A keyworker is a member of staff who takes additional responsibility for planning with an individual. In the PIR the provider told us 'Each individual chooses a key worker on a quarterly basis. They meet with the key worker within a four week period. Support plans are reviewed and updated by the keyworker and individual together'. One member of staff we spoke with said, "People are encouraged to be involved. For example, one person will independently research the information online to ensure that they agree with it". Staff we spoke with knew about people's plans and also what goals had been set for with people; for example, to develop their independence. Records that we looked at were up to date and regularly reviewed to ensure that the information was current.

People were supported to pursue their interests and take part in social activities. We saw people being supported to go out to do activities, such as bowling or to the cinema. There were activities available for them within the home too; for example, books and craft activities. One person we spoke with said, "I go to college three days a week in term time so I just enjoy doing relaxing things in the holiday". Another person said, "I am involved in a group that educates about PWS. I really enjoy it and am helping them to make a DVD to educate new parents at the moment". In the PIR the provider told us, 'Individuals chose weekly activities and use an activity planner to ensure that we can plan the right staffing and budget planning. The individual's plans and are set to achieve activities of their choice'. The manager said, "People have done all sorts of things and we also plan holidays and trips further afield".

People were supported to understand how to complain if they were unhappy. One person told us, "I would complain if I was not happy with something. I would fill out a complaints form and take it to the manager of the home. If I still wasn't happy I would bring it up with the big boss of the organisation". We saw that there was a pictorial guide on the wall in communal areas. One relative we spoke with said, "Unfortunately I did have to raise a formal complaint. However, I was very pleased with the prompt response I received. I think actions were put in place and I feel happier with the situation now". We reviewed complaints and saw that they were responded to in line with the provider's procedures.

Requires Improvement

# Is the service well-led?

## Our findings

There was a registered manager in post; although for a period of time prior to the inspection visit they had been absent from the service and alternative management arrangements had been put in place. People and their families did not always feel they were listened to and given explanations or reasons for decisions. One person we spoke with said, "The decision was made to change the Saturday night menu. I wasn't happy because we have so many restrictions and this was the only time we had a free choice. I was told by staff that the manager had made the decision and that's it". We saw that people attended meetings where they were encouraged to give feedback. This issue had been raised at the most recent meeting but had not been resolved. Relatives we spoke with also said that they thought that communication could be improved. One relative told us, "We were recently worried about the impact of an ongoing situation in the home on our relative's health. We raised our concerns but nothing changed. In the end we had to make the communication formal and then we got a good response; but it shouldn't have come to that. There have also been other decisions; for example, no one has access to the kitchen now in response to some incidents. I worry that this decision isn't fair and will de-skill my relative who would one day like to live more independently. We haven't really had an explanation for that". Another relative said, "When my relative moved into the home I was told that I would receive regular feedback on their progress and we haven't had this. I retain responsibility for their finances but don't always get told what money they have left or what they need". When we asked relatives they told us that they had not been asked to complete annual feedback surveys. This demonstrated to us that systems which should enable people and their families to give feedback and be involved in developing the service were not always effective.

Staff did not always have the support and leadership to enable them to do their jobs. One member of staff we spoke with said, "I don't feel as though there is enough leadership. Staff could be listened to more and we don't often have meetings with the managers. There just needs to be more organisation; for example, which staff member is supporting which person so that we can get on with the day". We saw that staff waited for some of the time during the inspection visit for instruction from senior staff. Another member of staff told us, "I don't feel as though I get enough support. I was not given guidance on my role and when I was injured though an incident I didn't feel as though I was offered enough support. I had to ask for a meeting to discuss the event". We looked at records and saw that staff did not always receive supervision as regularly as the provider stated it should happen in their PIR. They had not had team meetings regularly. This was when the team were managing a situation which resulted in a high level of incidents of harm to people and staff over a two month period. This demonstrated that during a period of elevated stress and responsibility the systems which should be in place to support staff were not followed.

We saw that there had been a high level of staff turnover in the past six months which resulted in staff being asked to work additional hours during this period. The provider had quality systems which measured staff turnover. When we reviewed records and management systems we saw that the turnover had been much higher than the providers stated 'normal' levels and should have been reviewed. We discussed this with the quality manager they told us that they had not found a specific theme or concern. When we spoke with people and staff they told us that staff had left because they hadn't felt supported. This showed us that the provider had not fully investigated the alert from their own quality systems.

Other quality management systems had not been effective in ensuring that the service demonstrated continuous improvement. In one internal audit it had been reported that there was not a system in place to sign medicines in and out of the home when people were out. When we reviewed medicines we saw that this had not been actioned. For example, when people went home to their family there was no record that they had taken the medicines with them or that the person had received them. The provider had set standards about how often staff should have their competency checked in administering medicines. When we looked at the records we saw that two of five staff had not had their competency checked within the timeframe. Some senior staff who had responsibility for overseeing the management of medicines had not received training in it and stated that they did not have the competence to manage this but had to rely on the other staff to do so. This demonstrated to us that the provider did not ensure that all of the quality improvement systems were followed to ensure that people were protected from harm.

We recommend that you re-visit your quality monitoring systems to ensure that they are effective in driving improvements in the service.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us in accordance with the requirements of their registration.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Medicines were not managed in a safe and proper way to protect people from the risks associated with them. |