

# Careline Lifestyles (UK) Ltd Wilkinson Park

## Inspection report

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Date of inspection visit:  
27 June 2023  
13 July 2023

Date of publication:  
23 October 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Wilkinson Park is a residential care home which provides personal care for up to 21 people, including people with learning disabilities and those with complex behaviours. Accommodation is provided over two floors and there are three separate accommodation areas where people live more independently. There were 19 people using the service at the time of our inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

An effective system to ensure risks were assessed, monitored, and managed was not fully in place. We identified shortfalls relating to the safety and security of the premises, infection control and cleanliness relating to one person's room and the safety of visitors to the service.

There were sufficient staff deployed to meet people's needs.

The service was working within the principles of the Mental Capacity Act (2005) and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

### Right Care:

Some people told us they were bored. Records of activities which people took part in were not always detailed or evidenced meaningful occupation.

Whilst a staff training and support system was in place; records relating to agency staff did not always demonstrate what training they had undertaken to meet the specific needs of people who lived at the service.

### Right Culture:

An effective system to monitor the quality and safety of the service was not fully in place.

Management staff gave us examples of how being at the service, with the support of staff, had led to an improvement in people's independence and wellbeing. They also explained how several people had moved onto independent living.

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 and update

The last rating for this service was requires improvement (published 27 October 2022). There were breaches of the regulations relating to safe care and treatment, good governance, and the notification of incidents. We asked the provider to send us an improvement plan which detailed the actions they had taken/were going to take in relation to the issues identified during inspection. At this inspection, whilst action had been taken to improve in certain areas and the provider was no longer in breach of the regulations relating to safe care and treatment and the notification of incidents, further improvements were required and the provider remained in breach of the regulation relating to good governance.

### Why we inspected

We undertook this focused inspection to check they had followed their improvement plan and to confirm they now met legal requirements. Prior to our inspection, we also received concerns relating to the security of the service and staff training including agency staff.

This report only covers our findings in relation to the key questions of safe, effective, responsive, and well-led which contain those requirements.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For the caring key question not inspected, we used the rating awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the full report below.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wilkinson Park on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We have identified 1 breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. This related to good governance.

Please see the action we have told the provider to take at the end of this report.

We have made recommendations in the effective, responsive, and well led key questions in relation to records relating to agency staff training, the monitoring of complaints and communication and engagement. Please see these sections for further details.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will also request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

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 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** ●

# Wilkinson Park

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 3 inspectors.

#### Service and service type

Wilkinson Park is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Wilkinson Park is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 manager became registered with CQC following our second visit to the service.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 27 June 2023 and ended on the 22 August 2023. We visited the service on the 27 June 2023 and 13 July 2023. We reviewed information the registered manager sent us electronically following our visits to the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, compliance manager, support staff, including agency staff, the administrator and chef. We also spoke with 8 people and 7 relatives. We also received feedback from 11 health and social care professionals and spoke with the fire safety manager from Northumberland Fire and Rescue Service. We reviewed records relating to people's care and medicines and records relating to staff and the management of the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection, people and others were not protected from the risk of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014. We also found that an effective infection control system was not in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. Whilst action had been taken to improve the cleanliness of the service and the provider was no longer in breach of Regulation 12, additional shortfalls were identified with the management of risk and the provider remained in breach of Regulation 17.

- An effective system to ensure risks were assessed, monitored, and managed was not fully in place. We identified shortfalls relating to the safety and security of the premises, infection control and cleanliness relating to one person's room and the safety of visitors to the service.
- An effective system to ensure lessons were learned following previous inspections was not fully in place. This is the 7th time the provider has been rated requires improvement in the safe key question since 2015.

The failure to ensure an effective system was in place to manage and monitor risk was an ongoing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager took action to address the issues identified, a visitors policy was devised to ensure the safety of visitors to the service and additional cleaning documentation was put in place. Management staff also wrote to us and explained there was ongoing discussion to further improve and develop new documentation around the assessment of risk for Wilkinson Park.

### Staffing and recruitment

At our last inspection, an effective system which evidenced that staff were suitably deployed to meet people's assessed needs was not in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider had taken action to improve and was no longer in breach of Regulation 17 in relation to the area.

- There were sufficient staff deployed to meet people's needs.
- There was still no designated cleaning staff employed. An external cleaning provider was used. The

registered manager told us that the cleaning contract was being increased to help ensure all areas of the home were clean. The home's maintenance officer had recently left. Maintenance support was being provided on a regional level. Following our visits to the home, a new maintenance officer started work

- Recruitment checks were carried out prior to staff starting work to help ensure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding system was in place. Safeguarding allegations were referred to the correct agencies.

Using medicines safely

At our last inspection, we recommended the provider reviewed best practice guidance in relation to the management of medicines. The provider had taken action to improve.

- A system was in place to manage medicines safely. We identified minor shortfalls with the recording of topical medicines which the registered manager told us had been addressed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our previous comprehensive inspection, we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

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

- An effective system was not fully in place to ensure that the design of the service, security arrangements, outside space and facilities at the service met people's needs.

The failure to ensure an effective system was in place to ensure the design and décor of the service met people's needs was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following our feedback, management staff wrote to us and explained a garden allotment and summer house with gym facilities were planned. These plans had been in place prior to the inspection. They also told us a keypad had been fitted to the upstairs communal area door instead of the alarm system currently in place

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

- An electronic care management system was in place. However, records did not fully demonstrate how all areas of care and support were assessed in relation to the preadmission process, the assessment of risk, the environment and how staff supported people's social needs.

The failure to ensure records evidenced how care and support was assessed and delivered in line with people's needs and choices was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, management staff wrote to us and explained that people's goals which were identified during the preassessment process, were further developed whilst people were at Wilkinson Park with staff support. The registered manager also explained there were ongoing discussions to further improve and develop new documentation for Wilkinson Park and additional staff training was being carried out in relation to record keeping around people's social needs and 1:1 activities.

Staff support: induction, training, skills and experience

- Whilst a staff training and support system was in place, records relating to agency staff did not always demonstrate what training they had undertaken to meet the specific needs of people who lived at the service.

We recommend the provider reviews their systems in place relating to the use of agency staff to ensure records evidence that agency staff have undertaken the necessary training to meet the needs of people who live at Wilkinson Park.

- Additional training was being organised for staff in relation to their awareness and understanding of the legal frameworks people were under to remain at Wilkinson Park.
- The registered manager was completing the local authority's 'Excellence in care' programme and had undertaken a number of additional training courses which they used to feed information, knowledge and skills back to staff.
- Staff spoke positively about the support they received from the registered manager.

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

- Some health and social care professionals raised concerns around access to timely health care provision and aspects of people's care and support. The registered manager explained medical attention had been sought when required. However, sometimes people refused to attend appointments and there had been issues registering one person with the dentist because local dentists were not taking on any new NHS patients. Following our inspection, the provider wrote to us and explained that the concerns raised by health and social care professionals had not been reported to them or the registered manager. They also stated that a care plan and risk assessment had already been formulated in relation to the issues regarding accessing the dentist.

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

- People were supported to eat and drink enough to meet their needs. However, records did not always demonstrate how people, where appropriate, were supported to develop/maintain their independence and skills with cooking.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had not notified CQC of the outcome of all DoLS applications in line with legal requirements. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. The provider had taken action to improve and was no longer in breach of this regulation.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.



# Is the service responsive?

## Our findings

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

At our last inspection, we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection, records did not evidence how people's social needs were met. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. Not enough action had been taken to improve and the provider remained in breach of Regulation 17.

- An effective system to evidence that people's social needs were met was still not fully in place.
- Some people told us they were bored. Records of activities which people took part in were not always detailed or evidenced meaningful occupation.
- Records did not always show how people received their commissioned 1:1 hours with staff.
- People and staff told us there was sometimes a lack of staff who could drive the company vehicles and vehicles were not always available when required. This meant people could only access the local community on certain days.

The failure to ensure an effective system was in place to ensure people's social needs were met was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following our feedback, management staff wrote to us and stated a variety of activities were provided within Wilkinson. They also stated that 2 vehicles were based at the home to improve opportunities for people to access appointments and the local community.

Improving care quality in response to complaints or concerns

- There was a complaints system in place. Management staff explained that people's concerns and actions taken were recorded in their electronic care plans which were overseen by the registered manager. However, there was no central overview of the number or type of complaints or concerns that people had raised so any themes and trends could be analysed and monitored.

We recommend the provider reviews their system for the monitoring of complaints to help ensure these are effectively analysed and monitored.

Following our feedback, management staff wrote to us and stated they were continuing to review and improve their system.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. Management staff explained that this information would be provided, should information be required in a different format.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection, we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the governance of the service was not fully effective.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, an effective system was not fully in place to monitor the quality and safety of the service and ensure people achieved good outcomes. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. Not enough action had been taken to improve and the provider remained in breach of Regulation 17.

- An effective system to monitor the quality and safety of the service was still not fully in place. We identified shortfalls relating to the assessment of risk, meeting people's social needs and the maintenance of records.
- The provider's statement of purpose was not up to date and did not fully reflect the service's aims and objectives as described by management staff.
- There had been a history of non-compliance with the regulations. The provider has been rated requires improvement and in breach of the regulations at 6 of the 8 inspections carried out since 2015, including this inspection.

The failure to ensure an effective system was in place to monitor the quality and safety of the service and ensure people achieved good outcomes was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider was notifying CQC of events at the service in line with legal requirements.
- Staff and health and social care professionals spoke positively about the registered manager and the improvements she was making.
- Management staff gave us examples of how being at the service, with the support of staff, had led to an improvement in people's independence and wellbeing. They also explained how several people had moved onto independent living.

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

- An effective communication system was not fully in place. Several relatives told us that more communication would be appreciated. Some health and social care professionals raised issues around the premises, the provision of 1:1 activities and aspects relating to people's care. Surveys to obtain feedback from relatives and health and social care professionals were not carried out.

We recommend the provider reviews their communication and engagement systems to ensure feedback is obtained from a variety of sources and acted upon, to help further shape the service.

Following our inspection, the provider wrote to us and explained the issues raised by health and social care professionals had not been reported to them or the registered manager.

- The home was working with a local climate and nature group to regenerate the outdoor space.

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

- Management staff were aware of their responsibilities under the duty of candour to be open and honest with people when something went wrong.

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 17 HSCA RA Regulations 2014 Good governance  An effective system was not fully in place to monitor the quality and safety of the service, maintain and sustain improvements and ensure people achieved positive outcomes. Regulation 17 (1)(2)(a)(b)(c)(f).