

Whitwell Park Care Home Limited

The Corner House

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

This inspection was unannounced and took place on the 4 May 2017. The Corner House is a house for up to three people with a learning disability situated in Whitwell. At the time of our inspection there were three people living at the service.

There was a registered manager in post at the time of our inspection. 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.

Staff were aware of the need to keep people safe and to protect them from the risk of avoidable harm. Staff were aware of safeguarding procedures to ensure that any allegation of abuse was recorded and reported to the appropriate authority.

People were cared for and supported by staff who had demonstrated their suitability for their respective role. Recruitment procedures were safe and included Disclosure and Barring service (DBS) checks. Enough staff were available to meet people's needs.

People's medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure medicines were safely stored, administered and disposed of.

The requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards had been met. Capacity assessments and best interest decisions were included in people's care plans.

The provider arranged for staff training to ensure they provided appropriate and effective care and support for people. The service was maintained and decorated in a manner that reflected the needs and personalities of each person.

People were supported to have sufficient to eat and drink; meals and menus were prepared by people and staff together. People were supported to maintain good health and had access to appropriate healthcare professionals.

The service was person centred and accounted for personal likes, dislikes, needs and preferences. Staff encouraged people to make their own day to day decisions and staff respected those decisions whilst ensuring and being aware of people's safety.

The staff supported each person in a professional manner whilst being aware of promoting their independence. People were encouraged to fulfil and meet their aspirations and take part in activities of their choice. People's right to privacy and dignity was promoted and respected by staff.

Staff felt they were supported by the management team and there was good team work being carried out. Meetings took place with the people living at the service to collect their opinions and views. Effective auditing systems were in place to assess and monitor the quality of the service. There were systems in place to identify, minimise and manage risks to people's safety and welfare in the environment.

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.

People felt safe and were protected from the risk of abuse. Staff had an understanding of what abuse was and knew their responsibilities to act on concerns. Sufficient numbers of staff were available to support and assist people in a timely manner. Medicines were stored safely; medicines records were maintained and audited.

Is the service effective?

Good ●

The service was effective.

People received care by staff who understood their needs well. Staff were provided with training to meet people's needs effectively. Staff ensured people were included and their consent was sought before any care and support was provided. Principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) were followed. People had access to health and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

People felt supported by kind, caring and compassionate staff; relationships between people and staff were positive and good humoured. People's right to dignity, privacy and a private life was respected and promoted; people were supported to remain as independent as possible. Staff were motivated and committed to promoting people to maintain independence.

Is the service responsive?

Good ●

The service was responsive.

People received personalised and responsive care; they were encouraged and supported to live a full life, this included being able to take part in activities of their choosing. People had been included in the preparation of their own person centred plans;

staff were knowledgeable about people they supported. A complaints procedure was in place and people were aware of who to speak with should they be unhappy.

Is the service well-led?

Good ●

The service was well-led.

People knew who the registered manager was; they were recognised as being supportive and approachable, with an open and inclusive management style. Staff understood their roles and responsibilities and felt supported by the management team. Effective systems were in place to audit and monitor the quality of the service as well as manage risk and make any necessary improvements.

The Corner House

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.

This inspection took place on 4 May 2017 and was unannounced. The inspection was completed by one inspector.

Before the inspection, we reviewed the information we held about the service. We contacted the local authority contracts and commissioning team and also reviewed notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was completed and returned to us by the service.

We spoke with three people who used the service. We also spoke with a social care and a health care professional to obtain their views about the service. We spoke with the registered manager, the administrator and two staff.

We reviewed a range of records about the people at the service along with documents in relation to how the service was managed. This included two care plan and associated documents, two staff recruitment records, training records and information in relation to the safe management of the service, such as audits and environmental checks.

Is the service safe?

Our findings

People told us they felt safe living at The Corner House. One person told us, "Staff check on me when I am in the bathroom; they knock (on the door) and check I am safe." Another person said, "Staff look after me; they help me and make sure I'm safe." A member of staff said, "People receive a high standard, quality care. I genuinely know I'm going home and people are in safe hands."

We asked staff how they would respond if they suspected someone at the service was being harmed or they disclosed potential abuse to them. Staff were very clear concerning their roles and responsibilities with regards to reporting concerns of abuse. All the staff we spoke with said they would have no problem reporting their concerns. They knew how to report any suspicion of abuse to the management team and external agencies. Staff told us they were confident any reports of abuse would be acted on appropriately by the registered manager and the management team. The registered manager knew when to report any concerns and understood the process around informing relevant agencies, such as the local authority and the Care Quality Commission (CQC).

We saw and staff told us there were enough staff available to meet people's needs. People also confirmed there were enough staff. People told us they had recently been on holiday and were supported by staff; one person said, "Two staff took us on holiday; yes, we have enough staff." We reviewed staff rotas and saw there was enough staff available to meet people's need. There was an effective recruitment process in place to confirm staff employed were of good character and suitable to work with people who needed to be protected from harm or abuse. We looked at staff recruitment files and saw the required checks had taken place prior to staff had been employed by the provider. The staff files included evidence of pre-employment checks being carried out and this included written references, evidence of the applicants identity and Disclosure and Barring Service checks (DBS). The checks ensured staff were of good character and suitable to carry out their work.

Staff demonstrated how they supported people safely and in a manner which reflected information contained in their care plans. We looked at care plans and saw risks had been identified, assessed and evaluated, and in a timely manner. We saw care plans included information for supporting people in emergencies and ill health. Each person had a personal emergency evacuation plan (PEEP's) for in the event of an emergency, such as a fire. These were readily available and consisted of essential information about each person, ensuring continuity of care for people. There was a contingency plan ('disaster recovery program') which contained key information about how best to support people in the event of an emergency, such as a fire evacuation, electrical failure or flood. This showed steps were in place to support people safely and in emergency situations.

People's medicines were managed in a safe manner and in accordance with relevant guidance. People felt staff managed their medicines safely; one person said, "Staff give me my tablets; they know what they are doing." Another person said, "Staff give me the right tablets." They also told us how they had a particular treatment for a health condition and how the staff supported them with this. We saw, where appropriate, clear information and guidelines were in place concerning the use of 'as required' medicines. This ensured

people did not receive too much, or too little medicine when it was to be given on an 'as required' basis.

We saw staff correctly recorded when additional medicines had been given. Staff told us they received training in safe medicines administration procedures; they also said the registered manager, "Checks our competency around medications." We saw all medicines were stored safely; medicines administration records (MAR) were completed after staff administered medicines and saw no unexplained gaps. Audits of medicines were carried out to monitor and check whether procedures were followed and safe. This showed medicines management was taken seriously and safe systems were in place.

Is the service effective?

Our findings

People told us the staff knew them and their needs well; one person, "Staff look after me well." Staff gave us detailed information about the people they supported. People received support and care from staff who knew them well.

People were supported by staff who had been provided with training deemed necessary by the provider. Staff told us and records showed they had attended training as required. One staff member told us, "Yes, we do regular training; I have a new training course coming up, I think it is called enablement." Staff gave an example of being aware of signs to look out for if someone was becoming anxious and how best to support them in a manner which was least restrictive and supportive. We reviewed staff training records and found them to be complete and reflective of the needs of the people living at the service.

The registered manager told us there was an expectation of the provider for all care staff to complete the Care Certificate as part of on-going and personal development. The registered manager saw the training as a good benchmark for maintaining and building on staffs' knowledge and skills. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. When any new staff took up their employment they took part in a period of induction, shadowing and training, to ensure they had the skills, time and knowledge to be able to support people's needs.

Staff included people in day-to-day decision-making. For example, people were offered choice regarding what clothes they wore, what activities they wanted to do and what they ate at mealtimes. A staff member said, "People choose what they want to do; they are encouraged to live their life." We saw, when required, capacity assessments had been completed and people's views had been sought and included when making any best interest decisions.

There were procedures and guidance available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The 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).

Staff told us they received training about the MCA and DoLS and recognised the need to balance choice with protecting people from avoidable harm. We saw staff involved people in decision making about their care and support. We checked whether the service was working within the principles of the MCA and whether any authorisations to deprive a person of their liberty had been made. We saw the registered manager had made

appropriate applications when they were required for people living at the service to the local authority for assessment and authorisation. There was information in people's care plans regarding mental capacity assessments and whether decisions made were and had been made in their best interests. This indicated people's consent to care and treatment was being sought consistently as outlined in the MCA code of practice.

People were supported to have sufficient to eat and drink; staff supported people with food, shopping, preparation and cooking. One person said, "I help the staff with cooking; they are good cooks." They also said, "I like Chinese food; I like to make a stir-fry and I like having a take-away." Another person said, "I help the staff with cooking the food; I go out food shopping too." Two people told us they had recently been to a local supermarket with the staff to do the weekly shop. They said, "We went to [name] to do the food shop. We had our breakfast there; it was lovely." Staff told us they supported people to eat a healthy, balanced and varied diet, although they avoided the term 'diet'. People and staff told us using the term 'diet' sounded negative and they would rather avoid it. We looked at records of what people ate and saw a variety of nutritious and favourite meals were provided. People at the service did not need have any special guidelines around food and drinks and staff were aware of who and when to contact, should any change be identified to people's needs in this area.

One person told us they had recently been visited by an optician; they said, "The optician comes to see me at home; I have two pair of glasses. Do you like them? I chose them." Another person told us they were supported by staff to visit their GP and the hospital, if it was needed. They said, "Staff take me to the doctors; but I'm very well." Another person said, "If I need to see a doctor, staff take me." Staff described to us how they had worked with each person, to look at the best way of ensuring they visited healthcare professionals when needed. A staff member said, "If a resident needs to see a GP, we go with them; we are there to help and provide reassurance." We saw documented evidence in people's care plans which supported them receiving appropriate healthcare support when needed. For example, we saw correspondence between a doctor and specialist consultant in response to one person requesting a specific medicine be reviewed. People were assisted by staff to maintain good health and received on-going healthcare support.

People told us they had been involved in the decisions made about the refurbishment of The Corner House, and how much they liked it. One person said, "I picked my own colours in my bedroom." Since taking over ownership of the service, the provider had updated and refurbished the environment to a high standard, which reflected people's preference, choice and personalities. We were made aware the refurbishment was not fully complete and plans were in place to update the bathroom and toilets.

Is the service caring?

Our findings

People felt they were supported by staff in a caring and compassionate manner; relationships between people and staff were positive, good humoured and reciprocated. On our arrival at the service we were greeted by one person who said, "Good morning; I am feeling fantastic." They went on to say, "It is nice living here; it really is a special home for me."

Staff were aware of the need to offer, respect and promote people's dignity and privacy. Staff were able to tell us how they respected people's rights to privacy. One person said, "Staff check on me when I'm in the bathroom." They continued and said, "Staff knock on the door before they come in; they are never rude." People's bedrooms were very much respected as their own personal space. Each bedroom was decorated and personalised to reflect people's own individual choice and taste and staff were seen to knock and announce their presence and waited to be invited into people's bedrooms.

People were supported to take part in activities within the local community. For example, people visited a new local sports centre and swimming pool which had recently opened. People told us how much they enjoyed going to the swimming pool as it was small and friendly and had good access for people with mobility difficulties. One person said, "It's wonderful living here; I like going swimming, so staff take me." They continued and said, "Staff go in the pool with me – it's great. We do things together."

Staff promoted and supported people to remain as independent as possible; people were included in the day-to-day running of the household. For example, people were encouraged to formulate the menu and shopping list and then go with staff to complete the food shopping. Staff were motivated and committed to promoting people's independence.

We observed how staff interacted with people. We saw helpful relationships had developed between the people living together at the service as well as between the people and the staff. There was lots of laughter and appropriate 'banter'. We saw and heard staff supported individuals in a kind, caring and compassionate manner.

The staff took time not to rush people and ensured they understood what was happening in a reassuring and friendly manner. Staff ensured people understood what had been said to them and were seen and heard to offer people choices. For example, what people wanted to eat and what activities they wanted to do during the day. During our inspection visit one person said they wanted to go out to buy some birthday cards and then later decided they had changed their mind. One of the staff quickly gained the confidence of the person and offered the person time and space to collect their thoughts. The staff member discussed options with the person and together they agreed a plan for the rest of the afternoon. This showed, staff were aware of including people along with promoting and respecting their decisions and choices.

Is the service responsive?

Our findings

On our arrival at the service we were quickly greeted by one person who lived at The Corner House. They told us they were off out shopping for some clothes, as they were going away for the weekend. We saw and heard staff discuss with the person what clothes they were thinking of buying and together they planned where to go and how much money was needed. Another person joined in the conversation and told the staff they would also like to go out shopping; again, arrangements were made to ensure people were able to go out shopping, as they had requested. Staff told us and we saw they encouraged and supported people to live a full life, this included being able to take part in activities of their choosing.

It was evident the staff were aware of and understood people's individual needs. Staff not only knew people's health and care needs, but also knew small, yet important pieces of information. For example, staff told us one person had a preference and reason for a certain type of drink; this was confirmed when speaking with the person. People's care was personalised and reflected their lifestyle choices. Staff took time to speak with people in a calm and friendly manner and ensured people knew and understood what was happening. We saw staff interacted with people in a manner which they understood and was free from jargon.

The service had a strong focus on the needs, choice and preferences of people. People were at the centre of the service; staff were focused on people rather than tasks. The registered manager explained to us the vision of the service which was concentrated and centred around the needs of the people. For example, the internal design and décor was centred around special requests of each person; people's bedrooms were decorated to people's specific choice and personalities.

People and staff worked together and the focus was centred around people's needs and preferences rather than tasks. For example, one person told us they had been on a holiday and staff had arranged for them to achieve a personal goal. They said, "I wanted to do it and staff sorted it for me." They also told us about a special trip the staff had arranged for their birthday. They told us they had really wanted to visit a specific football club and the staff arranged it for the person's birthday. They said, "It was marvellous; a dream come true." People were supported to achieve personal aspirations and goals; they were supported to follow interests.

People's needs had been assessed and their care plans had been completed with them being at the centre. We saw care plans included personal information which reflected people's needs and wishes. People told us they knew the staff completed care plans and knew they contained information about them and their care needs. One person told us their care plan, "Has stuff in about me duck." Care plans were written in a format which demonstrated people had been included. For example, we saw care plans included a 'pen picture' document, which was written with the person to ensure the details were correct. There was also information with headings, 'Things I like; Activities I like; Things I Dislike'. Having this information demonstrated staff had taken time to find out about each person, as well as building up person focused information and care. This care plan format showed each person had been included in the completion of their own care plan and ensured information that was important to the person was not lost or overlooked.

Staff we spoke with were knowledgeable about people they supported. Staff knew people's care needs as well as what and who what was significant to them. We saw staff responded to people's needs and requests for assistance in a timely manner. People and staff worked together to ensure household chores were completed. For example, at lunchtime we saw people and staff worked together to prepare and eat lunch. This created a homely atmosphere; we saw there was a mutual respect and together approach.

The provider had a complaints procedure which was clearly displayed at the service. People told us they knew who they should talk to if they were worried or unhappy about anything. One person told us they did not have any complaints or concerns and knew they could speak to any of the staff or the registered manager, if anything was worrying them. They said, "If I had a problem, I would tell [registered manager] or any of the staff." Staff told us they felt confident if anyone had any complaints, they would be listened to and would be acted upon by the registered manager and the provider. There were no recorded complaints, and we felt assured the provider and registered manager would follow policy and procedures, should any be made.

Is the service well-led?

Our findings

There was a registered manager in post at the service. 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.

Staff understood their roles and responsibilities to the people they supported. Staff spoke to us about the open and inclusive culture within the service. Staff told us they would have no hesitation in reporting any concerns. They were also confident any issues raised would be listened to and acted upon by the management team. Staff described members of the management team as, "Approachable," and, "Supportive." We saw evidence of staff having received formal supervision. Staff also told us supervision and support was available at the time when they needed it as the registered manager had an, "Open door," approach. Supervision is recognised as a process where staff, together with their line manager discuss their work performance and any training and development needs. This showed a supportive and open approach at the service.

People at the service knew who the registered manager was and one person said, "[Registered manager], she's really nice; she comes to see us and makes sure we're all ok." A staff member said, "[Registered manager] is lovely; she's always willing to help." They continued and said, "We know where she is if we need anything." Staff told us there was good team working and an open and inclusive culture was promoted at the service. The management style meant the staff felt involved and part of the day-to-day running of the service.

The provider and registered manager took timely and appropriate action to ensure people received necessary care and support. The registered manager understood their responsibilities and notified the Care Quality Commission (CQC) of any significant events, as they are legally required to do. The registered manager and provider knew other relevant agencies needed to be informed of incidents and events. Effective links with health and social care agencies had been established. The management team worked in partnership with other professionals and ensured people received the care and support they needed.

We saw there were records and processes in place to review and monitor any accidents and incidents. Accident and incident documentation was completed and the registered manager used them to learn from and to identify any trends. This information was used to ensure improvements were made to reduce potential risks or reoccurrence.

There were systems in place to identify, minimise and manage risks to people's safety and welfare in the environment. A number of environmental and health and safety checks took place to ensure people were provided with a safe environment to live. We saw care plans and risk assessments were reviewed and updated as and when necessary.

Effective quality assurance systems were in place to monitor and review the quality of the service people

received. We saw regular audits of all aspects of the service; audits included care plans, medicines and health and safety to make sure any shortfalls were identified and improvements were made when needed.