

Pinnacle Care Ltd

Wolston Grange

Inspection report

Coalpit Lane
Lawford Heath
Rugby
Warwickshire
CV23 9HH

Tel: 02476542912

Website: www.pinnaclecare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wolston Grange is a residential care home providing accommodation and personal care for up to 39 people who may have a diagnosis of dementia. The service is made up of 3 units, the main house is a two-storey building and provides accommodation for older people with dementia. The Lodge is adjoined to the main house and is a two-storey building which provides accommodation for up to 12 adults with dementia. The Barns is a separate building within the grounds of the main house, which provides accommodation for up to 5 people with dementia.

At the time of our inspection visit there were 34 people receiving care across the service.

People's experience of the service and what we found:

At our last inspection, we found improvements were required around managing people's risks and risks to support safe medicines management, quality of record keeping and quality assurance processes. At this inspection, we found enough improvements had been made and people were pleased with the levels of care they received. The provider was no longer in breach of the regulations.

Improvements to the management of the home by the provider and registered manager led to a service which supported good outcomes for people. The provider's quality assurance systems and processes were regular, structured and they now identified where actions were taken. Evidence and action plans showed improvement actions had been taken.

The provider had timescales to make improvements to the fire safety of the home. The provider told us they kept the fire authority updated of their timescales and actions.

We found there was a positive culture, which focused on meeting people's needs. People spoke positively about the service and staff team. People's views and feedback was sought on the service they received and acted upon through regular meetings and daily interactions.

People were supported to receive their medicines safely, however some improvements to the recording of certain medicines needed to be made. Following our visit, the registered manager had taken those actions. Staff received training and they had their medicine competency assessed, to ensure they followed correct procedures.

People were supported by staff who knew them well and staff were kind and attentive. People's safety and care needs were identified, their care was assessed and planned, and their needs were met.

People's individual preferences and lifestyle choices were respected, whilst their safety needs were balanced through risk interventions. Staff understood how to protect people from abuse and were confident the provider would take action to protect people, should this be required. Staff were also confident to refer

to other agencies to keep people protected. People told us they felt safe at Wolston Grange.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's freedom was not unnecessarily restricted, and people were not physically restrained.

People lived in a safe, clean and maintained environment. Regular checks ensured the environment was safe. Improvements to fire safety through better signage and the updating of fire doors was being managed by the provider.

People were encouraged to personalise their rooms and some people were involved in decorating their own and communal rooms. Staff worked with people, relatives and health and social care professionals to maintain people's overall health and wellbeing.

The provider had safe recruitment systems to ensure staff were suitable to look after people. There were enough staff on duty to support and meet people's needs. People were involved in how their care was received and how they lived their day, such as what they wanted to do and where they wanted to go.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement overall (published 12 January 2023). The overall rating for the service has changed from requires improvement to good based on the findings of this inspection. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

When we last inspected Wolston Grange on 15 September 2022, breaches of legal requirements were found. This inspection checked whether they were now meeting the legal requirements. We found improvements had been made and the provider was no longer in breach of regulations.

We undertook a focused inspection to review the key questions of Safe, Effective and Well Led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Wolston Grange on our website at www.cqc.org.uk.

Follow Up

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.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well led.</p> <p>Details are in our well led findings below.</p>	<p>Good ●</p>

Wolston Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

Inspection team

The inspection team consisted of 2 inspectors and 1 expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wolston Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wolston Grange 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We looked at the information we had received from relatives and people who used the service. We asked the local authority

for any information they had which would aid our inspection. Local authorities, together with other agencies may have responsibility for funding people who use the service and monitoring its quality. We reviewed information from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people to get their experiences about the quality of care received. We spoke with 6 members of care staff that included senior staff, care staff, a member of kitchen staff and a maintenance person. We also spoke with the registered manager and a director who was also the owner of the service.

We reviewed a range of records. These included samples of 9 people's care records, as well as associated records that included daily report logs, food and fluid records and medicine administration records. We reviewed 2 staff recruitment files and the providers quality assurance systems and processes.



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. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.

- At our last visit, risks to manage people's care were not always assessed or recorded. At this visit we found improvements but there remained some inconsistencies with some risks being better recorded than others.
- We found no evidence of harm to people, but risks to some people could be further reduced. For example, by providing additional guidance to staff so people's individual risks were always known, so actions could be taken to further reduce people's risks. This included in relation to people's diabetes, catheter care and fire risk management for people who smoked or who used electronic cigarettes. Following our visit, the registered manager confirmed those risk assessments had been updated.
- Staff supported people who needed equipment to mobilise, we saw this was done safely and without rushing the person. Risks for people who maybe prone to choking were recorded in plans and support from speech and language teams had been sought and followed. Staff knew how to manage the risks by providing food and fluids at the right consistency for those people.
- Environmental risks were managed and checked regularly to ensure people remained safe. The provider told us they had shared their fire safety actions with the fire authority and approved contractors whilst they updated and replaced existing fire doors and signage. Regular fire drills and fire safety checks helped to manage any ongoing risk.

Using medicines safely

- People were supported to receive their medicines in a way that was not always safe.
- At our last visit, medicines were not always stored safely, and transdermal skin patch medicines were not always applied as instructed. At this visit we found improvements but further work was needed to ensure safe practices remained.
- One person had transdermal skin pain patch medicine, but they were not applied as directed which had potential for those medicines not to be effective. We also found a medicine that required stricter controls and checks, was not accurately counted for. We were confident this person received their medicines and following our visit, the registered manager had acted to ensure these issues were rectified.
- Improvements to the labelling and discarding of medicines were required to reduce the opportunity for incorrect medicines to be given to others.

- Most people's Medication Administration Records (MAR) showed people's medicines were administered as prescribed. However, the MARs supplied to the home did not provide staff with the codes and exception reporting which was required to support safe medicine administration. Staff told us they would work with their suppliers to rectify this.
- People were administered their medicines by staff who had received training and had their medicine competency assessed, to ensure they followed correct procedures.
- Following our visit, the registered manager confirmed the storage, application, labelling and counting of medicines had been addressed and checks in these areas would be increased within their regular audits.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff were trained in how to recognise and report abuse. Staff were confident if they raised any concerns the registered manager would take action.
- Staff knew how to escalate any concerns they had about people's safety.
- People were positive about the way their safety was managed and people felt safe. One person told us, "I like the homeliness here' and the staff are great." Another person said, "It's safe alright. The staff are good."

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- Safe recruitment checks included undertaking checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Our observations showed staff were available to support people and staff told us they had time to spend with people. Staff were positive about staffing levels. One staff member said, "We don't use much agency here." This helped to ensure people received support from a consistent staff team who knew them well. We saw people did not have to wait long if they wanted support from staff.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean and maintained whilst certain areas of the home had undergone refurbishment since our last visit.
- Communal bathrooms had liquid soap and paper towel dispensers to help reduce the chance of cross infection risk.
- Care staff and kitchen staff wore appropriate personal protective equipment to help keep them and others protected.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- Relatives told us they were able to visit their family members as they wished and were made welcome by staff caring for their family members.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

- The registered manager gave us examples showing they were involved in discussions and made aware of any concerns so learning could be taken from any incidents. For example, around management of falls and specific incidents.

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 last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- At our last visit, we found an application to the local authorising body to place a restriction on one person had not been made accurately. At this visit we found the provider was working in line with the Mental Capacity Act.
- People were supported by staff who had a good understanding of the Mental Capacity Act and knew how to promote people's rights. Staff understood under which circumstances decisions may need to be made in people's best interests.
- Processes were in place to apply for and manage DoLS, once authorised, and to communicate this information to staff, so people's liberties would be protected.

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

People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.

- Initial assessments determined if staff could meet people's needs and if those needs were met, care plans and risks assessments were completed, with the person and their family if this was possible. Where needs changed over time, associated care records were updated.
- Staff conversations showed they knew people well and their preferred routines.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff training was refreshed as required. Records showed staff competency was checked to ensure staff understood and put that learning into practice.
- Staff had the opportunity to work with more experienced staff as part of their induction programme.

Induction and ongoing training included training staff so they had information and knowledge to understand people's specific health conditions.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Some people required a modified diet and people's individual requirements were supported.
- Where staff had concerns people might be at risk of malnutrition, they monitored people's weights and recorded what people had consumed.
- Most people told us they enjoyed their meals, some people said there was not always a choice.

Comments included, "They give you two choices, yesterday it was pork or chicken. I didn't want it so they gave me a sandwich" and "The foods alright, I quite like it, I don't think they give a choice but they give us drinks all the time." We saw people's feedback about meals was a regular topic at monthly meetings where new choices and options could be considered.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People were supported to live healthier lives, access healthcare services and support.
- Staff worked with other health and social care professionals. These included social workers, district nurses, emergency services, and people's GPs, to ensure people had access to the range of healthcare services they wanted.
- One staff member explained how they had advocated for one person to have access to emergency treatment after a fall. The staff member said, "We gave pain relief, but [person's name] stayed in their room, which was unlike them." The staff member said, "We used Docobo (a local system for monitoring people's health used by a number of agencies) and the decision was taken for [person's name] to be accompanied to hospital." This helped to ensure people had access to other health services when they needed them.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- The home had undergone some refurbishment. People were involved in choices of colours for walls and people could personalise their own rooms to their individual taste. Staff told us this had improved people's well-being as they now spent more time enjoying these social spaces.
- There was a lift so people were able to move safely across both floors.
- People had access to a range of private and sociable areas for them to enjoy spending time in on the ground floors of each unit. These included lounges and dining rooms, kitchenettes and garden areas.
- One staff member told us how much some people enjoyed maintaining their independence by spending time with staff in the kitchen preparing their meals.

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 changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.

- At our last visit we found systems to safely monitor the quality of care, medicines, quality of recording and risks within the home environment were not effective. At this visit, significant improvements to quality assurance systems and processes had been made.

- The provider and registered manager completed regular checks on the quality-of-care people received. These included checks to ensure people's care preferences and needs were met, that people had received their medicines as prescribed and checks on the safety and cleanliness of the home and the equipment they used. Improvements to environmental checks helped keep people safe. The provider told us of their plans to replace existing fire doors and they told us the fire authority were kept informed of any changes. The provider said the fire doors provided protection and they had increased their fire drills to weekly, ensured all staff were fire warden trained and fire checks still continued regularly to manage risk.

- Completed audits resulted in action plans and those actions were compiled onto a 'master' action plan for the registered manager to work from. We saw actions had been addressed and outstanding actions continued to be worked upon. For example, these included more frequent checks on medicines and quality of record keeping.

- The registered manager took immediate action during and after the inspection in response to the feedback we provided to update specific records. They told us additional checks would be completed until they were confident of improvements.

- The registered manager was supported by the provider to understand their role and responsibilities. This included the requirement to notify the Care Quality Commission (CQC) about key events at the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture at the home. The registered manager told us, "I am proud of the staff team, of their length of service. They know residents, [people], well."

- People were pleased with the support they received. Not everyone could remember attending meetings,

but they were involved in how and what they did in the home. Family members and visitors were encouraged to come to the home to maintain social and family contact.

- Staff told us they knew how they were expected to care for people through regular communication with senior staff. One staff member told us, "We do spot checks on manual handling and personal care." Another staff member said, "The deputy walks round and sees what we are doing and gives us feedback."
- Staff said they were encouraged to work together so people living at the home would have the care they wanted. One staff member said, "All the staff care and want to make a difference. [Manager's name] wants people to have a happy life." This approach helped to ensure people's would continue to get the care they wanted.
- The provider and registered manager acknowledged our feedback and updated after our visit, of the improvement actions taken, with fire safety, medicines management and record keeping

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 provider understood their responsibilities under the duty of candour.
- The registered manager understood the need to be open and honest with people if anything went wrong with their care. In one example, the registered manager told us they had tried to work with other professionals to help support a person in a difficult situation. We were told honest conversations had been held so the right decisions for that person could be achieved.
- Staff gave us examples of actions they took when they found some areas of people's experiences needed to be improved. For example, one staff member told us how they changed the focus of the activities board so that suggestions were made for interesting things people may like to do. This had encouraged staff to do more fun things with people.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Areas of learning identified were shared with staff, such as fire safety and falls management to improve the quality and safety of people's care.
- The registered manager showed us examples in how they had understood, evaluated and amended audits to find new risks. This meant the provider could be assured the care provided to people continued to develop.
- We saw meeting minutes from meetings people had attended where they gave feedback on the care provided to them. The majority of the comments we saw were positive.
- Staff gave us examples of actions they took when they found some areas of people's experiences needed to be improved. For example, one staff member told us how they changed the focus of the activities board so that suggestions were made for interesting things people may like to do. This had encouraged staff to do more fun things with people.

Working in partnership with others

- The provider worked in partnership with others.
- Staff worked with other health and social care professionals, such as multi-disciplinary teams, speech and language therapists and people's GPs, so people would receive the care they needed. With ongoing fire safety improvements, the provider told us they worked closely with the fire authority.
- Staff gave us examples of how they advocated for people and accompanied them to health appointments, so people would be less anxious.