

Abbey Healthcare Homes Limited

Wrottesley Park House Care Home

Inspection report

Wergs Road
Tettenhall
Wolverhampton
West Midlands
WV6 9BN

Tel: 01902750040

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on 06 and 10 December 2018. Wrottesley Park House Care Home is registered to provide accommodation with personal care for up to 63 people including people with physical and learning disabilities. On the day of the inspection there were 35 people living at the home.

The care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. We found that the service did not promote these values. We have recommended that the service is developed in line with this guidance and values.

There had not been a registered manager in post since April 2018. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our last inspection on 06 June 2017, we rated the provider as 'requires improvement'. This was because systems used to ensure safe recording of medicines required improvement, staff missed opportunities to engage with people, improvements were required to ensure people had opportunities to take part in activities and hobbies that interested them and the audits completed had not identified the shortfalls that we did. At this inspection we found some of these issues still required improvement.

There were sufficient numbers of staff to support people. However, we received mixed views from people, relatives and staff about this due the deployment of them and agency usage. Most people told us they received their medication as prescribed. However, Medication Administration Records (MARs) showed that some people had not been receiving some of their medication as prescribed. A staff member had not recognised an incident between two service users as meeting the criteria for reporting and therefore the correct process had not been followed.

People told us staff had the skills to meet their needs. Staff had received what the provider considered to be mandatory training which they applied in practice. However, staff had not received specialist training in relation to some people's health conditions. Staff had a good understanding of the Mental Capacity Act 2005. However, in practice they did not always seek consent prior to supporting people.

People told us staff were kind and caring. However, some people raised concerns that not all staff were as kind to them and we observed that staff missed opportunities to engage with people and sometimes appeared to have a task focused approach.

We found improvements were required in relation to the stimulation and activities available for people.

People's care plans were reflective of their current needs and had been updated on a regular basis. However, care records did not show that a review had been completed with the involvement of the person and their relatives.

The systems and audits in place to monitor the quality of care provided had not identified the issues that we did during our inspection. There were inconsistencies with people's care plans and information was difficult to find. Improvement was required in relation to the information regarding people's medication. The process to handover information and issues highlighted was not effective. There had been inconsistencies with the management team and therefore some people did not know who the current manager was.

People told us they felt safe. Individual risks to people were assessed and staff knew how to minimise them. The provider had systems in place to ensure staff employed at the home were safe to work with vulnerable people. Lessons were learnt when things went wrong.

People were happy with the food and drink provided and people's nutritional needs were met. People had access to healthcare professionals when required.

People were given choices and involved in their day to day decisions. People were supported to remain as independent as possible. People told us and we observed that people's privacy and dignity was respected. Visitors were able to visit with restrictions and people were supported to maintain relationships.

People knew how to raise concerns if they needed to and felt happy doing so. There was a system in place to manage complaints and ensure they were dealt with appropriately. People's cultural and religious needs were met.

People's feedback was gained via residents meeting and we saw actions had been implemented as a result. Staff told us they felt supported and we saw most staff had received recent supervision. The provider had links with the local community and professionals.

We found the provider was not meeting the regulation regarding the overall governance of the service. 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.

There was enough staff to meet people's needs. However, the deployment of staff meant that some people experienced delays.

People did not always receive their medication as prescribed.

People told us they felt safe. Individual risks to people were assessed and staff knew how to minimise them. The home was kept clean and tidy and people were protected from risk of infection.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were supported by staff who knew them well and staff gave people choices.

People's consent was not always sought before providing support.

People told us they liked the food and we saw people nutritional needs were met. People had access to professionals when required.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People gave mixed feedback in relation to whether staff were caring. Staff missed opportunities to engage with people.

People were encouraged to be as independent as possible.

People's privacy and dignity was maintained.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care plans were personalised and reflective of their needs but people had not been involved in reviews of their care.

People were not encouraged and supported to follow their individual interests and people were left for long periods without stimulation.

People felt confident raising concerns with staff and we saw complaints had been dealt with appropriately.

Is the service well-led?

The service was not consistently well-led.

Some people spoke positively about the manager and knew who it was. However, others were unaware who was current manager due to a lot of change.

The provider's audits did not identify the areas for improvement that we did.

People's feedback had been sought and acted upon.

Requires Improvement 

Wrottesley Park House Care Home

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.

The inspection took place on 06 and 10 December 2018 and was unannounced. The inspection team consisted of two inspectors, an assistant inspector, a pharmacist inspector, a specialist advisor who was a nurse with specialism in learning disabilities and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service.

When planning our inspection, we looked at the information we already held about the service. Providers are required to notify the Care Quality Commission (CQC) about specific events and incidents that occur such as serious injuries and incidents that put people at risk of harm. We refer to these as notifications. We looked at the notifications we had received from the provider as well as the Provider Information Return (PIR). A PIR is information we require providers to send us to give key information about the service, what the service does well and what improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During our inspection we observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 12 people, one relative, two healthcare professionals, 12 members of staff, the manager and the regional manager. This included the cook, domestic staff, care staff and nurses. We looked at a range of records including; people's care records, medicine records, staff records and the quality assurance systems that were in place.

Is the service safe?

Our findings

At the previous inspection we rated the provider as 'requires improvement' under this key question. This was because improvement was required to the system to record medication and some people experienced delays in staff responding to their needs due to the deployment of staff. At this inspection we found these required improvements had not been made.

We received mixed feedback about the staffing levels. Some people told us they felt there was enough staff to meet their needs whilst others felt that there were issues when agency staff were used and not always enough staff available. One person told us, "There are always plenty of staff about and someone to talk to in my opinion at all times." However, another person explained, "No there sometimes doesn't seem a lot around. They keep swapping them [staff] all about." A relative we spoke with informed, "No, at night time they are short of staff." Staff members we spoke with told us they felt there was enough staff and they did not feel rushed. One staff member said, "There are enough staff at all times to do job well." Our observations confirmed that staff were not rushed and call bells were answered in a timely way. However, we did observe that some people may not feel there is enough due to the deployment of them. For example, one person explained how they liked to go back to bed straight after having lunch and this was also reflected in their care plan but they had been waiting for over 45 minutes before two staff were available to support them.

We discussed staffing levels with the manager. They explained and provided evidence that they used a dependency tool which takes into account people's needs when deciding the required levels.

We reviewed how people received their medicines including looking at their Medication Administration Records (MARs). We found that records showed people were given their oral medicines as prescribed. We looked at the additional records for people who were using medicinal skin patches showing where the patches were being applied to the body. However, the records were not being filled in accurately and the patches were not being applied and removed in line with the manufacturer's guidance. This could result in unnecessary side effects. We also found that three people had not been having their creams applied as prescribed.

We found that where people needed to have their medicines administered through a tube in the stomach, there was no recorded evidence of advice from the prescriber or the pharmacist and no written protocols in place to inform staff on how to prepare and administer each medicine safely. This meant there was a risk that different staff would not administer the medicines the same way and therefore there was a risk that people's health and welfare could be affected.

There was no recent evidence of reporting, shared learning or meaningful action plans in response to near misses or less significant errors. For example, one person did not have the eye drops the doctor had prescribed in stock and therefore had missed multiple doses. This was not reported as an error and no attempt had been made by staff to obtain the eye drops or investigate what had happened. We discussed this with the nurse and the manager and this person had their eye drops delivered. However, on our second day there were still gaps in his MAR. This meant that the information had not been shared with all

relevant staff effectively.

Medicine was stored safely in locked cupboards in people's rooms. Controlled drugs are medicines that require special storage and recording to ensure they meet the required standards. We found that controlled drugs were stored securely and recorded correctly. Medicine that had a short expiry date once opened was always dated to ensure that staff knew how long the medicine could be used for.

Despite the issues we found, most people told us they were happy with the way they were supported with their medication. However, two people raised the issue that when agency staff were used during the night time, there had been occasions where they did not have their medication until after midnight.

Staff demonstrated a good understanding of what abuse is and how to spot signs of abuse and report it both within the organisation and externally. One staff member told us, "I'd report it to my line manager and if not dealt with, report to CQC." We saw that the manager was proactive in raising concerns with the local authority and CQC.

We found lessons were learnt when things went wrong. We saw that where relatives had raised issues about someone's mouth care, this had been discussed in supervision with staff and changes made as a result.

People told us they felt safe. One person said, "Yes safe as can be. I collapsed at home...Quite safe here as place is secure and I have a buzzer to press for help 24/7." Another person explained, "Quite safe yes. I am virtually bed bound but they come in and check on me as my door is always left open so they can see me and I can call them on my caller if I need them for anything as well."

People's individual risks were assessed and staff knew how to minimise them. We saw that people had risk management plans in place with guidance for staff on how to reduce the risk to them. For example, one person had one in place for their mental well-being. It informed staff that this person could become anxious or stressed around new people and signs of this would be them hitting themselves. It detailed that staff are to approach the person calmly and speak to the person about what was wrong to calm them down.

People told us they were happy with the cleanliness of the home. One person said, "Yes no complaints at all about the cleanliness, even my wet room is kept clean and tidy." We observed planned and responsive cleaning taking place and saw that staff wore personal protective equipment (PPE) when required.

Is the service effective?

Our findings

At the previous inspection we rated the provider as 'good' in this key question. At this inspection we found improvement had been made to the environment as there had been a recent refurbishment. However, improvement was required in relation to specialist training to meet people's needs and staff seeking consent before providing support to people.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider 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. Staff had good knowledge of this legislation and although they gave people choices, we observed staff supporting people without gaining consent. For example, moving their wheelchair without speaking to them first. We saw that DoLS applications had been made appropriately to the local authority and the manager had a good understanding of when referrals were required.

Staff had completed what the provider considered to be mandatory training and told us they felt confident that they had the skills to meet people's needs. However, staff had not received specialist training in order to meet people's needs in relation to their specific health conditions. For example, one person had a degenerative condition and we spoke with a specialist doctor and nurse on the day of inspection. They informed that they felt staff had limited awareness and knowledge around this condition and how it manifests itself. For example, they explained staff did not understand that people with this illness lack insight into others' needs and so can be very impatient. This meant if asked to wait for something they can become very agitated. Staff we spoke with had knowledge of the person's needs in relation to their daily routine but did not have in-depth knowledge of this person's health condition.

People told us the environment had improved as the home had undergone a refurbishment. We saw the home was spacious and was adapted for people who required the use of a wheelchair. People's rooms were personalised to their needs and interests. However, their bedroom doors had a room number and no personalised information to support that person to know which room was theirs. The communal areas of the home did not have a homely feel and there was no appropriate decorations, pictorial information or signage around the home to support people to navigate around the home or stimulate them when sitting in communal areas. We discussed this with manager and they explained this was something they were aware of and their new activity coordinator was going to be developing. On our second day of inspection, people's names had been added to their bedroom door.

People told us they liked the food and were given a choice. One person said, "Oh it's good food here. No complaints at all about that and you get a choice of what to eat and drink and they will bring it to me. All very good." Another person told us, "The food is excellent. You get a choice and if you don't like it will change it for you." We saw that people's nutritional needs were met and the cook understood the importance of presentation for people who required a modified diet such as pureed. Where people required assistance to eat, we saw staff supported appropriately, encouraging people and giving them time.

People were supported to access healthcare professionals when required. We saw relevant referrals had been made when needed. For example, the visit from the specialist professionals had been requested by the care home for some specialist input. People told us they could access professionals when required either by making appointments themselves if they could or asking care staff to do this for them. One person said, "I don't make any outside appointments due to my condition but a regular chiropodist comes around every 3 months."

Is the service caring?

Our findings

At the previous inspection, we rated the provider as 'requires improvement' in this key question. This was because there were missed opportunities by staff to engage with people. At this inspection, we found the required improvements had not been made.

We received mixed feedback in relation to whether staff had a kind and caring approach. Some people told us that some staff were nice whilst others just did what they needed and left. One person said, "The staff are all very good especially when I play them up. [Carer's name] is my favourite as they are very bright and always smiling and comes to chat but they are all very caring and good to me here." Another person said, "They speak to us so they can get to know us." However, other people told us, "Staff are not too good apart from a couple. They leave me, don't take time to chat and go about doing other things." We observed that staff missed opportunities to engage with people to make them feel valued. For example, there were people sitting in communal areas throughout the day and staff passing through without any interaction with people.

People were supported to maintain their privacy and dignity. One person said "They take me to my en-suite wet room, door is closed and privacy and dignity respected. I can wash a bit myself but they help as required." We saw that staff knocked before entering people's rooms. People were supported to maintain their independence and staff gave examples of how they encourage this. One staff member explained, "I encourage them to wash as much of themselves as possible." People told us they had the freedom to do what they wanted. One person said, "We can do what we want, when we want to do it." Another person told us, "I can go out to the pub or restaurant down the road and get up and sleep when I want to. No restrictions at all here on anything."

People were communicated with in their preferred way and we saw evidence of staff looking at people's body language to know what the person wanted. People had choices and involvement in relation to their day to day decisions. One person told us, "Although stuck in bed I have my brain working ok and will say what I want or need to them and decide what I want to do and they do honour that." Another person said, "Yes I can decide where to go and do things and whether I just want to watch TV in my room. They don't mind what I do. I come and go as I want to."

Is the service responsive?

Our findings

At the previous inspection, we rated the provider as 'requires improvement' in this key question. This was because people were not always supported to follow their individual interests and hobbies and people were left without any stimulation for long periods. At this inspection we found the required improvements had not been made.

There were staff within the home that were responsible for activities. We saw some group activities throughout the day within one of the units and some people told us how they went out of the home into the community. However, we saw that anyone that chose not to take part in these activities, were left without any stimulation for long periods of time. Some people that we saw when we arrived were sitting in the communal lounge and stayed there without any stimulation or activity for most of the day. One person told us, "Haven't had any activities, I stay here in bed mostly with the television on." Another person we spoke with who was more independent explained, "I have my playstation and large TV and also can go out myself to the local pub and restaurant so quite pleased with my independence and being able to do what I like. I also do painting and play indoor bowls." We discussed this with the manager who advised they have recently employed an activities coordinator. The manager explained they had some good ideas about more activities and stimulation for people, as well as some ideas regarding improvement to the environment. We saw this had been incorporated into the homes overall action plan but had not yet been implemented.

People's care plans were personalised and reflective of their current needs and included people's likes, dislikes and preferences. Staff were knowledgeable about people's needs and how best to support them. However, although people's care plans were evaluated on a regular basis, there were no reviews of their care that had taken place with the involvement of the person and their relatives. We saw that plans were in place to support people at the end of their life to receive the care they wanted. We saw that relatives had been included in this discussion and the person's wishes were documented.

People knew how to raise concerns and we saw that there was a system in place to ensure complaints were dealt with appropriately, in an open and honest way. People told us they would speak with a carer if they were unhappy but none of the people we spoke with had had to make a complaint.

People's religious and cultural needs were reflected in their care records and met by staff. We spoke with the manager about whether they currently had anyone living at the home who was from the Lesbian, Gay, Bisexual, Transgender (LGBT) community. They informed they do not currently have anyone who is open about this but from what they have been told from professionals, they are aware of one person who is. They discussed how this person had not been there long and had not discussed this with staff and their wish to not be open about this had been respected. The manager explained anyone from the LGBT community would be welcomed and protected from any discrimination. The providers equality and diversity and statement of purpose underpinned this.

Is the service well-led?

Our findings

At the previous inspection we rated the provider as 'requires improvement' in this key question. This was because the provider's quality assurance systems had not highlighted the shortfalls that we did during our inspection. At this inspection we found the provider had not made the required improvements. This was the third time the provider was rated requires improvement since 2015, with a rated of inadequate in 2017.

As part of the inspection process, a Provider Information Return (PIR) was sent to the provider to complete and return to us. The PIR was completed within the timeframe. However, we found the information in the PIR did not always reflect what we saw on the day of inspection. For example, the PIR stated there would be development of a pictorial menu for people living at the home. This had not been implemented or planned. We also found that their PIR did not reflect that the provider had sufficient understanding of ideas for development within the service.

The care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. We found that the service did not promote these values as although some people could go out into the community, there were long periods of time where people did not have any stimulation or interaction and people's consent was not always gained before providing support. We recommend that the service is developed in line with the 'Registering the right support' guidance.

There were audits in place in relation to medication, care plans, pressure care, safeguarding and people's experience. Although these audits had been completed on a regular basis and actions identified and implemented, they had not identified the issues that we did during our inspection. For example, we found that staff were not following the provider's medication policy as protocols were not always in place for 'as required' medicines and not all Medication Administration Records (MARs) had photos on them. We also found that pain patch records had not been completed accurately, there were gaps on people's MARs and some people had not been having their creams applied. None of these errors had been highlighted via the medication audit or had been highlighted and raised by staff.

As well as the audits completed by the manager, the regional manager also completed a report which covered different areas such as care plans, safeguarding, complaints, health and safety and accidents and incidents. An action plan was completed as a result. However, both the care plan audit completed by the manager and the regional manager's report had failed to identify shortfalls that we did. We found that care plans were inconsistent in relation to what was completed for each person. For example, some people had mental capacity assessments for specific decisions including appointments and finances. Whilst others whose money was managed by Wrottesley did not have mental capacity assessments in place or any information in relation to how this decision was made in their best interests to this in their care plans. We also found that some people had best interest decisions recorded which showed the relevant people had been involved whereas others did not show any involvement from family members or an advocate where appropriate if family were not available or involved.

The provider's audits had also failed to highlight areas for improvement in relation to staff practices. For example, we identified that staff were not seeking consent from people before supporting them. We raised this with the manager and regional manager but this had not been identified prior to our inspection.

The communication process to share any new information about people's needs or issues identified was not always effective. For example, we identified on our first day of inspection that three people had not been having their creams applied. We discussed with the regional manager and the following day we were advised this had been dealt with and new charts had been commenced. However, on the second day of our inspection, there were still gaps on these charts. This meant that this information had not been shared effectively with all relevant staff.

The process for staff to raise incidents of abuse with the manager had not always been followed. For example, an incident involving two people had not been identified as a safeguarding concern and reported to the manager to raise the appropriate referrals to the local authority and CQC.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had links with the local community and professionals. However, due to the changes in leadership, they had not been engaging with the Clinical Commissioning Group (CCG) on things that could benefit people living there and their care such as the Safer Provision And Care Excellence (SPACE) programme. SPACE is a quality improvement programme with the idea to make small changes to have a big impact on the care in the home. We discussed this with the manager who advised, they planned to do this in the coming months but was currently trying to catch up where other issues had been highlighted and not addressed due to inconsistencies in leadership.

People's feedback was sought via residents meeting and actions were implemented as a result. For example, one person had raised that they would like their bedroom decorated and we saw this had been completed without disruption to the person.

Some people spoke positively about the manager and said, "[Manager's name] is the manager and they listen to you." Whilst others did not know who the manager was and told us there had been a number of managers since they had been living there. One person told us, "They are in between managers at the moment. I have been here five years now and through 7 managers. They can't keep them. They don't stay long".

All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The manager had ensured this was on display within the home. The provider had correctly notified us of any significant incidents and events that had taken place.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was open in their approach to the inspection and any feedback was received positively.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance systems had failed to identify shortfalls and therefore were ineffective in driving improvement.

The enforcement action we took:

Warning notice