

Pinnacle Care Limited

Wolston Grange

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	

Overall summary

We carried out this inspection on 27 April 2015. The inspection was unannounced.

Wolston Grange provides accommodation and personal care for up to 39 people living with dementia. The service is made up of three separate buildings. The main home, Wolston Grange, accommodates older people with dementia. The Barns and the Lodge, accommodate a

mixture of older and younger adults with dementia. (For the purposes of this report 'the home' will refer to all three parts of the service.) Twenty five people lived at the service in total at the time of our inspection.

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

Summary of findings

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.

People told us they felt safe living in the home. Staff demonstrated a good awareness of the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse.

Staff knew how to support people safely. Risks to people's health and welfare were assessed and care plans gave staff instructions on how to minimise identified risks. There were processes in place to ensure people received their prescribed medicines in a safe manner.

There were enough staff on duty to meet people's needs. Staff's suitability to deliver personal care was checked during the recruitment process. Staff received training and support that ensured people's needs were met effectively.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had made DoLS applications when any potential restrictions on a person's liberty had been identified. Three people at the home had a DoLS application authorised. For people who were assessed as not having capacity, records showed that people's families or representatives were involved in decisions regarding their care and treatment.

We saw staff offered people a choice of meals. Risks to people's nutrition were minimised because staff understood the importance of offering appetising meals that were suitable for people's individual dietary needs.

Staff referred people to other health professionals for advice and support when their health needs changed.

We saw staff supported people with kindness and compassion. Staff reassured and encouraged people in a way that respected their dignity and promoted their independence.

People and their relatives were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs, abilities and preferences and care plans were regularly reviewed.

People were encouraged to share their opinions about the quality of the service and we saw improvements were made in response to people's suggestions.

The registered manager maintained an open culture at the home. There was good communication between staff members and staff were encouraged to share ideas to make improvements to the service.

There were effective processes in place to ensure good standards of care were maintained for people.

Summary of findings

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 safe.

People were kept safe because staff understood their responsibilities to protect people from the risk of abuse. Risks to people's individual health and wellbeing were identified and appropriate plans were in place to minimise the identified risks. There were enough staff to meet people's needs. The manager checked that staff were suitable to deliver personal care before they started working at the home. There were processes in place to ensure people received their medicines in a safe manner.

Good



Is the service effective?

The service was effective.

Staff had the relevant training, skills and guidance to make sure people's needs were met effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and obtained people's consent before they delivered care and support. People had a choice of meals, which were appropriate to their preferences and specialist dietary needs. People were supported to maintain their health and were referred to other healthcare services if their needs changed.

Good



Is the service caring?

The service was caring.

Staff knew people well and understood their likes, dislikes and preferences for how they should be cared for and supported. Staff were kind and compassionate towards people. Staff respected people's privacy and dignity and encouraged them to maintain their independence.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in planning how they were cared for and supported. Staff supported and encouraged people to maintain their interests and friendships. People told us they felt any complaints would be listened to and resolved to their satisfaction.

Good



Is the service well-led?

The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the registered manager to make improvements. Staff told us they felt supported by the registered manager. There were effective processes in place to ensure good standards of care were maintained for people.

Good



Wolston Grange

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.

We carried out this inspection on 27 April 2015. The inspection was unannounced and was undertaken by two inspectors and an 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.

The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We reviewed the information we held about the service. We looked at information received from local authority commissioners and statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with the registered manager, a senior care assistant, five care assistants and the cook. We spoke with six people who lived at the home and one person's relative. We observed how people were supported to maintain their independence and preferred lifestyle.

We looked at five people's care plans and checked the records of how they were cared for and supported. We checked three staff files to see how staff were recruited, trained and supported to deliver care appropriate to each person's needs. We reviewed management records of the checks staff made to assure themselves people received a quality service.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, “Yes I feel safe.” We saw people were relaxed with staff and approached them with confidence, which showed they trusted the staff. Staff told us that Wolston Grange was people’s home and they had a right to feel safe. People were protected from the risk of abuse because staff knew what to do if concerns were raised. A member of staff told us, “I would report any concerns to the manager, the deputy or a senior.” They told us they would record any incidents. Another member of staff told us, “Information goes to the manager.” Records showed incidents were recorded and actions were taken to protect people and keep them safe.

There were policies and procedures in place to keep people safe. Specific risks to people’s health and welfare had been identified and assessed. The registered manager told us they looked for any risks to people’s wellbeing at the pre-admission stage and checked for previous incidents such as falls. They said, “When people arrive we put risk assessments in place for their care. Staff are very responsive and would put in a risk assessment where required.” Staff knew about each person’s risks and needs for support. Staff told us about one person whose behaviour had recently changed. One member of staff told us how they had reported an incident straight away to senior staff and how staff were monitoring the person’s behaviour to keep people safe. They told us, “I updated their risk assessment. This is information for staff so they know how the person’s needs have changed.” We saw people’s care plans were updated where risks had been identified. Care plans described the actions to be taken to minimise the identified risks and provide support to people.

Staff told us the levels of staffing were adequate to meet people’s needs and extra staff were provided when needed. The registered manager told us they monitored staffing levels to ensure there were sufficient staff to meet people’s needs safely. We saw there were enough staff to support everyone with their needs and there were dedicated staff to cover housekeeping roles such as cooking and cleaning.

Records we looked at showed staff were recruited safely, which minimised risks to people’s safety and welfare. The provider checked that staff were suitable to support people and ensured they could work independently before they began working alone with people at the home. We saw, and staff told us, checks were made with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

There was an effective system in place to ensure people received the medicines they needed safely. Staff who administered medicines told us they had received training to allow them to do this safely. The registered manager told us, “All staff who administer have their competency checked six monthly. The team leader and deputy manager observe and question them. If there was an issue we would ask them to have more training.” We saw all medicines were kept safely in locked cabinets. Staff kept a record of how much medicine was stored. We saw when medicine was administered people were given a drink. Staff ensured medicines had been taken and people were not rushed. The medicine administration records we looked at were signed and up to date.

Is the service effective?

Our findings

People we spoke with told us they were happy with the care provided by staff. Two people told us, “Staff know what they are doing” and “Staff are very good they work very hard.” We saw staff knew people well and provided effective support according to people’s needs. For example, we saw how staff supported people to choose if they wanted to go out shopping and what items they wished to buy. Staff knew people’s preferences and supported them to make decisions.

Staff told us they had an induction which included training and observing experienced staff. They told us they felt supported during their induction. One member of staff told us, “I had a mentor. I feel confident and happy.” Staff told us and records showed that staff received regular supervision meetings with a senior member of staff.

Staff we spoke with told us they received training that enabled them to meet people’s needs effectively. Staff said they were supported to do training linked to people’s needs, such as, medication and dementia awareness. They told us they felt well supported by the provider to study for care qualifications and this helped them to provide effective care to people. Records showed that staff responsible for particular roles, such as dignity champion, had been given additional training to support them. The manager planned training events in advance to support care staff’s development.

We heard and staff confirmed that the handover of information between shifts was clear and effective. We found staff shared information about people’s needs to ensure they received good care. All staff said they had access to people’s care plans and updated them at each shift. They told us they would highlight any issues to the seniors and people’s care plans and risk assessments were updated where required.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out requirements that ensure where appropriate, decisions are made in people’s best interests when they were unable to do this for themselves. Staff understood the requirements of the MCA, they told us how decisions were made in people’s best interests where required. We saw staff asked people how they wanted to be

cared for and supported before they acted. For example, we observed a staff member ask someone if they wanted to wash their hands and then they fetched warm soapy water and supported the person to wash.

People told us they made their own decisions and staff respected the decisions they made. Two people told us, “Staff listen to you” and “I can decide how I spend my day.” Staff told us that people made their own decisions for their everyday living and they should be able to decide how they spent their day. Care plans we looked at included a mental capacity assessment completed by the registered manager. People who had been assessed as not having capacity, had decisions made in their best interests. We saw some people’s families or representatives were involved in decisions regarding their care and treatment. A relative told us they had been involved in discussions about their family member’s care. The registered manager told us, “I would involve the GP to make serious decisions around care and treatment, if people don’t have capacity.”

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. The registered manager demonstrated they understood their responsibility to comply with the requirements of the Act. In the care plans we looked at, we saw the manager had checked that the person was not being deprived of their liberty and any restrictions were the least restrictive option to keep them safe. The registered manager had made DoLS applications when any potential restrictions on a person’s liberty had been identified. We found three people at the home had a DoLS application authorised. The conditions of the authorisations had been updated on their care plans, ensuring people’s freedom was not unnecessarily restricted.

People told us the food was good and they had a choice of meals. Two people told us, “The food is fine no complaints” and “The food is good here.” We saw people were offered drinks and snacks throughout the day. We observed the lunchtime meal and saw people were offered a choice of meals that suited their preferences. Food looked appetising and staff knew which people needed to be encouraged or assisted to eat and drink. We saw people were given the support they needed by staff to eat their meals. One member of staff told us, “People have choice if they don’t want what’s on offer we would make them something else up from ingredients in the kitchen.”

Is the service effective?

We saw people's food preferences and any allergies were recorded in their care plans and that people were supported to maintain a diet that met their needs. For example one person ate a vegetarian diet and there was a vegetarian option at each meal time. People were assessed for nutritional risk and this was reviewed on a monthly basis. People were weighed regularly. We saw when people had lost weight this was monitored by increasing the frequency of weighing and, if necessary a referral to the GP. Where appropriate people had been prescribed supplements to improve their calorie intake. A member of staff told us one person had become low in mood and had chosen to eat and drink less. Staff had monitored their intake and encouraged them with additional snacks and drinks. This had been successful and the person's weight had returned to normal and no longer needed to be monitored.

Staff were knowledgeable about people's individual needs, which minimised risks to people's health. For example, a member of staff told us how they noticed one person's mental health needs had changed, so they advised a senior member of staff and a referral was made to a health professional to obtain support. We looked at five people's care records and these showed that staff monitored people's health needs and referred them to other health professionals, such as GPs and physiotherapists, when needed. Records showed any changes to people's needs and advice given by health professionals were updated in care plans, so staff had access to up to date information.

Is the service caring?

Our findings

People told us they were happy living at the home. Two people told us, “The staff are alright they are very sociable with me. If I have anything to say they listen” and “Staff are all friendly. It's not them and us, it's us all together which is lovely.” We saw good communication between people and staff and the interaction created a warm and friendly environment. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. For example we saw staff crouching down when people were sitting, to hold a conversation with them on the same level. We saw people knew each other well and enjoyed each other's company. One person told us, “This is my home.” Staff told us the reason they liked working at Wolston Grange was because of the people who lived there and they were, “Like family.”

We saw staff knew people well and understood how to support them according to their needs. For example a member of staff noticed one person looked cold and asked if they would like a blanket to make them more comfortable. We saw staff used equipment safely to assist people to move from one room to another. We heard staff explain the process to people and encouraged them to participate where they could. This demonstrated people were supported by staff with kindness, in a way that they could understand and which promoted their independence.

Staff told us although some people needed assistance, they tried to maintain people's independence. One member of staff told us, “I am always thinking how I can make it better? At the moment I am compiling a book of

places we can go and activities we can do that don't cost money.” People in the Barns and the Lodge were supported to make their own meals and had keys to their rooms. People were involved in making decisions and planning their own care. For example, people could choose when to get up or go to bed and whether to participate in activities or not as they wished. A relative told us staff treated their family member, “As an individual.” They told us staff knew they were a keen sportsperson and liked activities with a ball. They told us staff knew they loved to sing and that staff sang to them to calm them if they felt anxious.

People who lived at the home were supported to express their views about the care they received and were invited to ‘residents meetings’ or had one to one meetings with staff. Records showed that changes were made following suggestions made by people. For example the menu choices had been changed following a meeting with people who lived in the home. People had been asked for their opinions on the care they received in a customer survey completed in February 2015. The survey results and action plan for improvements were available to people in a communal area. Comments had been made about the laundry service and the action plan showed where improvements had been made.

People told us staff considered their privacy, dignity and choices when they supported them. Two people told us, “They [staff] are all very friendly and respectful” and “Staff knock on the door to see if I am alright, that respects my privacy.” Staff understood the importance of treating people with dignity and respect. For example we heard staff speak with people quietly and discreetly when they asked for support with personal care.

Is the service responsive?

Our findings

People told us they spent their time in the way they preferred and we saw that people were supported to follow their interests and encouraged to be independent. Two people told us, “If staff offer a trip out in the car, I’m there” and “I cook meals and shop, I am independent.” We saw some people enjoyed the garden area and helped to look after the home’s pets. One person told us they liked to go for walks with the dogs when the weather was good. People were supported to maintain important relationships with family and friends. People told us they liked to go out with their family.

We saw people’s likes, dislikes and preferences for care were reflected in their care plans. Some people and their relatives had shared information about their personal history. Staff told us how important it was to read people’s care plans so they knew what people’s preferences were and to ensure they supported people in the way they preferred. For example, we saw staff support one person to enjoy a walk outside, which reflected the information recorded in their care plans about their interests.

People were supported to maintain their religious beliefs and there were regular religious services arranged in the main home, which people in any part of the home could attend if they wished. The registered manager told us people could have other ministers to visit if they wanted. Records showed people were asked about their beliefs and cultural backgrounds as part of their care planning.

We saw care plans were updated to minimise identified risks to people, such as their mobility, nutrition or skin

condition, and plans were updated when their needs changed. For example, we saw one person had recently had a fall and their care plans had been updated to reflect the change in their needs. The risk to the person had been reassessed and there were detailed instructions for staff to follow about how to minimise any future risks. The support staff gave the person reflected the new instructions in their care plan. The registered manager told us, “Staff are very good at noticing things with residents, for example changes in behaviour. I have a lot of confidence in them.”

The registered manager told us people’s care plans were reviewed every two months by a named staff member called a ‘best friend’, who knew the person well. The staff member updated information where necessary if people’s needs changed. Records showed that reviews involved the person and other relevant people where appropriate, such as relatives and the local authority. A relative told us, “They keep me informed of [name’s] health. They know just what [name] needs”.

People told us they would raise any complaints or concerns with a senior member of staff. One person told us they had made a complaint and staff had taken action to resolve the issue to their satisfaction. Staff told us how they would support people to make a complaint if they wished.

We saw the provider’s complaints policy was accessible to people, because it was displayed in a communal area. Records showed that complaints had been responded to in accordance with the provider’s policy. The registered manager told us, “We record verbal complaints in the complaints book and action them.” They said, “A staff member would support people who can’t fill in forms.”

Is the service well-led?

Our findings

All the people we spoke with were satisfied with the quality of the service and liked living at Wolston Grange. One person told us the carers were, “Kind and helpful.” People were positive about the leadership within the home. One person told us the registered manager was “Lovely.” Another person told us, “I think the home is well run, this room (lounge) has just been painted.” We saw the registered manager was visible and accessible to people in the home and people knew them by name. Staff told us the registered manager and senior staff were approachable and supported them if they needed it.

Staff understood their roles and responsibilities. They told us they would not hesitate to whistle blow if they saw someone acting inappropriately. Staff told us they enjoyed working at the home. One member of staff told us, “I feel supported by my manager.” The registered manager told us “Staff feel confident in their roles and happy to say if something is wrong.” Records showed and staff told us there were regular staff meetings, daily handovers and regular staff supervision meetings. The registered manager asked staff for their opinion about how to improve the service. For example, a member of staff had suggested in a staff meeting that the veranda area of the Lodge could be refurbished as a barbeque area and this was being completed during our inspection.

There was an open culture with good communication between staff members. The registered manager told us they had recently started using staff reflective practice. Staff were given time to discuss specific issues and find solutions to make improvements. For example, during one staff meeting it was discussed how meal times could be made a better experience for people. The registered manager explained how staff had created an action plan to improve the choices offered to people. Staff followed these actions during the meal time we observed. The registered manager explained how they involved staff by asking them, “How do we make things better and how do we maintain things?” Staff had been involved in analysing what they thought the home’s strengths and weaknesses were and had then created a plan, which they discussed and evaluated at staff meetings.

Records showed people were encouraged to provide feedback about the service through questionnaires and regular meetings. We saw the most recent questionnaires

had been sent to people in November 2014, asking for their opinions of the service. The registered manager explained the results of the survey had been analysed and they had followed an action plan to implement improvements to the service where issues had been identified. This showed people were encouraged to be involved in developing the service.

Records showed there were meetings for people who lived at the home. People discussed issues of interest to them such as food and mealtimes. The registered manager told us they had introduced ‘resident discussion forms’ in some parts of the service instead of meetings, so people’s opinions could be easily recorded. People told us they had made suggestions for improvements to the service and we observed improvements being put in place. For example, a hen house was being built in the garden, following a suggestion from someone who lived there.

The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate. The registered manager was aware of their achievements and the challenges which faced the service. They explained there had been lots of changes in the last two years, since they had become the manager. For example, the registered manager told us improvements had been made to provide, “More meaningful occupation.” They told us, “Standards are a lot higher” and “It’s a constant thing of checking and improving.”

The provider had implemented a new quality assurance system, called a ‘Quality Improvement Plan’, where audits were carried out by the area manager. There was an action plan of improvements to be made within given timescales, which were being followed. Additional monthly checks looked at areas such as quality of care plans, medication and maintenance of the environment. The registered manager told us, “The deputy manager does the audits and I oversee them. We discuss what action needs to be done.” Records showed where an issue was identified, action was taken to make improvements to the service.

The registered manager told us that as part of the new quality assurance system they had started to share information about incidents with other managers in the provider’s group. They told us, “We are having more regular manager meetings which are more productive” and “We

Is the service well-led?

are changing the ways we do things. We are making changes that come from other homes.” The registered manager explained how they had made a suggestion about improving the review of people’s care plans and they were waiting for the opinions of other managers to be shared with them at the next meeting. The registered manager told us the managers’ meetings allowed them to, “Amend policies where required and identify if we need support for staff in certain areas.”

We saw people’s confidential records were kept securely in the manager’s office so only staff could access them. We saw staff updated people’s records every day, to make sure that all staff knew when people’s needs changed. Staff records were kept in a locked cabinet in the manager’s office which meant they were kept confidentially and were available when needed.