

# Careline Lifestyles (UK) Ltd

# Wilkinson Park

## Inspection report

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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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Wilkinson Park is a care home providing accommodation and personal care for up to 21 people with learning disabilities. There were 11 people living at the service at the time of our inspection.

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

Risks relating to people's care and support needs were documented and reviewed. There was one ongoing fire safety action relating to the premises. Construction work to address this issue had been delayed due to Covid-19. This work was due to be completed imminently and the provider was liaising with Northumberland Fire and Rescue Service regarding this issue.

Government guidance relating to the use of Personal Protective Equipment [PPE] in respect of the Covid-19 pandemic, was not always fully followed by a small number of staff. Following the inspection, the registered manager and provider told us the issues relating to staff use of PPE had been addressed. We have made a recommendation about this.

Systems were in place to protect people from the risk of abuse. There were sufficient staff deployed to meet people's needs. Medicines were managed safely; one person was being supported to become more independent with their medicines.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were aiming to meet the underpinning principles of Right support, right care, right culture. The restrictions which the provider had put in place because of Covid-19 relating to accessing the local community, did have an impact upon people's choice and control. We recognised the service was trying to balance people's rights whilst aiming to ensure the safety of people at the home. We have recommended that the provider seeks advice from a reputable source to ensure decisions relating to any restrictions incurred during the pandemic are based upon an individualised and dynamic risk assessment to help reduce the impact of Covid-19 upon people's wellbeing.

There was a system in place to ensure staff were suitably trained and skilled. Staff told us they felt supported.

Staff treated people with kindness. There was a positive atmosphere within the home with laughter and friendly banter throughout our visit. People's privacy, dignity and independence was promoted. Housekeeping skills were encouraged to promote people's independence.

Electronic care records were detailed and described how people's needs should be met. A system was in place and followed, to review people's needs to ensure care plans were up to date and reflected the support people required. Additional activities were being carried out within the home due to Covid-19. Prior to the pandemic, people were accessing the local community. Another vehicle had been purchased to provide additional access to transport.

The provider had a quality assurance system in place. However, information we requested during and following our inspection was not always sent in a timely manner. We have made a recommendation about this.

A new registered manager was in place. He had become registered since our last inspection. People, relatives and health and social care professionals spoke positively about him and the improvements he had made. One health and social care professional told us, "[Name of registered manager] is a fair gentleman and appears to want to do his best for the residents living at Wilkinson Park."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 14 January 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found that action had been taken and the provider was no longer in breach of the regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

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

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Wilkinson Park

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Wilkinson Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave short notice of the inspection. This supported the registered manager and us to manage any potential risks associated with Covid-19.

#### What we did before the inspection

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

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the nominated individual, head of care delivery, head of care outcomes, registered manager, team leader, senior support worker and three support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with five people who lived at the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed multiple records relating to people's care and support and the management of the service. We also contacted 12 health and social care professionals by email to ask for their feedback about the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; Preventing and controlling infection

At our last inspection the provider had failed to ensure records relating to risk were accessible and kept under regular review. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, not all areas of the home were clean. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, the provider was no longer in breach of Regulations 12 and 17. However, further improvements were required in relation to infection control and fire safety.

- Action had been taken to improve the cleanliness of the home, since our last inspection.
- Government guidance relating to the use of Personal Protective Equipment [PPE] in respect of the Covid-19 pandemic, was not always fully followed by a small number of staff. Following the inspection, the registered manager and provider told us the issues relating to staff use of PPE had been addressed.
- We signposted the provider to additional information to ensure their policies and procedures reflected government guidance around infection control.

We recommend that the provider revisits best practice guidance in relation to infection control and the use of PPE, and reiterates this to staff as well as reviewing their practice regularly.

- Risks relating to people's care and support were documented and reviewed. There was one ongoing fire safety action which had been identified from the provider's fire risk assessment in August 2019 and a fire safety report completed by Northumberland Fire and Rescue Service in September 2019. Construction work to address this issue had been delayed due to Covid-19. This work was due to be completed imminently and the provider was liaising with Northumberland Fire and Rescue Service regarding this issue.
- The registered manager was liaising with the provider's therapy team with regards to moving and handling equipment since several people were at risk of falls.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. A health and social care professional told us, "[Name of registered manager] is pretty much on top of the safeguarding area and informs me of any significant issues involving my clients."
- Most people told us they felt safe. One person told us they did not enjoy living at the service and wanted to leave. They also shared feedback via their advocate which we asked the provider to share with the local authority safeguarding team.

## Staffing and recruitment

At our last inspection the provider had failed to ensure an effective system was in place to make sure sufficient staff were deployed to meet people's needs. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17 in relation to systems linked to staff deployment and recruitment.

- There were sufficient staff deployed to meet people's needs. One staff member told us, "Now we have more staff, I find my job much better – it's much better for the lads."

## Using medicines safely

- Medicines were managed safely. One person told us how staff were supporting them to progress to be able to manage their medicines independently.
- The provider had sourced an external pharmacist to monitor medicines management across all their services.
- Regular audits and checks of medicines management in the service were carried out.

## Learning lessons when things go wrong

- A system was in place to review accidents and incidents and ensure action was taken to reduce the likelihood of any reoccurrence.

# 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 the last inspection this key question was rated requires improvement . At this inspection this key question has now improved to good. This meant people's outcomes were consistently good.

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

At our previous inspection, electronic records relating to people's mental capacity and legal status were not well maintained. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities). Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17 in relation to ensuring consent to care and treatment was 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had submitted DoLS applications in line with legal requirements.
- Information relating to people's mental capacity and legal status was available. One health and social care professional told us, "With the three people I am working with, there are some complex legal issues involving capacity and [name of registered manager] has worked with us on those issues to uphold their rights. They have allowed access to solicitors for Mental Health Act purposes with no issues."
- Due to the pandemic, the provider had introduced restrictions in relation to accessing the local community. The registered manager had held a meeting with people to explain that due to the ongoing risk, all unessential activities were cancelled. People would however, still be supported to attend medical appointments, daily exercise and essential shopping. One person raised concerns via their advocate and social worker regarding the restrictions. The registered manager was liaising with the relevant agencies regarding this feedback.

We recommend the provider seeks advice from a reputable source/s to ensure decisions relating to any restrictions incurred during the pandemic are based upon an individualised and dynamic risk assessment to help reduce the impact of Covid-19 upon people's wellbeing.

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

- People's needs were assessed before they came to live at the home. The preadmission assessment process had been strengthened to ensure the service was suitable to meet people's needs before they moved in. A multidisciplinary assessment was completed so all areas of the person's care and support were assessed. We read that one person requested to move to Wilkinson Park because it was the where they felt "safe, secure, stable and cared for."

Staff support: induction, training, skills and experience

- There was a system in place to ensure staff were suitably trained and skilled. One health and social care professional told us, "It appears that the service is staffed with staff who are skilled and supported by their manager and organisation to work with a complex group of service users...My experience was that they were reliable and they did what they said they would with efficiency."
- Due to the current pandemic, certain training which had been planned had been put on hold.
- Staff support systems were in place. Staff supervision and appraisal meetings were carried out.

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

- People were supported to eat and drink enough to meet their needs. There was a relaxed atmosphere at lunch time when we visited. Some people chose to eat in the garden. There were facilities for people to be involved in the preparation and cooking of their own meals.
- Several staff told us there was sometimes a reliance on processed food. We passed this feedback to the registered manager. Following our inspection, a review of the menus was carried out. The provider told us of their future plans to employ a dietitian to strengthen their therapy team.

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

- People were supported to access services to meet their physical and mental health needs. One health and social care professional told us, "They ensure that for the three people I work with, they have access to GP, primary care and other health and social service staff when necessary."

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

- The design of the service met people's needs. The service consisted of a main two-story building, a separate apartment for three people and a cottage adjacent to the main building which provided accommodation for two people. One person showed us their separate garden with rabbits and fish which they looked after.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness. One person told us, "It's lovely here - the staff are lovely with you and help you a lot." There was laughter and friendly banter throughout our visit. One person entertained us with their various impersonations.
- Care plans were personalised to reflect people's likes, dislikes and beliefs to help staff provide person-centred care.
- Staff knew people well and engaged them in conversations about their interests.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in their care. One person told us, "They ask me what I want to do and what I want to join in on." Two people showed us the plans they had made for their future when they left Wilkinson Park. One health and social care professional told us, "From my experience the people I work with do seem to be involved in their care and we have had discussions with them, alongside [registered manager] to allow them to express their feelings and concerns about their care and what they want to change in the future."
- People's privacy, dignity and independence was promoted. Housekeeping skills were encouraged to promote people's independence. One person explained how they made their own meals, cleaned their cottage and did their own laundry. A health and social care professional told us, "[Name of registered manager] is fantastic with my client and has developed a really good rapport, which is extremely positive, as this has given my client lots of opportunities to excel in this placement, which will help them to move onto an independent lifestyle."
- People told us that staff knocked on their doors before entering and most people explained that staff treated them with dignity. A health and social care professional told us, "I feel the service as a whole is very positive and they treat all their clients with respect and dignity, with a focus of eventually rehabilitating them back into a more robust community setting."
- One person told us that the legal restrictions relating to their placement did not promote their independence or reflect their wishes. Staff and health and social care professionals were aware of this issue and were liaising with the relevant professionals, agencies and court of protection with regards to the person's wishes.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection, there was a lack of access to meaningful activities and occupation for people. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Due to the pandemic, the provider had introduced restrictions on accessing the local community. All unessential activities within the local community had been stopped. Additional activities were being carried out within the home. Most people told us their social needs were met. One person raised concerns about the restrictions in place. The provider was reviewing the current situation in relation to this issue.
- When we arrived at the home, people were in the garden painting, playing darts and enjoying the sunshine. We spoke with one care worker who spoke enthusiastically about ensuring people's social needs were met. They told us, "I need the ideas to come from the residents because if it's meaningful to them they are more likely to participate. I go around every morning and ask what they want to do so it is fluid and impromptu." One person told us they enjoyed seeing the West Percy hunt which passed nearby and another person told us they enjoyed star gazing.
- A health and social care professional told us, "There are some difficulties inherent in the rural location of the service which they try to overcome by giving service users access to the community in local towns and cities."
- Another vehicle had been purchased following our previous inspection. Transport relating to people's healthcare needs such as hospital appointments was provided free of charge. Other transport relating to social excursions was provided at a subsidised level.

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

- Electronic care records were detailed and described how people's needs should be met. A system was in place and followed to review people's needs to ensure care plans were up to date and reflected the support people required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the AIS. The registered manager explained that should information be required in a different format; this would be provided.

Improving care quality in response to complaints or concerns

- People were aware of how to make a complaint. A record of complaints was in place. One health and social care professional told us, "When there has been concerns raised in relation to my client's care and support, [name of registered manager] and his team have taken my comments and requests on board and changed the situation around." We spoke with the registered manager about the introduction of a centralised monitoring system to record and review informal concerns and identify if there were any trends or themes.

# 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 the last inspection this key question was rated inadequate. At this inspection this key question has now improved 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; Continuous learning and improving care

At our last inspection an effective governance system was not in place and record keeping compromised the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection action had been taken to improve and the provider was no longer in breach of Regulation 17.

- The provider had a quality assurance system in place. Improvements had been made in relation to record keeping and other areas of the service. However, information we requested during and following our inspection was not always sent to us in a timely manner.

We recommend the provider reviews their information management system to ensure documentation and information requested by CQC is available and submitted to us in a timely way.

- A registered manager was in place. People, staff and health and social care professionals spoke positively about him. A health and social care professional stated, "Since [name of registered manager] has taken over as manager, I feel the service is running more effectively, and his staff seem a lot happier with him as a lead."

- The registered manager had informed CQC of notifiable events at the service in line with legal requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive atmosphere at the home. Staff told us they enjoyed working at the home and spoke positively about the people they supported. Comments included, "I would do anything for any of them" and "I love this place - my heart is here."

- A 'hero of the week' had been introduced. This was originally for staff who had been recognised for their hard work and dedication, however one person proudly showed us their badge which they had been given for their support during the pandemic.

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 registered manager was aware of his responsibilities in relation to the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys were carried out and meetings held for people and staff to involve them in the running of the service. People and staff told us the registered manager was approachable and they could go to him with ideas. A staff member told us, "I think he is great, really approachable. He is fair but firm with decisions."

Working in partnership with others

- The service worked with health and social care professionals to help people achieve positive outcomes. One health and social care professional stated, "I can particularly commend [name of registered manager] for his work over a long period of time to plan how to deal with the unusual situation these service users are in and his rapid response to some of the unusual requests we have had to make recently and for his support in enabling his staff team to give [people] the help they needed through this complex period for them."