

## Whitwell Park Care Home Limited

# Whitwell Park

### Inspection report

130 Welbeck Street  
Whitwell  
Worksop  
Nottinghamshire  
S80 4TP

Tel: 01909724800  
Website: [www.whitwellpark.com](http://www.whitwellpark.com)

Date of inspection visit:  
05 November 2019

Date of publication:  
03 December 2019

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Whitwell Park specialises in providing nursing and personal care for up to 34 people who have a learning disability or autism or other associated and complex needs across six separate units, each of which has separate adapted facilities. Each unit has its own dedicated staff. Nursing staff work across the two floors to support people with their nursing needs. There were 33 people living in the service on the day of our inspection.

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

People were protected from the risk of abuse, and staff were knowledgeable about how to recognise and report concerns of abuse. There were systems in place to protect people from the risk of harm and abuse, and people, relatives and staff felt confident to raise concerns about unsafe care. People were supported to be as independent as possible whilst remaining safe. Key information about people's care needs was available to staff in the event of an emergency.

People were supported to have a varied and balanced diet. Attention was given to making food look appetising and attractive for people who were not able to eat a normal diet.

People were supported by staff who routinely promoted privacy and dignity. Comments from relatives and people were extremely positive.

People had access to a range of health and social care professionals for advice, treatment and support. Staff monitored people's health and well-being effectively and responded quickly to any concerns.

Staff were recruited in a safe way. The provider took steps to ensure checks were undertaken to ensure potential staff were suitable to work with people needing care. Staff received regular supervision and had checks on their knowledge and skills. They also received an induction and training in a range of skills the provider felt necessary to meet the needs of people at the service.

Staff had a good understanding of people, their likes and dislikes. There was sufficient staff to ensure people could access activities of their choice.

Medicines were managed, stored, administered and disposed of safely.

Staff received training and ongoing skills assessments that enabled them to be confident in supporting people with medicines.

There was an open culture focussed on continual learning and improvement. The service continued to be well led and benefitted from clear and consistent leadership. The registered manager was praised by people, their relatives and staff, for their positive and supportive approach and their prompt resolution of issues.

Systems were in place to monitor the quality of care provided and continuously improve the service. The management team and staff engaged well with other services and had developed positive relationships. The service was well maintained and was clean and tidy.

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:

The last rating for this service was good (published 15 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whitwell Park on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.  
Details are in our well led findings below.

# Whitwell 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.

#### Inspection team

The inspection was carried out by one inspector 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.

#### Service and service type

Whitwell Park is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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 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

This inspection was unannounced.

#### 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 worked with the service. We used all this information to plan our inspection.

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.

#### During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the deputy manager, registered manager, two nurses, three support workers and the kitchen manager. We reviewed a range of records. This included three people's care records and their medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We contacted three relatives of people to gain their views 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Systems and procedures were robust.
- People and their relatives told us they felt safe at the service. A relative said, "The staff are outstanding. They know how to care for my [family member]." Another said, "I have no concerns at all, and I know the care is good." People we spoke with said, "I'm happy, it's my home. I talk to (name of carer) If I was worried. She listens to me, she's my friend."
- Staff had received training on how to recognise signs of abuse and were able to tell us about how to support people to stay safe and protect them from abuse or harm. One staff told us, "I would not hesitate to report anything of that nature to the manager." Another staff told us, "I have worked here for a number of years and never felt I needed to report anything. However, I would report anything straight away."
- The registered manager appropriately reported incidents of potential abuse to CQC and the local safeguarding team. There was no ongoing safeguarding investigations at the service at the time of the inspection.

Assessing risk, safety monitoring and management

- There were appropriate risk assessments which helped to keep people safe. Care plans reflected people's identified risks. These included risks associated with safety when out in the community, medication and people at risk of choking.
- Risk monitoring was kept to a minimum to ensure people stayed safe in the least restrictive way. People said, "I like to go out to the shops, I can go on my own. I am always careful."
- People were protected from unsafe premises. Environmental risks assessment had been carried out. Equipment used in the service was routinely maintained. The registered manager told us they would report any faulty equipment to the landlord straight away.
- There were safe processes to support people's needs in the event of a fire. One person said, "I have heard the fire alarm and staff come and tell us when it's a drill." Coloured dots on the back of bedroom doors identified the amount of help people would require if they needed to evacuate the building. For example, a green dot signified the person could walk unaided. A Red dot meant the person would need full support to leave the building.

Staffing and recruitment

- "There were safe recruitment processes in place. For example, gathering references from previous employers to ensure staff were of a good character."
- Staff rotas confirmed the right amount of staff were on duty to support people in their daily activities.
- The service was adequately staffed which meant staff provided a person-centred approach to care

delivery. A relative said, "There is always enough staff. My [family member] often needs one to one staff to manage difficult behaviours." A person said, "There is plenty of staff, at night I sometimes have to call for assistance and they always come quickly."

- Additional staff were used to support people with things like medical appointments and social outings. The home has several vehicles which are used to transport people to appointments. A member of staff told us they had taken a person for a dentist appointment that day, they said, "We have vehicles, so we can keep people in their wheelchair, this helps to reduce their stress levels."

#### Using medicines safely

- Medicine Systems were robust and effective. People received their medicine as prescribed and in a safe, person-centred way. People said, "I have my medicines in the morning, staff stay with me to make sure I take them safely."
- Protocols were in place for the use of 'as and when required medication'. We found clear concise records were in place and accurate.
- Nursing staff was responsible for administering medicines had received appropriate training and had their competencies reviewed.
- The registered manager and deputy managers who were nurses checked staff were competent to administer medicines on an annual basis and carried out regular checks of the records to ensure procedures were followed. Any errors or concerns were identified and dealt with appropriately.

#### Preventing and controlling infection

- People told us the home was kept clean and tidy. One person said, "My bedroom is always clean. The staff are very good." Another said, "I like my room, it's as I want it and it is always tidy."
- Staff understood how to prevent and control the spread of infection. Personal protective equipment such as gloves and aprons were available throughout the home and we saw staff using them when delivering care. Staff confirmed they had received training in the control and prevention of infection.
- The registered manager carried out regular checks to ensure procedures were followed.
- The home had a food hygiene rating of five stars which is the highest rating. Food hygiene training for staff and correct procedures were in place and followed wherever food was prepared and stored.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded. This meant the registered manager could identify any trends and put systems and processes in place to reduce any further incidents and accidents taking place.
- Staff were aware of what needed to be reported.
- The registered manager had systems in place to monitor and analyse trends in accidents and incidents.
- The registered manager and deputy managers met regularly to share experiences and any learning from events which may have occurred. Staff meetings were held regularly to discuss information to help the home deliver good care. For example, a person at risk from falls had a crash mat at the side of their bed. Staff told us the crash mat could have resulted in further falls as they were getting out of bed and the crash mat was not a stable surface for the person to stand on. Their care plan was reviewed and updated. The crash mat was replaced by a sensor mat which alerted staff if the person got out of bed.



# 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 as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- People's preferences and choices were recorded, including their interests, hobbies and work life history.
- Where a person's assessment had identified the need for additional equipment or technology, this was provided. For example, some people had been assessed as at high risk of falling. Sensor mats had been obtained and put at the side of people's beds which provided staff with an early warning sign if a person was moving about. Staff were then able to attend to people and observe them mobilising and support them if required to prevent a fall.
- We observed staff offering a choice of hot drinks. One person used an electronic communication board to ask for coffee which staff provided.

Staff support: induction, training, skills and experience

- Staff received training which supported them to have the knowledge and skills to do their job well and effectively meet people's needs. A relative said, "Staff always appear to be well trained. I know they had training to understand my [family members] condition and they told me it had helped them understand their need better." A staff member said the training was comprehensive and effective.
- Staff had supervision and appraisal meetings with the registered manager, deputy managers and team leaders. This allowed staff time to express their views and reflect on their practice. New staff received an induction which included shadowing more senior staff. A staff member told us they were qualified to deliver training in the moving and handling of people. They said, "I am able to deliver training if a need is identified or if people's mobility needs change. This means we move people safely without waiting for health professionals to deliver the training."
- Staff meetings and regular supervision helped to inform staff of any changes people's needs, to the service or the organisation.
- The registered manager had responsibility for providing clinical supervision to the nursing staff. Nurses told us they were able to attend additional training to ensure their professional accreditation was up to date.

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

- People were encouraged to make suggestions about the type of food they liked.
- People's wishes, and beliefs were taken into consideration when preparing meals. Meals were planned for people who required a diet suitable for conditions like diabetes, allergies or following speech and language

therapist (SALTs) visits where people were at risk from choking.

- We spoke with the kitchen manager who was very well informed about people's dietary needs. They told us how they endeavoured to make meals look attractive for people who required a soft diet. For example, as it was bonfire night they were serving hot dogs and burgers which were piped using mashed potatoes and liquidised meat, so they looked like hotdogs. We saw the food being served which looked appetising and colourful.
- Where there were concerns relating to people eating and drinking, care plans were in place and these were highlighted and regularly reviewed.
- Nursing staff followed best practice guidelines by completing the 'malnutrition universal screening tool' [MUST]. The screening tool was used to identify adults, who were malnourished, at risk of malnutrition. Weights were recorded where required, to highlight any changes which may need further intervention from dieticians.
- People who had been assessed as at risk from choking were closely observed throughout their meals to minimise the risk.
- Observations over lunch showed people were offered a choice of meal and included various drinks and fruit juices.
- People who required one to one assistance with their meal was offered appropriate support. Place mats had been devised so that everyone had information to enable staff to give assistance safely. For example, the place mats included the best position for them to receive assistance. Things to look out for to eat safely and any allergies. We saw staff reading the information before giving assistance.
- People said they had enjoyed their food and the cooks were excellent.

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

- People had access to healthcare professionals. People we spoke with and their relatives confirmed they had attended hospital appointments. One relative said, "Staff always keep me updated on any health issues with my [family member]. I have attended reviews of my [family members] care." Another relative said, "Staff are very good. They are on the ball when it comes to getting a doctor or seeking other health professional's advice."
- People were supported to maintain routine appointments with chiropodists, opticians and dentists. One staff member told us they had been to the dentist that day with a person for a check-up. They said, "We keep a close eye on people's oral care because if they have denture problems they will not eat and therefore may lose weight."
- Where healthcare professionals (such as district nurses) had been involved, their advice was followed.

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

- People had personalised their room with pictures and some of their own furniture. For example, one person had their bedroom decorated using their favourite football team with quilts and curtains to match. Staff said, "We take people to the shops and they can point at things they want to buy for their bedrooms. Relatives also helped to personalise their [family members] bedrooms to make them feel at home."
- We observed people moving freely [if they were able] around the home. People were encouraged to socialise during the day in communal areas but could return to their bedrooms if they wished.
- Secure outside space was available to people. People were encouraged to spend time outside. One person said, "I like to go outside, walk for a paper and have a smoke."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 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.

- Staff had been trained in the MCA and understood the importance of helping people make their own choices regarding their care and support and had a good understanding of the principles of the Act.
- Where people had a DoLS authorisation this was clearly recorded in people's files. These were managed in the least restrictive way possible.
- Files contained MCA assessments where necessary and there was guidance on how to support people in their best interests in each area of care.

# 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 as good. At this inspection this key question has remained the same. 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

- Throughout the inspection we observed, kind, considerate and professional interactions between staff and people. People told us they felt staff were respectful. A relative said, "My family member tells me staff are always kind to them." Another said, "I see how staff are with people and I have no worries about any aspects of people's care."
- People and their relatives gave us positive feedback about how the staff supported them. Without exception, people and their relatives were complimentary about the home environment, atmosphere and staff conduct. A relative said, "I have total confidence in the home. Staff are exceptional. They put people at the centre of everything they do." Another said, "When we visit you can tell the staff are respectful and people are treated as individuals."
- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.

Supporting people to express their views and be involved in making decisions about their care

- People and their families were able to contribute to their care planning. A relative said, "Yes I am invited to attend my [family member's] review, we still feel part of their life." One person said, "I prefer my relatives to deal with my care." Another person said, "I know about things staff write about me. I trust them. I am able to make decisions about my life."
- People told us they felt confident to express their views and make decisions about their care. Care plans contained details of people's preferences.
- We observed people being involved in making choices about what they wanted to eat and when they wanted to take their medicines.
- People were able to choose how they spent their day and we observed people taking part in a range of activities of their choice. The atmosphere was friendly, and staff gave encouragement for people to join in activities.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocking on people's bedroom doors before entering and speaking to people in a quiet voice, so others could not hear their conversations.
- People told us staff respected their privacy and dignity, for example by keeping them covered when supporting with bathing and showering.
- People's and relatives views about the staff were positive. Comments included, "We hear staff talking to people and it is always in a manner which promotes their independence," and, "My relative is a very private

person and staff respect this."

- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

# 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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received personalised care which met their needs and took in to consideration their preferences. People told us they liked living at the service. One person said, "Staff know me very well, they encourage me to be independent and make decisions for myself." Another person told us they knew about their care plan and pointed to the cupboard where it was stored.
- Care plans were reviewed by nurses regularly to ensure records were up to date and in line with people's preferences, choice and current needs. Staff told us they had daily handovers to inform of any changes to people's care and support. The deputy manager said, "It's important we all know how people have been overnight. We want to provide the best possible care for people."
- People and their relatives felt very strongly that they received care which was centred on their individual needs and preferences. One relative said, "My [family member] is well looked after. I can't praise them enough. They treat people like their own family." Another said, "I am highly satisfied with the care provided to my [family member]."
- Staff were attentive and responded to people's requests for help and recognised the importance of giving people time and attention. Staff were very attentive, and they stayed with the person they were assisting and gave their full attention to ensure mealtime was an enjoyable experience.

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.

- People's communication needs were identified, recorded and highlighted in care plans. Needs were shared appropriately with others. For example, one person had developed their own signs to communicate. Staff was able to explain what the various signs meant when communicating with the person.
- We observed staff communicating with people. People were given time to respond and their responses were appropriate.
- We spoke with the registered manager and staff about AIS during the inspection. We were reassured that people were supported to receive information in a format which was easy for them to understand. The deputy manager told us, "We know people very well and understand their body language, facial expressions and noises where people had difficulty in expressing their wishes verbally."

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

- The registered manager, deputy managers and whole staff team were passionate about supporting people to be as independent as possible. Staff we spoke with described their role to enhance people's lives.
- People had benefitted from good staffing levels. For example, people had visits to Skegness, Blackpool, and activity holidays with a external disability trust.
- People had developed friendships with people inside the service and out in the community. Staff told us people liked to go to coffee mornings held in the village. They said, "The village centre is very welcoming, we feel part of the community."
- Relatives told us they were always kept informed about the [family members] care. A relative said, "We get to know about the activities their [family member] had taken part in. They have a busy fulfilled life."
- We observed good interactions between staff and people throughout the inspection. Activities included, games of skittles and arts and crafts and one person was happy drawing on an electronic note pad.
- Staff talked to people about watching a firework display through the lounge windows as it was bonfire night. One person said, "I like to watch through the window as sometimes they are a bit noisy."

Improving care quality in response to complaints or concerns

- People told us they had seen information about the service's complaints policy, but most people said they had not used this as they did not have any concerns about the service. People responded to being asked if they had ever made a complaint by shaking their heads. One person said, "I would tell my carer if I had anything to complain about." Relatives confirmed they had never made a complaint.
- There were no open or unresolved complaints and we saw positive feedback for the service. The registered manager regularly communicated with the staff, people who used the service, their family members and other healthcare professionals. By having this approach concerns could be dealt with quickly.

End of life care and support

- At the time of the inspection no-one was being supported with end of life care needs.
- People's preferences in relation to end of life support was explored during the care planning process. The registered manager told us relatives often did not want to discuss this part of the persons care.
- One of the deputy managers told us that they had been given the lead responsibility for developing further their quality assurance systems for people's end of life wishes.

# 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 as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a very positive culture of learning and support across the home. The registered manager showed an open and transparent approach and was passionate about promoting a person centred, inclusive and empowering culture.
- The provider and staff recognised the importance of the views of people who use the service and their relatives. Nursing staff held regular reviews of people's care, which gave opportunities to express any concerns they may have about the care provided.
- Staff told us the registered manager, deputy managers, nurses and team leaders were supportive, and were available to offer support and advice. If they had any concerns or things had gone wrong, they felt able to speak about it.
- Staff were encouraged, to voice their view on how the service was developed. They said they felt listened to and they were encouraged to make suggestions to improve the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong.
- The provider had sent us written notifications about any important events when they happened at the service to help us check the safety of people's care when needed.
- The provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

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

- The registered manager and staff were clear about their roles. There were clear support and reporting structures for staff. Staff were aware of who they should go to with concerns.
- Systems and processes were in place for the auditing of all aspects of care including care plans, and delivery of care, as well as the health and safety of the building.
- The registered manager was aware of where improvements needed to be made; for example, exploring and implementing more detailed end of life wishes for people.
- There were systems and processes in place, and the registered manager understood their responsibilities



for reporting to CQC or other bodies such as the local authority. For example, reporting any safeguarding allegations.

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

- People and staff were observed seeking guidance and reassurance from the nurses and deputy managers, and registered manager throughout the inspection. The atmosphere was relaxed and calm, with people and staff laughing and engaging in positive discussions. People continued to be treated equally and had their differences respected.
- The service engaged with people in the community to develop positive relationships. For example, attending community event such as coffee mornings.

Continuous learning and improving care

- The provider had systems in place to learn from events. For example, when a medicine error occurred, the registered manager held an emergency team meeting and introduced new guidelines to minimise the risk of further errors taking place.
- Staff meeting were used to discuss incidents and accidents. This meant staff were involved in the developments and progress of the service.
- Regular meetings were organised by the registered manager gave staff the opportunity to reflect on both the good and areas where the service could further be developed.

Working in partnership with others

- The registered manager told us they worked closely with outside agencies to ensure people received appropriate care and support.
- We received positive feedback from commissioners of the service who also monitor the quality of care provided.