Parklands Care Services Limited

Wyndthorpe Hall & Gardens Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Wyndthorpe Hall & Gardens Care Home is a residential care home registered to provide personal and nursing care to up to 82 people. At the time of our inspection there were 64 people using the service. Some people using the service were living with dementia. The home had two separate buildings, Wyndthorpe Hall and Wyndthorpe Gardens, each with a registered manager.

People's experience of using this service and what we found
The provider had a system in place to monitor the quality of the service, however, this was not always effective. There was a lack of leadership and governance and this impacted on the service provided to people. Areas of the environment were worn and dirty. We carried out a tour of the home and found some concerns regarding infection prevention and control. Some areas of the home needed a deep clean and some areas were poorly maintained. There was little evidence to show lessons had been learned when things went wrong.

People's medicines were managed safely, and people received their medicines as prescribed.

People were safeguarded from the risk of abuse. There were sufficient staff available to meet people's needs although, there was no effective system used to determine staffing levels based on people's assessed needs. Staff were recruited safely and had pre-employment checks to determine their suitability for employment.

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

Rating at last inspection
The last rating for this service was good (published 22 December 2020).

Why we inspected
The inspection was prompted in part due to concerns received about infection control, care planning, governance and risks. A decision was made for us to inspect and examine those risks. We looked at the key questions of safe and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wyndthorpe Hall & Gardens Care Home on our website at www.cqc.org.uk

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Wyndthorpe Hall & Gardens Care Home

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 three inspectors and one 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
Wyndthorpe Hall & Gardens Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wyndthorpe Hall & Gardens Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
The service had two managers 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
This inspection was unannounced.

We visited the office location on 14 September.

What we did before the inspection
We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with seven people and three relatives about their experience of the care provided. We spoke with the two registered managers and five members of care staff. We reviewed a range of records. This included eight people's care records. We looked at seven staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Areas of the home environment required improvement and had not been properly maintained.
- We found three assisted baths and one shower out of use. One assisted bath still being used was due to be serviced and certified, in line with regulations by April 2022, at the time of inspection this had not been done.

- Fire extinguishers showed dates of last service as June 2021. An electrical socket in a dining room had loose screws and was held together with electrical tape. There were no records of any recent checks where these issues had been identified.
- Décor around the home required attention. For example, flooring and sealant in bathrooms needed replacing, doors, frames, handrails and skirtings around the home were worn and in need of painting.
- We found some areas cluttered and needed to be cleared for fire safety and access. For example, mop buckets blocking fire exit stairs, a broken toilet at the top of fire escape stairs and a broken flag stone at the bottom of the fire escape stairs.

The provider had failed to ensure the premises was properly maintained. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We carried out a tour of the home with the registered managers and found areas that required attention. Continence pads were put directly into bins creating malodour, ill-fitting flooring created areas of built up dirt. Areas of the home were in need of a deep clean.
- We were somewhat assured that the provider was using PPE effectively and safely. PPE was available around the home however; we saw instances where staff masks were under their nose or slipping down. All these things did not promote effective infection control.

The provider had failed to ensure infection, prevention and control policies and procedures were always followed. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

- The provider was facilitating visits for people living at the home to maintain contact with family and friends.

Using medicines safely

● The service managed people's medicines safely. People's medicine support needs were clearly documented in their care plan and included a list of medicines prescribed, how and when they should be administered.

● People's medicines administration records (MARs) were completed correctly and medicines stock held by the service was consistent with stock levels documented on the MARs.

● Care and nursing staff supporting people with their medicines had received training and their competency had been assessed.

● Some people received medicines prescribed as and when required 'PRN', there was information on how to do this safely documented.

Systems and processes to safeguard people from the risk from abuse

● Systems were in place to ensure people were safeguarded from the risk of abuse.

● Care staff had received training in safeguarding people and knew how to report concerns. They told us they felt confident to raise concerns about poor standards of care.

● The service was aware of their responsibility to report safeguarding concerns to the local authority and CQC.

● When we asked people if they felt safe in the presence of care staff, one person told us, "I feel safe." One relative said, "I think [person] is safe here, well safer here than at home. I think they let the residents do what they can for themselves which is a good thing as long as they can keep them safe."

Staffing and recruitment

● Recruitment and selection processes had been carried out to ensure suitable care staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults.

● On the day of inspection there were enough care staff to ensure that people received consistent care to meet their documented needs.

● Staffing levels were not demonstrably based on people's care needs. Needs assessments were completed and reviewed. The review results were verbally passed to the registered manager who then made a decision on staffing.

● Feedback from people was mixed. Comments included, "I don't think there's enough staff, you can wait for ages before someone comes. Generally, though I would say it's not too bad" and, "They [staff] can be rushed and they sometimes have to work both sides so they don't always know you as well as they should. They aren't too bad at answering bells though."

Learning lessons when things go wrong

● There were systems in place to record any incidents and accidents and what action had been taken.

● Staff spoke positively about working as part of a team where they felt comfortable to ask questions and seek guidance.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Effective management systems were not in place to assess, monitor and improve the quality of service people received. The systems which were in place were not effective in identifying concerns and areas for improvement found at this inspection.
- The registered managers and provider did not always have clear oversight of what was happening in the service. For example, the maintenance person carried out checks and audits in relation to the building, but the registered managers did not know the outcome or whether issues had been reported. Environmental audits had not always highlighted the issues identified at this inspection.
- Despite having a dependency tool, the provider did not use this effectively to determine staffing levels in relation to people's dependencies and changing needs.
- The management team understood their legal requirements and could evidence notifications had been made to CQC and to the local authority when required. However, there was a lack of understanding around quality performance and meeting standards.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems in place to monitor the quality of the service were ineffective. We raised concerns about infection control and governance of the home. These issues had not previously been identified by the home or sufficiently addressed when highlighted by others, for example, the local authority.
- There was a lack of provider oversight which had failed to determine poor standards.
- There was limited evidence that people and their families had been involved in the service. One relative said, ""They [the provider] haven't sat and gone through [person's] care plan with me and I had to request to see it." Another told us, "No one has mentioned any meetings yet."

Working in partnership with others

- The provider did not always work effectively with others.
- The local authority had raised concerns with the home prior to our inspection and had given opportunity for the management team to action concerns. There was no evidence these issues had been addressed.

The lack of effective management oversight and governance arrangements meant people were at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

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

● Family members spoke positively about the culture within the home. Comments included, "I see [registered manager] about the place but never sat and talked to them, they seem nice", "[registered manager] is quite visible and responsive to requests. I have seen them in uniform working on the floor as part of the nursing team too. I think this is good practise to really see what it is happening. I would say they run a tight ship" and, "You can see [registered manager] around and about and go and see them if you want. They are very approachable, and I am sure if I wasn't happy, they would sort it."

● Staff had opportunities to provide feedback via staff meetings, as well as anonymously.

● Staff spoke positively about their roles and said they felt valued for the work they did. One member of staff said, " Manager and seniors are supportive, and they advise us. If we are busy, they do help us."

● We observed positive interactions between care staff. A member of staff told us, "We are a good team, and all pull together."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure infection, prevention and control policies and procedures were followed and ensure the home was clean.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure the premises and equipment were well maintained.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of governance, oversight and effective quality assurance processes.

The enforcement action we took:

Warning notice