

Wollaton View Limited

Wollaton View 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 responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Wollaton View Care Home is a purpose-built care home providing accommodation for up to 46 people requiring nursing or personal care.

At the time of our inspection, 44 people were living at the service. The accommodation was established over two floors. The ground floor was allocated for people with longer term care needs. On the first floor was a short stay assessment and rehabilitation unit. The lower floor provided a communal lounge and dining space for people with access to a garden.

People's experience of the service and what we found:

People were not kept safe from the risk of infection due to poor infection prevention and control practice within the service.

Staff did not always have sufficient guidance in care plans to support people with complex needs. People's privacy and dignity was not always maintained.

Gaps in the skills and knowledge of staff left people at risk of not being supported effectively.

Medicines were not always safely stored and managed.

Audits were not always effective at creating improvements at the home.

People were protected from the risk of harm or abuse, by staff who understood their responsibility to ensure safeguarding standards were upheld.

There was a positive ethos at the service and people spoke highly of the care provided. Staff were kind and caring towards people.

Visiting professionals attended the home daily and reported good communication with the registered manager and staff team.

People felt safe at the service, and the registered manager had investigated any concerns and shared these with the local authority.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

The last rating for this service was Good (published 9 November 2017.)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The inspection was prompted in part by notification of an incident following which a person using the service was alleged to have been the victim of abuse. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of harm to people. This inspection examined those risks.

You can see what action we have asked the provider to take at the end of this full report. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well Led sections of this full report.

We undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Wollaton View Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to Regulation 9 (Person Centred Care), Regulation 12 (Safe care and treatment), Regulation 17 (Good Governance) and Regulation 18 (Staffing).

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Wollaton View 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors and 1 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

Wollaton View 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. Wollaton View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The 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 work with the service. 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 contacted Healthwatch for information they held on their database about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with 10 people who used the service and 4 relatives about their experience of the care provided. We spoke with 10 members of staff including the nominated individual, registered manager, 2 care coordinators, senior carers, carers, domestic staff, laundry staff and the cook. We spoke with 3 visiting professionals regarding their feedback on the service.

We reviewed a range of records. This included 7 people's care plans, multiple medicines charts, staffing rotas and meetings records. We reviewed recruitment records of 4 staff and supervision and training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with the nominated individual during our inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.



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.

Using medicines safely

People were supported to receive their medicines in a way that was not always safe.

- Medicines were not always stored and managed safely. The clinic room lacked space for safe storage of medicines deliveries and those being returned. We found a member of staff left this room unlocked and unattended. This left people at risk of harm. We brought this to the immediate attention of the registered manager.
- Staff involved in handling medicines did not always follow best practice for the administration and recording of medicines. We found a member of staff had administered a medicine for a person, but not recorded this on their medicines administration record at the time. This left the person at risk of harm from an accidental overdose, as there was no record that this medicine had been given.
- A prescribed drinks thickener for a person, to reduce their risk of choking, was left in an open cupboard in the dining room. This left people at risk of harm from accidental ingestion. We requested this was removed on the first day of our inspection and found this had still not been removed when we returned on the second visit. The provider removed this at our second request but had not identified this as presenting a risk to people prior to our inspection.
- Photographs of people on their medicine's profiles were current and any allergies were clearly recorded at the front of the medicine's files. As required, PRN medicines protocols, and body maps for pain relief patch application medicines, were well documented.
- People and their relatives had no concerns regarding medicines, which they told us were given correctly, as people preferred and on time.

Preventing and controlling infection

People were not always protected from the risk of infection, as staff were not consistently following safe infection prevention and control practices.

- We were not assured that the provider was preventing visitors from catching and spreading infections. We found significant areas of concern in relation to poor infection control practice at the service, placing people, relatives and visitors to the service at risk of exposure to infection.
- We were not assured the provider was making sure infection outbreaks could be effectively prevented or managed. Areas of the service had not been deep cleaned sufficiently to ensure high standards of cleanliness had been maintained.
- Cleaning equipment had been incorrectly stored and used inappropriately within the service. For example, mops which should only be used for cleaning areas with an infection risk, had been used in communal spaces. This increased the risk of cross contamination and left people at risk of harm.
- Laundry was not being effectively stored and managed within the service. We found soiled items stored

next to clean laundry. And laundry stored on the floor in cupboards. This left people at risk from poor infection control processes.

- The provider responded to our concerns during and after the inspection. They submitted risk mitigation plans for the concerns identified at inspection. We have also signposted the provider to resources to develop their approach. This included sharing our findings with the local Infection Prevention and Control Team.

Visiting in Care Homes

People were not able to receive visitors in line with best practice guidance.

- The provider had restrictions in place for visiting times for relatives. Relatives could only visit at specific times identified by the provider. This meant reduced flexibility in times when relatives could visit.

The provider had failed to ensure administration of medicines and infection and prevention control measures were safely managed, which increased the risk of harm. This was a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was in the process of refurbishing the service, which had improved the environment in some areas of the building.

Staffing and recruitment

The provider did not always ensure there were sufficient numbers of suitable staff.

- Staff had not received all the training necessary for their roles. This left people at risk of being supported by staff without the skills and knowledge to support them safely. For example, some people lived with epilepsy and mental ill health. Training records showed staff had not received training in epilepsy or mental health awareness.

- Staffing levels were set according to people's care dependency needs, to help ensure that people were supported safely. However, the numbers and skills of staff did not match the identified needs of all people using the service. A recurring concern raised by staff, was the impact from new admissions to the Reablement beds, on care quality and staffing levels on the first floor.

- One staff member told us, "We are always on high alert here, with no opportunity to reflect on poor admissions. We feel stretched as a staff team at times and people with more complex needs may not receive the high level of care they should do."

- Other staff members told us they felt stretched when there were only 3 staff on the first floor. For example, to safely support the number of people who required the support of staff when mobilising.

- Senior staff, although they were supported by the registered manager, felt under pressure at times to fulfil all of their duties. They were required to provide direct care, support the care team, liaise with healthcare professionals onsite, respond to incidents, monitor people's care needs and update associated care records. This left people at risk of not having their needs fully met.

The provider had failed to ensure they had provided sufficient numbers of competent and trained staff, which increased the risk to people's safety. This placed people at increased risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives gave a mixed response regarding the availability of staff to support them. Most people we spoke to felt that their buzzer was answered fairly promptly though occasionally at busy times it could take a little longer.

- One person felt they had to wait longer than they should to be attended to at night. While another person

told us, "The staff usually answer my buzzer within about 5 minutes, it's not a problem."

- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. Staff had been safely recruited with appropriate references and DBS checks in place prior to their appointment. This meant the manager could be assured that people were protected from the risk of potential abuse from unsafe staff. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

The provider did not always assess risks to ensure people were safe. Staff did not always take action to mitigate any identified risks.

- The registered manager and staff felt that system pressures to accept admissions from the hospital setting, and people presenting with complex needs, had an impact on the safety of the service. There was a shortfall in mental health support available for people in the Reablement Beds (first floor), which had impacted on people living full time at the service.
- We saw an incident record of a person who lived with mental ill health, who had entered another person's room and caused them distress. This person had not been appropriately placed or fully risk managed by staff. This left people using the service at risk of harm.
- Risk assessments for people were not always accurate or regularly reviewed. For example, the risk assessment of 1 person identified they were at high risk of falls. However, the care plan information staff needed to follow to help reduce the risk to this person, had not been updated. This meant information given for staff to follow was contradictory. This left the person at risk of potential harm from not receiving the right level of support to maintain their safety.
- Risk assessments relating to the environment were centrally located for accessible use in the event of an emergency. They included Personal Emergency Evacuation Plans (PEEPs) and documents relating to the fire floor plan of the building.
- We observed people living on the ground floor, who required staff supervision at all times in communal areas, due to their identified risks, were receiving the correct level of support from staff.
- Staff were aware of how to minimise known risks to people's safety, or from identified incidents which placed people at risk of harm. For example, we saw people who had experienced falls had appropriate equipment in place to help reduce any further risk to them.

Systems and processes to safeguard people from the risk of abuse and avoidable harm: Learning lessons when things go wrong

- People were safeguarded from abuse and avoidable harm. Although there was limited evidence to show lessons were learned following incidents. There were no records of how the service had learnt lessons and how they had changed their procedures as a result. We have reported on this further under the Well Led section of the report.
- People told us they felt able to speak out if they thought they or others were at risk. One person told us, "I feel very safe here, just that one incident but they sorted this out."
- Staff had received safeguarding vulnerable adults training and staff we spoke with understood who to report concerns to. A staff member said, "They would be confident reporting concerns to their manager."

Is consent to care and treatment always sought in line with legislation 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service responsive?

Our findings

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has improved to Good. This meant people's needs were met.

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

People were supported as individuals, in line with their needs and preferences.

- People staying in the Reablement beds and their relatives, expressed some dissatisfaction regarding the care and input provided from each specific team. They felt this may have been resolved with better communication regarding expectations and integrated plans of care.

- One person (on the first floor) gave feedback regarding their expected rehabilitation and said, "I am supposed to get intensive therapy, but I've only seen the physiotherapist twice." We found this perception had impacted negatively on people's opinion of the overall service provided at Wollaton View.

- Physical activity provision for Reablement beds was not the responsibility of the provider, but they provided as much activity as possible with the resources they had.

We shared our concerns with the CityCare commissioning team, the local authority and the provider to enable a review of the contracting arrangement to be undertaken.

- Peoples' care plans included their personal history, individual preferences and interests. We saw examples of people being offered a choice of food and drinks. Staff we spoke with showed they understood people well and knew how to support people at mealtimes in their preferred way.

- One person gave positive feedback regarding the support they received from the service. They said, "I would recommend it here, the staff are all great, they [staff] will do whatever you ask."

- The service held regular meetings with people to obtain their views on their care. One person told us, "There is a resident meeting every 6-8 weeks, we talk about things that are happening."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

The provider was meeting the Accessible Information Standard.

- People's communication needs were understood and supported.

- People were provided with information they needed to make decisions about their care and support in a format they understood. Staff understood how to communicate in a way that suited people as individuals.

- The registered manager was receptive to providing any aids to assist communication for people. This included computer devices, mobile phones, alarms, signage and easy read material if required.

- Menus were available in pictorial format for people if required, to enable them to make informed food choices.

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

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- The service employed an enthusiastic and experienced activity coordinator, who ensured people were encouraged to be active participants through activities and social events that enhanced their quality of life. This included attending a local café and social events at the local pub.
- Activities were offered to people who were staying in the Reablement beds. Those people we spoke with told us they had enjoyed the activities on offer on the ground floor. One person was booked in to have their hair done at the visiting hairdresser, which they told us they were really looking forward to.
- Most people on both floors participated in a wide range of activities to meet their needs and preferences. During our inspection we saw people engaged in activities such as crafts, singing, bowling and preparing for a Halloween party the following day.
- One person said, "[Staff name] does activities and comes to see me to ask if I want to do anything."
- The service engaged with local churches to provide pastoral support and services for those people who may wish to be involved in this. The service linked with a local school nursery to ensure inter-generational activities were available for people.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- We saw from records, and most relatives told us, that the registered manager had responded to concerns or complaints appropriately.
- People told us they would be confident raising concerns with the registered manager if anything arose although none of the people or relatives we spoke with had raised a formal complaint. The complaints process was displayed within the service and people were aware of this from the service user guide in each room.

End of life care and support

People were supported at the end of their life to have a comfortable, dignified and pain free death.

- End of life support plans were in place where people had wished to discuss this, detailing how people wanted to be supported at the end of their lives. These care plans were person centred, and relatives told us they had been involved in these discussions where this was appropriate.
- Staff were trained in this area and had supported people with understanding death and bereavement. People had clearly documented formal advanced decisions regarding their end of life care and treatment arrangements. Related wishes and feelings were also recorded in people's individual care and support plans.
- The service worked with the appropriate health care teams to ensure people were supported with appropriate palliative care at the end of their lives.

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.

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

- There was not always a positive and open culture at the service. The provider did not always have effective systems to provide person-centred care that achieved good outcomes for people.
- People's identified needs had not always been met, due to the lack of skills and knowledge of some staff. For example, some people with mental ill health or learning disability needs, had been admitted to the Reablement beds at the service. The service did not have the appropriate registration or staff training in place for people with these needs and we saw records of incidents where people had been left at risk of harm.
- People's right to dignity and privacy was not fully respected. People's bedroom doors were left open during the day, so anyone walking along the communal corridors could observe people within their personal space.
- One person felt communication could be improved, and this was a concern for them. They said, "When we walked into the home nobody told me what was happening, there is nobody to speak to here."

The provider had failed to ensure people received care that was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

The provider responded to our concerns during and after the inspection.

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

The provider's systems did not always effectively monitor the quality of care provided to drive improvements; The provider had not consistently created a learning culture at the service which meant people's care did not always improve.

- Audits were carried out within the service, however there were no robust action plans following these to show who, how or when these issues would be addressed or followed up to ensure they had been completed.
- Governance in the service was not always reliable and effective. For example, infection prevention and control, staff training and medicines management shortfalls had not been identified prior to our inspection.
- The service had clear records of incidents and accidents, which had been analysed for themes and trends. However, there was a lack of formal staff meetings to share any lessons learned from these to improve

service delivery and embed learning from incidents.

- Audits and checks on health and safety and the environment were not effective. Audits completed had failed to identify poor standards of hygiene and cleanliness, which exposed people to increased risk. Cleaning equipment such as mops were not being used correctly for areas of high infection risk. These issues had not been identified in audits and consequently they had not been addressed.
- The registered manager failed to ensure confidential personal information was kept secure and stored in a safe place. We found people's medicines records stored unattended on a cabinet in the main dining room. A record of staff vaccination information was displayed in the main dining room and people's care notes were left on top of a desk in an unlocked office. These records were openly accessible to anyone in the building.
- The systems and processes to monitor quality and safety were not fully effective in protecting people from the potential risk of harm. The provider had not identified all the shortfalls in the expected care standards found during this inspection.

Systems in place to assess, monitor and improve the quality of the service were not used effectively to ensure the health, safety and welfare of people using the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to our concerns during and after the inspection.

- The registered manager was experienced, dedicated and supported by a strongly motivated staff team. They expressed their disappointment that the quality of care had fallen below their expected high standards. Assurance was provided they would make improvement measures to ensure this was addressed following our inspection.
- The registered manager had a clear understanding of their role and responsibilities. They had the processes in place to meet the requirements of a registered manager with the CQC and other agencies, such as the local authority safeguarding team.

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

- The provider understood their responsibilities under the duty of candour.
- The registered manager was aware of their legal responsibilities to be open and honest, and we saw from records the registered manager informed relatives if accidents or incidents had occurred.
- The service used a range of methods to support people who did not have English as their first language or who may live with communication challenges. Staff had learned phrases to enable them to communicate with people in a way which suited them.
- People gave positive feedback overall regarding the support from staff. One person told us, "The staff are marvellous, really approachable and gentle with me."
- Staff we observed, demonstrated a positive and caring approach towards the people in their care. One member of staff said, "I love working here. It's hard work, but we have a good team, and our manager is really supportive."
- We received positive feedback regarding the registered manager and their approach towards people. One person said, "The manager calls in everyday to say hello and see if I am ok."
- Staff told us they knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to, or their concerns had not been acted upon.

Working in partnership with others

The provider worked in partnership with others.

- The registered manager had made timely referrals for people and worked closely with other professionals to achieve the best outcomes for people. We found people had been promptly referred when a change in their health or social care needs had been identified. For example, in regard to skin breakdown, choking risks or falls management equipment.
- One relative told us, "They rang me when my family member wasn't well and they had to call the paramedics, it's good that they keep us informed. It makes me feel more confident in them."
- Feedback from visiting professionals who worked regularly with the service was positive. One visiting health professional said, "The registered manager is fantastic, they are so knowledgeable. There is great communication between the service and our team."

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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure people received care that was appropriate, met their needs and reflected their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure administration of medicines and infection and prevention control measures were safely managed, which increased the risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to assess, monitor and improve the quality of the service were not used effectively to ensure the health, safety and welfare of people using the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure they had provided sufficient numbers of competent and trained staff, which increased the risk to people's safety. This placed people at increased risk of harm.

