

Whitwell Park Care Home Limited

The Corner House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

The Corner House is a residential care home providing personal care people with learning disabilities and autism. 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 service was a three bedroomed house. It is registered for the support of up to three people and three people were using the service.

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

The provider had not always used their audits effectively to reflect on actions or trends. The staff had not always been supported in a formal way, this meant we could not be sure all aspects of improvement would be recorded or considered.

People were safe, and staff understood how to raise a safeguard or how to protect people from the risk of infection. There were sufficient staff and all staff had been recruited to reflect checks in relation to references and criminal records. Medicines were managed safely.

Staff had received training for their role and understood current guidance on care for people's long-term conditions. People were supported to have choices for their meals and their nutritional needs supported. Health care needs were reviewed, and action taken to maintain people's wellbeing. This reflected all aspects of health including oral care.

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.

People's views had been obtained to encourage or drive improvements. There was a homely atmosphere and people were able to enjoy their environment as they wished. People had established positive relationships with people and told us they felt staff were kind and caring. Respect was shown to people and their dignity maintained. Relationships had been supported and any information was stored confidentially.

The care plans were detailed and had been reviewed to ensure any changes had been documented and shared with the staff team. Communication methods were suited to the individual.

There was a complaints policy in place. The previous rating was displayed within the home and on the

providers website links. The provider had sent us notifications about significant events and the outcomes following their investigations or actions.

The service consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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 (17 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below

The Corner House

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 team consisted on one inspector.

Service and service type

The Corner House 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 who was registered with the Care Quality Commission. The registered and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The Corner House was managed on a daily basis by the deputy manager with support from the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We gave the provider the opportunity to share with us any improvements or new aspects of care. We reviewed any notifications we had received and any feedback from the local authority. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service. We spoke with two members of staff and the deputy manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 continued to seek clarification from the provider to validate evidence found. We looked at training data. We spoke with one professional who regularly visited the service and contacted one relative by telephone.

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 and the relative we spoke with felt confident with the care they received. One person said, "Staff know to look after me."
- People were protected from the risk of abuse. There was a policy which clearly described how to keep people safe from the risk of harm. Staff we spoke with were aware of the policy and were provided with regular training to ensure that they could recognise the signs of abuse and report concerns confidently.

Assessing risk, safety monitoring and management

- Risk assessments were in place which covered individual needs and the home environment.
- All aspects of people's care were risk assessed. These included a plan when people went out, on different modes of transport or when engaged in activities.
- People were well protected from environmental risks and regular maintenance was in place. Each person had an individual evacuation plan, should there be a need to evacuate the building. For example, in the event of a fire. The home displayed the fire evacuation instructions and the home completed fire drills to familiarise people should one be needed.
- Risk management was personalised and encouraged independence. For some people this meant support to budget and manage their money.
- All the people had plans in place to support them to manage behaviour which could cause harm to themselves or others or to manage their anxiety. Staff we spoke with were knowledgeable about these plans and the action they could take to help people when they saw the signs of anxiety or distress.

Staffing and recruitment

- There were sufficient staff to support people's needs. Consideration was made for people's planned one to one hours or when people had appointments.
- The registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Using medicines safely; Learning lessons when things go wrong

- People received their medicines when prescribed. We reviewed the records which showed medicine guidance was followed. All stock was recorded and had been checked on a regular basis.
- Staff had received training in medicine administration and their competency was checked.
- People had received a review of their medicine, to support ongoing health conditions or anxiety.

For example, one person had been prescribed medicine for their anxiety. After a few days the person was experiencing difficulties. The deputy manager contacted the GP and had the medicine adjusted and this had a positive outcome. This showed that lessons were learnt, and action taken when things went wrong.

Preventing and controlling infection

- People were protected from the spread of infection. The home appeared clean and there were cleaning schedules in place.
- We saw staff used personal protective equipment (PPE) like gloves and aprons when they provided personal care or when serving meals
- The kitchen and food preparation area was well maintained. All the staff had completed training in the handling and food preparation. There was a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to the safe handling of food.

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

- People's needs were comprehensively assessed; any details of people's history had been included and care linked to any long-term conditions. Any current practice guidance was followed.
- People's needs, and choices were met in line with national guidance and best practice, including registering the right support. They had care plans in place which promoted their independence, choice and inclusion. People's protected characteristics were considered so that they were safeguarded from discrimination.

Staff support: induction, training, skills and experience

- Staff had received a range of training for their role. this was kept up to date through a central record. Staff we spoke with felt they received regular training and it was in areas linked to people's needs or their role.
- Staff we spoke with were able to share with us details of a range of training. For example, all staff received training in how to use restraint. Staff commented that having the training was useful, however most incidents could be resolved by distraction. When restraint had been used the required documentation had been completed.
- When staff commenced their role, they were supported to received training and shadowing experienced staff. The provider was reviewing their induction package and planned to provide a standard one weeks training before staff commence their role.

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

- People told us they were able to decide on their meal choices. Each week a menu plan is drawn up, this included people's choice and a variety over a four-week menu. One person had previously been a member of a sliming club and at their request recipes from the club where added. New recipes were also added, for example Spanish omelette.
- Daily living skills were encouraged. People assisted in making their meal or in preparing their own drinks and snacks. Staff were aware of people's dietary needs, these included the consistency and any possible risks to health conditions.
- Following some training on meal consistency, the home purchased a blender, so they could reduce the risks of choking.

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

- People's care plans showed that they were regularly accessing medical professionals such as GP's, district nurses & community psychiatric nurses.

- People's health was monitored, for example when people had long term conditions they received regular checks ups and any guidance was followed in agreement with the person. For example, one person had an exercise plan, however they did not enjoy doing an exercise session, so the person was encouraged to take exercise as part of their daily routine. This had been effective, and the consultant had reflected on the person's increased mobility
- Staff had used their training to improve people's health. The staff member told us, the course highlighted the importance of fluid intake. They said, "We monitor this and in between meals promote juice or other drinks."
- Any concerns in relation to people's health were followed up. We saw that some investigation procedures had taken place to identify or eliminate any health issues.
- People were supported with oral health care plans and had access to dental support when required.

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

- The home was decorated to ensure that there was a homely feel. The people had just chosen new furniture for the lounge and carpet. Along with some wallpaper and curtains. One person shared with us the ornament they had chosen, which reflected the new colour scheme.
- People's bedrooms were decorated according to their choice and we saw personal memorabilia was displayed give a comfortable and homely feel.
- There was equipment available for people to assist their independence when needed. For example, a bath seat, stair lift and wheelchairs for outings.

Ensuring consent to care and treatment 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.

- People's capacity had been assessed in relation to decision specific needs. Where people may be lacking the capacity to make particular decisions, a two-stage assessment of their capacity was carried out.
- People were asked to provide their consent to receive care and support. We saw that staff encouraged people to make daily choices and obtained their consent before commencing any care support.
- Some people had been referred to the local authority with regard to a DoLS. Other people were subject to the court of protection and the provider ensured they assisted in this process.

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

- People had established positive relationships with the staff. One person said, "The staff are kind, they listen to me and support me." We observed staff with people and there was a clear connection between the staff and the people. We observed fun and banter, along with moments of affection.
- Staff we spoke to, told us how much they enjoyed working in the home and with people. One staff member said, "It's really homely here, we try to make it special for people and because its small we can make it person centred."
- Staff communicated with people using methods appropriate to their needs. Some people responded to pictures, a choice of two objects or communication through items of importance to them.
- People currently using the service didn't have any current spiritual needs. However, staff were aware of some people's previous links to a religion and knew to respect these if the conversation arose.

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

- People were able to receive support from staff who have made a bond with. There was a consistent group of staff who worked in the home. Staff with similar interests were matched up, for example, one person enjoyed going to the salon and having their nails painted and shopping. The person told us, "I really enjoy shopping, yesterday I had my nails painted and brought some jewellery." We saw time with this staff member had been requested in the house meeting. This showed people's views were respected and responded to.
- Staff encouraged people to make choices. A social care professional told us about one person who initially kept their head down and chose to not engage. However, now they have eye contact, start a conversation and asks for things, like, drinks, bath and activities. They said, "It's a reflection on how the relationship has developed with the staff and their encouragement."
- People were able to mobilise around the home and were free to access the garden. We saw people moving around and accessing different areas of the home only asking for assistance when required. This showed they felt comfortable in their environment and with asking for support when they required it.

Respecting and promoting people's privacy, dignity and independence

- People's relationships with those important to them had been encouraged. There were regular arrangements with family members and people were able to telephone family when they wished.
- We saw how relationships had been maintained with family members who had been unwell. A social care professional said, "They are a really caring group of staff, who want to do the best. They cannot do enough."
- Staff were aware of what was important to people and the routines which they enjoyed. For example, one person enjoyed a more relaxed start to the day and spending time in their room. This often meant they missed breakfast, however staff ensured the other meals in the day supported their nutritional needs.

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's needs were met through good organisation and delivery.

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

- Care plans were person centred and included details about people's life and preferences. We saw these had been regularly reviewed and included new information to show they were current. This meant staff provided care in the way that people wished.
- The care plans had involved the person and relatives. One person talked to us about their care and the conversations they had with staff. The people were familiar with staff recording daily information and contributed to this process. For example, how they felt.
- A social care professional said, "The care plan is adequate, and the staff are developing them all the time with their knowledge. Things are well recorded."
- Staff received a handover prior to them commencing their shift, this provided them with an overview of the previous 24 hours. This ensured people received care which was appropriate to their needs. A communication book was also used to ensure appointments or planned visitors were recorded.

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 worked within the principles of AIS. People's communication needs had been assessed and appropriate guidance was in place for staff to understand how to meet individual's needs.
- Information was available to people in easy read and pictorial formats. The deputy manager told us they were always looking for ways to develop this area further. By using pictures and memory books.

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 follow their interests and take part in activities that were socially and culturally relevant and appropriate to them, including in the wider community. For example, some people enjoyed a weekly tea and bingo session in the local community centre. Other people joined in local events or just being part of the local area. For example, speaking to people when out walking or visit the local shop.
- The service had access to transport, and this enabled people to access places of interest, to visit family or daily activities; for example, the weekly shopping.

Improving care quality in response to complaints or concerns

- The provider had the processes in place to act on any complaints that had been received. People and

relatives told us they felt able to raise any concerns. There had been no formal complaints since our last inspection.

- The complaints policy was displayed in the reception of the home. This was an easy read version, which displayed the relevant contact details to make any concerns known.

End of life care and support

- No one using the service required end of life support and there were currently no end of life plans completed. We discussed this with the deputy manager and they agreed to review this area of people's care.

- We saw how when people had lost loved ones, they were supported to remember them. For example, photographs, plants in the garden or the releasing of balloons to celebrate an annual event. One person was completing a scrap book to reflect on their memories.

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 now deteriorated 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

- The provider had established a range of audits to reflect on the quality of care and when improvements were required. However, these did not always reflect on where the changes needed to be made. For example, the accident recording showed the incident, however did not reflect what action which had been taken to reduce any further risks. There was no overview of the accident or incidents to identify trends.
- Where audits were in place which had identified an action, the records didn't reflect when the action had been completed.
- Staff or the deputy had not received any formal supervision for their role. Although staff told us they felt supported and could raise any concerns with the registered manager, there was no recent records to reflect this. This meant some staff may not have received the support they required for their role.
- The home was run by the deputy manager. There were no recorded meetings with the registered manager to reflect on the running of the home, audits or required actions. This meant we could not be sure any areas raised were followed up formally.

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

- People enjoyed the atmosphere of the home. We saw people enjoyed relaxing in the lounge or their own personal space. One person told us, "I like it here."
- A relative we spoke with felt there was a relaxed atmosphere and their relative was comfortable at The Corner House. A social care professional told us, "It's a lovely environment, homely. It's a pleasure to visit."
- Staff used information about people to change routines or aspects of care to support people's needs. This showed they used information to drive improvements.

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

- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home and on their website.
- We checked our records which showed the registered manager had notified us of events in the home. A notification is information about important events which the provider is required to send us by law, such as

serious injuries and allegations of abuse. This helps us monitor the service.

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

- People had a weekly meeting to discuss the menu and separate meetings to discuss the home and ongoing activities. We saw these were recorded and any requests had been actioned. For example, requests for outings or links to friends and family.
- Staff were involved in the home and were able to share ideas. These involved any new equipment, changes to schedules or daily living ideas.

Working in partnership with others

- The provider ensured people received the care they needed. For example, when people's needs increased the provider consulted health and social care professionals to support the person's needs.
- The provider had worked with a range of partners to support the people with their current and changing needs. This included embracing their local community for activities and friendships.