Abbey Healthcare Homes Limited

Wrottesley Park House Care Home

Inspection report

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Date of inspection visit:
06 January 2016
07 January 2016

Date of publication:
26 May 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was unannounced and took place on 6 and 7 January 2016. At the last inspection in January 2015 we found the provider was in breach of the regulations in relation to safe care and treatment, as they were not protecting people from the unsafe use of medicines. Also, systems to assess and monitor the quality of the service and identify, assess and manage the risks were not sufficiently in place. We asked the provider to send us an action plan telling us how they would improve. At this inspection we found that some improvements had been made.

Wrottesley Park House Care Home is registered to provide accommodation with nursing and personal care for up to 63 people, including people with physical and learning disabilities. At the time of the inspection there were 40 people living at the home. There were four units within the home; three on the ground floor, accessed via a central reception area and a fourth unit upstairs. The fourth unit was not in use at the time of the inspection.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not always receive their pain relieving medicines when required. Some people and staff told us there were not always sufficient numbers of staff to meet people's needs. People were protected from harm by staff who understood their responsibilities in identifying and reporting possible abuse. Improvements had been made to the way that risks were managed and the provider followed safe practices in the recruitment of staff.

Staff received training relevant to their role. Staff sought people's consent before providing them with care and support, and had received training to enable them to support people in a non-restrictive way. People had access to sufficient amounts of food and drink, and were supported to access healthcare when they required it.

People were supported by staff who cared for them and were warm and friendly in their approach. People's dignity was upheld by staff, and their privacy was respected.

People were unhappy about the quality of activities that were offered to them. Staff were aware when people's needs changed and their care was updated accordingly. People and relatives knew who to contact if they were unhappy about the service they received. Some people and relatives felt that although staff listened to their concerns, they did not always respond in a way that met their expectations.

People had not been asked to give feedback about their experience of living at the home. Management of the home had not always been effective. People, relatives and staff expressed confidence in the registered

manager. Checks were carried out to monitor the quality of service provided.

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.
People did not always receive their medicines when required. Some people felt they were not always supported by sufficient numbers of staff. People told us they felt safe and improvements had been made to the way that risks were managed.

Is the service effective?

Good

The service was effective.
Staff received induction and training to ensure they had the skills to care and support people. Staff sought people's consent before providing them with care and support. People had sufficient amounts of food and drink and access to healthcare when required.

Is the service caring?

Good

The service was caring.
People were supported by staff who were friendly in their approach and understood their needs. Staff supported people in a way that maintained their dignity and privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive.
People did have not have access to activities that interested them. People received care that was up to date and appropriate for their needs. People and relatives knew who to contact if they were unhappy about their care but felt staff did not always respond in a way that met their expectations.

Is the service well-led?

Requires Improvement

The service was not always well-led.
People had not been asked for their views on the care they received. There were systems in place to monitor the quality of care provided. People, staff and relatives expressed confidence in the registered manager. However the lack of consistent management oversight meant there were still areas of the service requiring improvement.

Wrottesley Park House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 7 January 2016 and was unannounced.

The inspection was carried out by two inspectors, two pharmacy inspectors 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. Their area of expertise was disability. During the inspection we carried out observations of the support and care that people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority commissioners and the safeguarding team for information they held about the service. This information helped us to plan the inspection.

We spoke with five people who used the service, seven care staff, two non-care staff, four relatives, and the registered manager. We looked at five people's care records, medicines records for eleven people, four staff files and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People expressed mixed views about their medicines. Some people told us they received their medicines as prescribed; while others said staff were not always responsive when they requested their 'as and when required' medicines, particularly at night. We discussed this with the registered manager who acknowledged that there had been problems in the past, due to the use of agency staff at night. However, this had been recently resolved through the use of consistent agency staff who had a good understanding of people's needs.

During the inspection we looked at the systems in place for managing people's medicines. We spoke to staff involved in the administration of medicines and examined eleven people's medicines administration record (MAR) charts. We observed nursing staff administering fifteen people's medicines during two medicine rounds. There were clear and effective systems and processes of ordering and receiving medicines. Administration was recorded clearly on MAR charts, which were provided by the pharmacy. Medicines in stock correlated with the administration records recorded by the home and balances were accurate. Medicines, including controlled drugs were stored safely and securely. Nursing staff took care to ensure the correct medicine was administered to the right person. Any refusal of medicine was documented, after being re-offered following a short interval. People's allergies were always, clearly recorded. One person, who was prescribed medicines that required regular monitoring, had those tests. One person on time dependent medicine was given them at the correct time intervals. However, we noted two people had incomplete body map application records for their prescribed topical medication. The provider was not able to demonstrate that these patches were being applied safely which could result in the risk that people's pain would not be well controlled.

Guidance for the administration of 'as required' medicines were always available. During the medicine administration round, five people were checked for their pain relief requirements, including one person with communication difficulties. The registered manager regularly reviewed the daily monitoring sheets completed by staff and recorded any issues with medicines administration. We saw that medicine incidents documented as a result of the audits and appropriate actions were completed.

People told us they felt there were enough staff to meet their needs during the daytime, but not during the night. One person shared an example with us of how they had to wait to receive their pain relieving medicines at night because agency staff were not aware of their needs. Staff expressed mixed views about whether there were enough staff on duty at all times. One member of staff told us, "Yes I feel there are enough staff. [Name of registered manager] manages staffing levels really well." Another member of staff said, "I'm happy with the staffing levels." Other staff were less positive. One said, "I don't feel there are enough staff, staff are rushed and don't have time to spend with people." All of the staff we spoke with acknowledged there had been a lot of change within the staff team recently and that this had an impact on the care people received. We spoke with the registered manager about this and they acknowledged that there had been staffing vacancies due to a high turnover of staff. They explained that there were staff vacancies for two night nurses and a clinical lead and recruitment plans were in place to fill these vacancies.

They also told us that, where possible, consistent agency staff were being employed to cover vacancies in an attempt to offer people safe care. On the day of the inspection we found there were sufficient numbers of staff to meet people's needs.

All of the people and relatives we spoke with told us they felt safe. People were protected from the risk of harm by staff who understood their responsibilities in identifying and reporting possible abuse. Staff we spoke with were able to tell us how they would recognise signs of potential abuse, and how they would respond. Staff told us they had received training in how to keep people safe, and also how to report any concerns. One member of staff told us, "I've not observed any poor practice, but if I did I'd report it and make sure the person is safe."

There were plans in place to ensure that risks were effectively managed. One member of staff told us, "Any new risks are reported to the nurses or the seniors." People who were supported by staff using moving and handling techniques had clear plans in place to ensure this was done safely, and any potential risks were minimised. We looked at the records of accidents and incidents and discussed these with the registered manager. They shared with us details of how each incident had been investigated, and how changes had been implemented to reduce the likelihood of them happening again. An area of concern at the last inspection had been wound management. We found that care and accountability in this area had improved, and other healthcare agencies told us the staff had taken positive steps to improving outcomes in this area of care.

We spoke with staff who had recently started to work at the home and they told us the provider had done checks before they were allowed to start working at the home. These checks included requesting references from previous employers as well as a Disclosure and Barring Service (DBS) check, which helped the provider ensure that staff employed were safe to work with people living at the home.

Good

Is the service effective?

Our findings

People were supported by staff who had received training to ensure they had the right skills to meet people's care and support needs. However, some people and relatives felt that staff would benefit from more knowledge in relation to people's individual health and communication needs. Staff told us they received regular training and that this included both essential training and learning designed specifically to ensure staff were able to meet people's individual needs. One staff member said, "If we need specific training, we get it." Staff who had recently started working at the home told us they had received an induction, which involved them being supported by more experienced staff. One member of staff told us, "I shadowed other staff until I felt confident." We discussed staff training with the registered manager who acknowledged that improvements were still needed to ensure all staff had the right level of skills and knowledge to support people. They shared with us their training plan, which reflected areas for development and training sessions that had booked to improve staff's knowledge and skills in specific areas.

Staff told us they received feedback and support from the registered manager. However, while some staff told us they had not received recent one-to-one support due to management changes, others had met with the registered manager recently. We saw the registered manager was in the process of meeting with all staff on a one-to-one basis. Although there had been a lack of group staff meetings, daily handovers gave the registered manager an opportunity to provide feedback and support to staff which helped to ensure the care provided to people was effective and safe.

People were supported to access healthcare when required. One relative told us how staff were quick to respond to their family member's change in health needs, and were pleased that staff had kept them informed. We saw staff took appropriate action when people needed additional support from healthcare professionals and we found that people had access to a range of services including physiotherapy, dieticians and speech and language therapy. Concerns had been expressed by other agencies about wound management at the home. We looked at this information and found that some improvements had been made. However, the provider continued to work closely with the Clinical Commissioning Group (CCG) in an attempt to improve standards.

People were asked for their consent before staff provided care and support. Staff shared with us examples of how they offered people choice in areas such as food, personal care and communication. We observed staff offering people choices throughout the inspection.

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. Staff we spoke with understood the requirements of the MCA and the importance of acting in people's best interests. They told us how they involved people in making choices, for example offering a meal or drink, or more complex decisions around healthcare. We saw that people's care records included

information for staff about the person's capacity to make certain decisions and how staff should provide care in their best interests.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We saw that applications had been authorised by the supervisory body and that the provider was complying with the conditions applied to the authorisation. Staff had recently received training in DoLS and were able to share examples of how they supported people who lacked capacity in certain situations. Staff understood their responsibilities in relation to supporting people in a non-restrictive way and were clear about how decisions were reached in people's best interests.

People were supported by staff to choose what they wanted to eat and drink. One person told us, "The food is ok; we are given a menu to choose from. I get lots of cups of tea." We saw the dining room was available for people to access throughout the day and people could request meals at a time to suit them. People ate and drank at various times to suit their individual preferences and staff supported people both in the dining room and in their rooms with food and drink. Staff we spoke with were knowledgeable about people's dietary needs and preferences and shared examples of how these influenced the care they provided. We observed that staff prepared people's food in line with advice given by healthcare professionals, which ensured risks, such as choking, were managed effectively.

Good

Is the service caring?

Our findings

We saw staff provided care and support to people in a warm and caring way. Interactions between people and staff were relaxed and people felt comfortable to approach staff for support when they needed it. One person told us, "The staff are good; they give me lots of attention." Another person told us they thought the staff were "brilliant". We spoke with a relative who told us, "The care is good." We saw a nurse called to person with breathing difficulties gave good reassurance and spoke to person in a calm and reassuring manner. The person continued to be monitored appropriately for reoccurrence of the issue.

People we spoke with felt staff took time to talk to them and responded appropriately. We saw a number of examples where staff supported people in a compassionate way, taking time to explain the care they were about to provide, or asking people how they were feeling. We observed that where people indicated they were in discomfort or distress staff responded appropriately to them. One relative expressed concern that staff could at times appear 'disinterested'. We saw a few occasions where staff missed the opportunity to interact with people more fully, because they were focused on a specific task, or needed to respond to other people. However on the whole we found that staff put people first and provided them with care and support that met their needs.

People were supported by staff who knew how to maintain their privacy and dignity. One member of staff told us, "I knock the door and respect their privacy, it's their home." We saw where bedroom doors were left open when people were spending time in their rooms; staff still knocked on doors and announced their arrival. Staff we spoke with shared examples of how they protected people's dignity. . People were encouraged to do things for themselves whenever possible. We saw staff prompting people to be involved in their care and support as much as they were able. One member of staff said, "I try and encourage people to use the dining room, to maintain their independence."

Staff demonstrated a good understanding of people's needs and preferences and could explain to us how people liked to receive their care and support. One member of staff told us, "I make sure the care plans are read and I get to know people. I ask people for their preferences, I don't just follow the same routine every day." We saw people being offered choice throughout the inspection. People were asked by staff how if they wanted personal care, where they would like to eat their meals, and if they wanted to join in with organised activities. A member of staff told us, "We try and promote choice and get people to do things for themselves." Where people had specific communication needs staff were able to tell us how they ensured people were happy with the care and support being provided. We saw staff used communication boards, hand signals, gestures, and read people's body language in order to ensure people had the best opportunity to convey their wishes.

We saw that people's friends and family members were welcome to visit the home at any time and there were no restrictions.

Requires Improvement

Is the service responsive?

Our findings

All of the people and the relatives we spoke with were unhappy about the level of activities offered at the home. One person told us there was, "nothing to do" and they were, "bored." Another person said, "All I have to look at is the four walls every day." Relatives we spoke with expressed similar concerns. One relative described their family member as feeling frustrated as they spent most of their time inside the home. During the inspection we observed the majority of people spent time in their individual rooms rather than in the communal areas of the home. We discussed this with staff who told us that some people preferred to spend time in their room, as they were more comfortable there; others needed to, for medical reasons. The provider had recently appointed an activities co-ordinator with the aim of improving the standard of activities currently offered at the home. We spoke with the activities co-ordinator who told us they were currently in the process of gathering feedback from people, including their life histories, as well as their likes and dislikes. They felt this would enable staff to deliver a programme of activities that interested and benefited people.

We discussed the lack of activities with the registered manager. They acknowledged that improvements were required in this area and were hopeful that the recent appointment of an activities coordinator would raise the standard of activities offered both within the home and in the wider community. We observed that activities were being provided in one of the communal areas of the home, on both of the days we visited. A small group of people participated and told us they were pleased that more meaningful activities were now being offered to them. We saw staff also met with people in their rooms if they preferred and spent time with them on a one-to-one basis. However, further improvements were required to ensure all people using the service were given opportunities to engage in the activities they enjoyed.

We found that people and their relatives were involved in planning their care and support. Where possible people had signed to say they agreed with the content of their care records, and we saw that these were regularly reviewed and updated as people's needs changed. However, some relatives felt that more could be done to ensure staff had the skills required to respond to people's individual and sometimes complex needs.

Where people's health or support needs changed, the registered manager had systems in place to ensure that people received care relevant to their current needs. We found recent improvements had been made in this area. Staff shared with us the methods they used to pass on important information about people's changing needs to the rest of the staff team and to other relevant professionals if appropriate. A daily handover, led by the registered manager, helped staff keep up to date with any changes to health needs that could present risks to people. Staff told us they found these meetings useful as they were then able to provide the right care and support at the right time. Relative's felt they were kept up to date with the family member's changing needs. One relative told us, "The manager always makes time for me and keeps me fully informed."

People and their relatives knew how to make a complaint if they were unhappy about the care and support they or their family member received. Staff we spoke with were knowledgeable about the home's

complaints procedure and knew what action to take if they received a complaint.
We looked at records of formal complaints and found the provider had responded appropriately in each case and had acknowledged when mistakes had been made. However some people and relatives we spoke with felt that although staff listened to their concerns, they did not always respond in a way that met their expectations. We discussed this with the registered manager who shared with us examples of the on-going efforts being made by the provider to resolve people's concerns.

Requires Improvement

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in place. This person had been registered as the manager for the service since November 2012, but in December 2013 had taken a role as area manager for the provider and had not been present at the service on a daily basis. During this period the manager's role had been undertaken by a number of different people. Following the departure of the most recent manager in November 2015 the registered manager had returned to manage the service on a day-to-day basis. Throughout the inspection we observed the registered manager was proactive in supporting staff and spoke with people in a manner that indicated they knew people and their needs very well. People, relatives and staff spoke positively about the registered manager, but also expressed concerns about how long they would be in post for, as they felt a consistent management approach was required.

We found that the registered manager had started to bring about improvements but given the timescales we could not yet be ensured that all required changes had been made or could be sustained.

People and their relatives did not always feel involved in what happened at the home and expressed mixed views about whether their thoughts and ideas mattered. People told us the registered manager held meetings for people and their families, but these were infrequent. One person told us, "We're never listened to." Two of the relatives we spoke with said they would like to attend the meetings for relatives but were unable to due to the timing of them. The registered manager was open with us about the improvements that were required and acknowledged that people had not been formally asked for feedback about their experience of living at the home for over a year. Despite these concerns people and their relatives expressed confidence in the registered manager. People told us things at the home had improved since the registered manager had returned to manage the home on a day-to-day basis, and were confident in their ability to make further improvements. A relative told us, "I have a lot of time for [name of registered manager]. If there's one person who can succeed with [name of relative] it's them."

Staff told us they felt supported by the registered manager who was reassuring and approachable. One member of staff said, "The management are all on board for the happiness of the people here." Another member of staff told us, "There is a good bunch of staff, the staff are fantastic. [Name of registered manager]'s door is always open to me, I can go in anytime. It's not them and us, we all work together." Staff told us they felt the home had been affected by a lack of stability within the management team, but they felt things had improved recently. One member of staff told us, "We can challenge [name of registered manager], they listen and they act." The registered manager shared with us the results of a recent staff survey, which expressed mixed views. The registered manager acknowledged that there was work to do in terms of staff morale.

The provider had systems in place to monitor the quality and smooth running of the home. We saw that the registered manager carried out regular audits. These included care plans, health and safety, infection control, kitchen management and a review of accidents and incidents. We spoke with the registered manager about these audits and they explained how they used the information to make changes or improvements to the home. In their PIR they told us, "Wheelchair maintenance has lacked when I have

reviewed records, this will be discussed at the next night staff meeting." We found that this was being actioned on the day of the inspection. They told us they felt supported by the provider who also carried out quality assurance checks.

The registered manager advised us that since they had returned to manage the home on a day-to- day basis they had prioritised the areas that needed improvement. They explained that improvements to pressure care and wound management, as well as systems to manage medicines safely had been prioritised, and we did find improvements had been made in these areas. The registered manager was honest about things that were not good and required improvement, and had a clear development plan in place which they felt would enable them to improve the standard of care provided. At the time of the inspection the registered manager was unable to tell us about the future of the registered manager's role, and whether someone else would be recruited. They advised that they would continue to manage the home until a suitable replacement was recruited.