PHUL Ltd

Wellington Park Nursing Home

Inspection report

76 Wellington Road
Enfield
Middlesex
EN1 2PL

Tel: 02083605977

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23 April 2018

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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?	Good

Summary of findings

Overall summary

This inspection took place on 19 and 23 April 2018 and was unannounced.

At our last inspection we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Wellington Park Nursing Home is a care home which provides nursing and residential care for up to 28 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Within the building there are four floors, each of which has separate adapted facilities. All four floors specialise in providing nursing care and support to the elderly and people living with dementia and physical health needs. At the time of this inspection there were 24 people using the service.

We observed people to be happy and relaxed in their surroundings. People and relatives confirmed that they and their relative felt safe living at Wellington Park Nursing Home.

People's identified risks relating to their health and care needs had been assessed and clear guidance had been provided on how to reduce or mitigate risks to ensure people's safety.

The service followed robust procedures to ensure the safe administration and management of medicines.

We observed sufficient staffing levels within the home during the inspection. Safe recruitment processes ensured that only staff assessed as safe to work with vulnerable adults were employed.

People's needs and choices were assessed prior to admission to the home so that the service could confirm that they could effectively meet people's needs.

Care plans were detailed, person centred and were reviewed on a monthly basis or sooner where people's needs had changed.

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

Care staff told us and records confirmed that they were supported in their role through a variety of processes including supervision, appraisals, training and team meetings.

Care staff knew people well and were responsive to their needs and wishes. We observed people had established positive relationships with other people and care staff which were based on mutual trust and respect.

All complaints received were investigated with details of the outcomes and any improvements clearly documented with a written response.

A number of audits and checks were completed by the senior management team to monitor the quality of the service people received and to ensure that where issues were identified these were addressed with a view to continuously learn and improve.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Wellington Park Nursing 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 checked 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 comprehensive inspection took place on 19 and 23 April 2018 and was unannounced. This inspection was carried out by one inspector and two experts by experience who spoke to people and made telephone calls and spoke with relatives of people using the service. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

Throughout the inspection process we spoke with ten people who used the service and 12 relatives. We also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.
We spoke with the provider, registered manager, the head of care, one nurse, one senior carer and three care staff members. We also looked at six staff files and training records.

We looked at six people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well

as health and safety documents and quality audits.

Good

Is the service safe?

Our findings

People and relatives told us that they and their relatives felt safe living at Wellington Park Nursing Home surrounded by care staff who supported them and ensured their safety. One person told us, "I feel very safe. No one bothers me. If they did I would speak to the manager." A relative commented, "They [care staff] look after him well. They have to use a hoist and I feel confident about it."

Care staff demonstrated a good understanding of the different types of abuse and the steps to take to protect people if abuse was suspected. One care staff member told us, "I would report anything straight to my manager." Care staff knew of the meaning of the term 'whistleblowing' and were able to list external agencies such as the CQC and the police who they could contact to express their concerns without fear of recrimination.

As part of the care planning process, the service identified and assessed all risks associated with the person's health, care and support needs. Risks identified included, falls, use of bed rails, skin integrity, specific health conditions and moving and handling. Risk assessments detailed the identified risk and gave directions to staff on how to reduce or mitigate the risk in order to keep people safe. Care staff that we spoke with confirmed that care plans gave them sufficient information about people's risks and how to keep them safe. One nurse told us, "We check people's risk assessments so that we can put things in place to protect, guide and help people."

Throughout the inspection we observed sufficient staff available who were seen to support people appropriately and in a timely manner. Care staff did not seem to be rushed. People and relatives confirmed that there was always staff available and visible around the home. The provider had systems and processes in place to ensure the safe recruitment of care staff. This included pre-employment checks such as obtaining references, criminal record checks and identity checks.

People received their medicines safely and as prescribed. Medicine records maintained by the service were complete with no identified omissions in recording. Controlled drugs were stored and managed appropriately. There were no gaps in recording. Controlled drugs are medicines that the law requires are stored, administered and disposed of by following the Misuse of Drugs Act 1971.

A number of people received medicines which were disguised in food or crushed. When medicines were being administered covertly to people we saw there were the appropriate agreements in place which had been signed by the GP, family and pharmacist. Where people had been prescribed PRN medicines, individual PRN protocols were in place which detailed the reason for the prescribed medicine, the dose and frequency of when the medicines was to be administered, any side effects and any special instructions for administration. PRN medicines are administered on an 'as and when required' basis and include medicines such as pain relief.

Staff responsible for the administration and management of medicines had received regular training in safe medicine management which included the completion of a competency assessment. Senior managers

completed weekly and monthly medicine audits which identified and addressed any issues to ensure the safe administration of medicines.

All accidents or incidents involving people or staff had been clearly documented with details of the incident and the actions taken. The registered manager reviewed and analysed all accidents and incidents on a monthly basis. These were discussed at daily handover meetings and team meetings so that any trends or patterns could be identified and to discuss any learning or improvements that could be made as a result to prevent any such future re-occurrences.

We observed that the home was clean and free from malodours. All staff received infection control training and had access to a variety of Personal Protective Equipment (PPE). We saw that all food preparation and storage areas were clean and appropriate food hygiene procedures had been followed.

The safety of the building was routinely monitored and records showed appropriate checks and tests of equipment and systems such as fire alarms, emergency lighting, gas and electrical safety, legionella and hoisting equipment were undertaken.

Individualised Personal Emergency Evacuation Plans (PEEPs) were in place for each person and the provider had a clear contingency plan in place to help ensure people were kept safe in the event of a fire or other emergency.

Good

Is the service effective?

Our findings

People and relatives believed that the care staff and nurses were appropriately trained and skilled to carry out their role effectively. This was based on their observations and the way in which people were supported. One relative told us, "All the staff are really great and totally competent. She's been there since June 2014 and wasn't expected to last more than two weeks!"

The service continued to ensure that people's needs and wishes were always assessed prior to admission so that they could confirm whether the home would be able to effectively meet their needs. Following this assessment a care plan was developed which detailed the person's health, care and support needs and how the service was to support the person to achieve their desired outcomes. Care plans were reviewed on a monthly basis to ensure that they were current and reflective of the person's needs.

Care staff told us and records confirmed that the provider delivered regular and on-going training for all staff. All newly appointed staff received an induction prior to commencing work. The provider had developed a yearly training programme for each staff member which covered a variety of topics including first aid, moving and handling, safeguarding and the Mental Capacity Act 2005 (MCA). Care staff also confirmed that they were supported in their roles through regular supervisions and annual appraisals and were given the opportunity to raise concerns and discuss their development.

People were observed to enjoy the meals they were served. A menu was on display which detailed a variety of options for people to choose. We saw people had access to drinks and snacks throughout the day. However, we did highlight to the registered manager and provider that drinks were not always clearly visible to people who had limited mobility, for them to be able to visibly see and request a drink. The registered manager immediately addressed this issue. People's care plans reflected their likes and dislikes in relation to their meals and drinks. Where people had been assessed as requiring specialist or one to one support with their meals this had been documented within the person's care plan and we observed appropriate support was provided.

The service used a number of systems to ensure the effective exchange of information between care staff, nurses and external healthcare professionals to ensure people received the appropriate care and support that they required. Care staff told us that they worked closely as a team as well as in partnership with a variety of healthcare professionals which included weekly structured visits from the GP. Care staff held daily handover sessions and weekly nurses meetings where discussions took place about people and any significant developments. We saw correspondence and referrals between the service and a number of health care professionals specifically around people's health needs.

People were supported to have access to a variety of healthcare professionals which included the GP, community nurses, physiotherapists, social workers and opticians. All visits by health care professionals were recorded within the care plan and included the purpose of the visit and any actions that were agreed as a result for the home to address.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was meeting the requirements of the MCA 2005 and the Deprivation of Liberty Safeguards.

People, where appropriate, had signed their care plan consenting to the care and support that they received. Where people were not able to consent, relatives had been consulted and involved in the care planning process and this had been documented in the care plan. Senior managers as well as staff members demonstrated a good level of understanding in relation to the MCA and its principles and how this may affect a person that they supported.

The home had been adapted to meet people's specific needs and requirements and especially in relation to moving and handling needs. The home had a lift that enabled people to access all areas of the home. Where specific moving and handling equipment was required including hoists, wheelchairs and adapted shower chairs and baths, these were available. People's rooms were personalised as they so wished.

Good

Is the service caring?

Our findings

People we spoke with gave us very positive feedback about the care that they received and the care staff that supported them. Feedback included, "Yes they [care staff] are caring. They are kind. They help me with everything. They watch over me" and "I do think that staff are very caring and kind." Relatives were also complementary about the care and support that their relatives received. Comments included, "I find that they are very [care staff] caring" and "The staff are very caring. They do a good job and they are very nice."

We observed that people had developed positive and caring relationships with other people and the care staff that supported them. Care staff were seen to always involve people in day to day decisions about the way in which they wished to be supported. One person said, "The staff talk about the care plan. As long as staff let me know what they are doing each time I am happy." Relatives also told us that the service always involved and consulted them about their relatives care. Care staff were seen to engage with people in a warm and gentle manner. We saw staff complementing people on the way they were dressed as well as joking and laughing with them. One person told us, "They would help me to wash. They show concern if I am sometimes sad."

People confirmed that all staff always treated them with dignity and respect. One person explained, "I feel that the staff are very respectful and kind to me. I can have the door open or shut if I want. The staff will knock on the door when they want to enter. I feel that they respect my privacy." Care staff when asked about maintaining people's privacy and dignity were able to give a number of examples of how they achieved this which we observed taking place throughout the inspection. One care staff said, "When going to their [person's] room I would knock on their door, communicate with them and always give them choices."

People were observed to be as independent as they could be and this would encouraged and supported by all staff. People were seen to access all areas of the home as and when they wanted to. Care staff understood the importance of supporting people to maintain their independence as practicably possible. One care staff explained, "If a person can feed themselves but are having difficulty we start them and then they start eating themselves. I help them to maintain their independence and I only step in if they can't manage."

Care plans were reflective of people's cultural, religious and personal diversity and staff were clearly aware of people's individual needs and how these were to be met. We asked staff about supporting people who may identify themselves as lesbian, gay, bi-sexual and transgender (LGBT). Care staff told us, "We have to provide people with what they need. It does not make any difference to me" and "We have to treat everybody equally and we have to respect their backgrounds."

Good

Is the service responsive?

Our findings

Care plans were person centred and detailed people's support needs in areas such as communication, personal safety, mobility, skin integrity and eating and drinking. Each section detailed the support the person required, any risks associated with the identified need and the person's own choices and wishes on how they were to be supported. People's likes and dislikes and had also been recorded.

Care staff told us that they found the care plans to be a helpful document as it gave them information about people and also informed them of their needs and the risks associated with their care so that they could provide care and support which was responsive to their needs. One care staff told us, "The care plans tell us about the person. What they can and can't do. It tells us about their risks such as falls and we have to monitor them."

Care staff were also able to demonstrate their understanding of person centred care and how this translated into the care and support that they provided to each individual. Comments from care staff included, "Everyone is an individual. They each have a personal plan. We cannot generalise" and "We need to make sure each person is taken care of. The same rule cannot be used for everybody."

In addition to the care plan, people also had a folder kept in their bedrooms with a number of monitoring records such as food and fluid charts, turning charts and catheter records. Recording was generally seen to be complete and these documents were easily accessible to all staff which provided them with immediate and relevant information about the person and their needs in order to provide care that was responsive to their needs. However, we did note that for fluid charts the service did not always state an individuals recommended fluid intake as guidance for care staff to monitor against especially if low fluid intake had been recorded.

As part of the care plan, the service gathered information about people to complete a document called 'My day, my life, my history'. This was one page document with basic information about the person and their life and also included details of important people in their life and significant events. The document enabled front life staff to gain a better understanding and appreciation for the people that they were caring for. However, we highlighted to the registered manager that this document could be further enhanced with a lot more detailed information about the person. The registered manager took on board the comments we made.

The home organised a variety of activities within the home ranging from reminiscence, games, one to one pampering, art and crafts. We saw photos that had been displayed around the home of people participating in a range of activities which included sing alongs, afternoon tea, music playing and arts and crafts. Where people attended and participated in group or one to one activities this was recorded within the person's care plan. We saw records confirming that nearly all people participated in some type of daily interaction or activity.

End of life preferences and wishes were noted within some people's care plans. Details included the

person's wishes about their religious and cultural preferences on what they wanted to happen following their death. However, some care plans did not have any information about people's end of life wishes. The registered manager explained that this was a sensitive topic that people and relatives did not always want to discuss and that was the reason why certain people's wishes had not being documented. However, the registered manager stated that they would try and encourage people and relatives to express their future wishes as part of the care planning process.

A complaints policy was available and displayed around the home which detailed the processes in place for receiving, handling and responding to comments and complaints. People and relatives we spoke with told us that they felt able to complain if they needed to and were confident that their complaint would be dealt with appropriately. Complaints that had been received had been clearly documented with details of the actions taken to resolve the complaint. This included a written response to the complainant.

Good

Is the service well-led?

Our findings

A registered manager was in post at the time of this inspection. 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 and relatives knew the registered manager well and we saw that they were visible around the home where people and relatives were able to approach them at any given time. Feedback from people included, "I do know who the manager is. He is a good manager" and "I do know who the manager is. He is very nice and caring." One relative told us, "I know the manager and he is very approachable."

Care staff were also positive about the registered manager and the provider and stated that they felt well supported in their roles. Care staff told us that they felt enabled to put forward their ideas and suggestions on how people should be supported and the areas for improvement. We saw records confirming various methods used to ensure staff were appropriately supported and kept abreast of all information relating to people and their role which included team meetings, handovers sessions, supervisions and appraisals. The provider had also recently introduced the production of a monthly staff newsletter which contained information and guidance for all staff that was pertinent to their role.

People and relatives were consulted for their feedback about the care and support that they received periodically throughout the year. This included the completion of surveys on topics such as food, living at Wellington Park Nursing Home, individual dignity and privacy, housekeeping and laundry. The service promoted an open and transparent ethos and ensured that the results of every completed survey had been displayed in the main entrance of the home so that all people, relatives and visitors were able to view the comments made and the actions that the service had taken. People and relatives were also invited to regular residents and relatives meetings where topics such as food, activities and overall quality of care was discussed.

A monthly residents and relatives newsletter was also produced and on display alongside a variety of information leaflets for all to access. This included leaflets about advocacy, safeguarding, medical conditions that may affect the elderly and the local police service. The newsletter provided information about specific events taking place within the home, any changes and quality updates.

The registered manager had a number of systems and processes in place to monitor and oversee the management and quality of care provision in order to learn and drive through further improvements where required. This included weekly and monthly medicine audits, care plan audits, health and safety checks and infection control checks. Senior managers also completed a daily 'manager's walk the floor' exercise which looked at various areas including staffing, people's wellbeing, visitors, activities and medicines management specifically in the evening and at night. A handover sheet was completed and given to the registered manager for his attention and oversight so that any emerging issues could be immediately addressed.

There was an open and transparent culture at the service. Relatives told us that the service always communicated with them about their relatives especially where significant incidents or accidents had occurred or where their relative had been taken ill.

The service worked in partnership with a variety of healthcare professionals and community organisations. We noted that that the service maintained positive links with healthcare professionals including the GP, physiotherapists, speech and language therapists and the local Care Home Assessment Team (CHAT). The CHAT visited people regularly who had complex health needs or who were at risk of deteriorating and also liaised with the wider multidisciplinary team and supported care staff and nurses to coordinate care. This combined partnership approach ensured that people living at the home had access to a range of holistic services which supported their health and well-being. The service also engaged the local authority and local care home to share practises and common issues that affected the management of a care home.