

Pinnacle Care Ltd

Wolston Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Wolston Grange is a residential care home providing personal care and accommodation for up to 39 people living with dementia. The service is made up of three units, the main house is a two-storey building and provides accommodation for mainly older people with dementia. The Lodge is joined to the main house and is a two-storey building which provides accommodation for up to 12 adults with dementia. The Barns is a separate building within the grounds of the main house, which provides accommodation for up to five adults with dementia. At the time of our inspection visit there were 37 people receiving care, 23 in the main house, nine in the Lodge and five in the Barns.

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

Environmental risks were not always identified and mitigated against. Medicines management required improvement to ensure people always received their prescribed medicines, and medicines were always stored safely to ensure its effectiveness. Infection control measures required improvement to ensure people were always cared for in a clean environment and were protected from the risk of infection.

The provider's policies and procedures supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, an application to the local authorising body to place a restriction on one person had not been made accurately.

Systems and procedures to identify areas of improvement, and make changes to the service, required improvement to ensure the premises were always safe, and people always received safe and effective care. Important events and incidents were not always notified to CQC when events occurred.

Staff were trained in safeguarding and understood their responsibilities to report potential safeguarding concerns. There were enough staff to meet people's needs safely. New staff received an induction into the service and received ongoing training to keep their skills and knowledge up to date. The registered manager worked with health professionals to support safe admissions to the home. Staff understood people's individual dietary needs and prompted people to eat and drink enough to meet their needs. Partnership working enabled people to maintain their wellbeing.

The latest CQC rating was displayed in the home and on the provider's website as per regulatory requirements. The provider worked with external health and social care professionals to ensure people had access to services they needed, in response to changes in their health and to improve their health outcomes. People knew how to raise concerns and provide feedback about the service.

Rating at last inspection

The last comprehensive inspection report for Wolston Grange (published October 2019) and we gave a rating of requires improvement. At this inspection we found the service had remained the same and have rated the service as requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wolston Grange on our website at www.cqc.org.uk.

Why we inspected

This was a planned inspection based on the rating at the last inspection. We undertook this focused inspection to check they had improved and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

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

We have identified breaches in relation to regulation 12 safe care and treatment and regulation 17 Good Governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Wolston Grange

Detailed findings

Background to this inspection

The 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.

Inspection Team

The inspection team consisted of two 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.

Service and service type

Wolston Grange is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection took place on 20 September 2022 and 22 September 2022 and was unannounced on the first day. We told the registered manager we would return on the second day to complete our inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included information received from the provider about deaths, accidents and incidents and safeguarding alerts which they are required to send to us by law. We reviewed the information from the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We also requested feedback from the Local Authority quality monitoring officers. We used all this information to plan our inspection.

During our inspection

We spoke with three people living at the home and gained feedback from seven people's relatives and one health professional. Some people, due to their complex care needs and disabilities were unable to give us their feedback about the home. We spent time with people to see how staff supported them. We also gathered feedback from nine members of staff including the registered manager, the regional manager, the nominated individual, the chef, care workers and senior care workers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records, including 14 people's care records or medicines records. We also looked at records relating to the management of the service, including audits and governance systems. We reviewed the provider's maintenance records; and records of when checks were made on the quality of care provided.

We looked at two personnel files to check that suitable recruitment procedures were in place, and that staff received supervision and appraisals to continue their professional development.



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 Requires Improvement. At this inspection this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

- At our previous inspection we found environment risk management had somewhat improved, at this inspection we found environmental risks were not always identified, and measures were not always in place to mitigate environmental risks. For example, fire risk assessments did not identify and mitigate against the increased risk of people smoking on the premises. Fire risk assessments had not identified the risks associated with the location of the laundry area. Fire doors did not meet fire regulation standards, although improvement plans were in place to undertake the work required.
- At our previous inspection we found best practice was not always followed regarding the storage and control of substances hazardous to health (COSHH). For example, cleaning products were left accessible to people in some areas of the service, which could cause a risk to people's safety. At this inspection we found this remained a concern, as the laundry area in the Main House was not locked and cleaning materials were accessible to people.
- The provider did not always follow safe protocols for the storage of medicines. Medicine temperature records showed medicines were being stored at temperatures above 25 degrees centigrade, which may affect their efficacy.
- Where people were prescribed topical medicines for their skin, these were not always recorded by staff when they were administered. One staff member confirmed some people did not have topical medication administration records (MAR) in place to record when people were given their prescribed medicines.
- People did not always receive their prescribed medicines. One person was prescribed medicine to take, if they became constipated. This medicine was not being given to the person by staff, when records showed it was required.
- Where people required their medicine on an 'as required' basis, in some instances there were detailed protocols in place to prompt staff, on how and when, people needed their medicine. However, some people did not have written protocols in place to inform staff of when they needed their medicine. This meant people were placed at risk of not receiving medicine when they needed it.
- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the home were not clean. For example, high areas of the Main House had cobwebs and dust visible. Touch point areas, such as doors, were not always clean. This meant there was an added infection control risk. Some areas of the service were not in good repair and could not be cleaned properly. For example, splash back tiles in the main home kitchen.
- Action to prevent the development of Legionella was not effective. Water temperature testing had identified that conditions were possible for Legionella bacteria to develop. However, cold water temperatures had not been reduced to prevent bacteria development.

- We were not assured the provider's infection prevention and control policy was up to date. The provider's COVID-19 contingency and risk management plan, dated September 2022, was not up to date with current government guidance. It placed restrictions on visiting and contained gaps. For example, how visiting should be supported during an outbreak. We signposted the provider to the latest online government guidance.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

- We were somewhat assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- People and their relatives told us they felt safe at the home. One person said they felt safe with staff, saying, "Yes, they [staff] are fine with me." A relative said, "I have no concerns about safety at all. I am very happy with the way the home looks after [name]" and "The staff are cheerful, and bright and the security around the home is excellent."
- Overall, risks to people's individual health and wellbeing were assessed and plans were in place to instruct staff how to reduce risks.

Learning lessons when things go wrong

- Staff knew how to report and record accidents and incidents. However, we found that not all incidents were recorded. For example, where one person had a fall, the fall had not been recorded in the person's care records, and risks management plans had not been updated in response to the fall.
- The registered manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. However, although records were kept of accidents and incidents to analyse and learn from them, the analysis was not completed for each person, to identify how that person could be supported in the future to reduce the risks of individuals from falling.
- There had been three infectious disease outbreaks at the service within the last six months. We discussed this with the registered manager who told us there had been no analysis of the outbreaks and no evidence of learning to minimise future risks.

Staffing and recruitment

- The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home. Pre-employment recruitment checks included reference requests and Disclosure and Barring Service (DBS) checks. This helps employers make safer recruitment decisions so that only suitable people work with those who are vulnerable. However, we found one staff member did not have a reference from their most recent health and social care employer.
- There were enough staff to meet people's needs safely. One relative told us, "I believe there are sufficient staff around at all times." Another relative commented, "I visit at the weekends and staffing levels appear to be good. There are staff that go from room to room supporting residents and staff that work in communal areas looking after the residents that are in the lounge."
- Care staff told us there had recently been an additional member of staff added to the day shift in The Lodge which had improved the level of care. One member of staff said, "It helps having regular staff, it makes

people settled." One staff member explained people in The Lodge had complex needs and because of the extra staff they were able to spend more time with people.

- Staffing levels were based around people's assessed health and care needs. The management team were confident there were enough staff to keep people safe.
- Throughout our inspection visit we saw people's needs were met in a timely way. Staff were not rushed and had time to spend with people.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. However, some notifications around serious incidents such as skin tears and injuries to people had not been sent to CQC.
- Staff received training and understood their roles and responsibilities in keeping people safe. Staff told us they would report any concerns if they suspected abuse and had confidence the registered manager would investigate.

Visiting in care homes

- The provider's procedure for indoor visiting dated July 22 and COVID-19 contingency and risk management plan dated September 2022, were not in accordance with current government guidance. They placed restrictions on visiting by requiring visits to be pre-booked, with a limit of five per day for the whole service and a duration no longer than one hour. We discussed these restrictions with the registered manager who told us they would allow people to visit if they had not booked an appointment. They said, "We never refuse anyone to come in." One relative told us, "I can visit at any time now, but they [staff] do ask for notification of visits and they don't like visits at lunchtime."

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 requires improvement. At this inspection this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support was not always consistent.

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.

- Applications to restrict people's movements had been made to the local authority, where required. However, one person's application contained a significant gap relating to restrictions placed on them, which meant the local authorising body had not been supplied with accurate information to make a decision. Following feedback, the registered manager told us they had submitted an updated application to the local authorising body for consideration.
- At our previous inspection It was not always clear whether people's legal representatives were involved in supporting people to make decisions. At this inspection, where people had legal representatives appointed to help make decisions, people's representatives told us they were consulted. One relative said, "I am contacted at all times if there are any major changes, and the home needs my consent to change [Name's] care. Now I have Power of Attorney they have discussed all issues with me, even future plans for [Name's] care." However, some best interest's decisions records did not always document a corresponding mental capacity assessment.
- Improvements had been made in staff's understanding of the MCA, and staff completed training in mental capacity. The registered manager and staff demonstrated they understood people's capacity could change, according to their health.

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

- Staff worked with other health professionals to help ensure people received support that met their health needs. For example, a weekly ward round was conducted by the local GP to review people's health needs. District nursing teams visited the home on a daily basis. One relative told us, "[Name] has been visited by the chiropodist and I know the doctor visits [Name]. "[Name] has been sent into hospital when he has been very unwell."
- Staff told us they had regular handover meetings sharing key information about people's needs and any changes in their health, and whether follow up referrals to other health professionals were needed. One staff member said, "Handover is very informative, especially if you have been on holiday. You get an in-depth handover to make sure you know everything that had gone on in the time you have been away." However, handover meetings were not recorded, and therefore could not be referred to at a later date or used for analysis purposes if people's health needs were changing.

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

- Mealtimes at the home appeared relaxed and people made choices about what they wanted to eat. Overall, people and their relatives told us they were satisfied with the quality of food provided. One relative said, "We are pleased with the fresh produce and home cooked food."
- Staff explained how they encouraged healthy eating. One person explained how they were supported to eat fresh vegetables from the garden, and these were steamed so they were healthy and tasted great.
- People were provided with regular drinks and snacks and were given choices about where they wanted to eat their meals.
- People's nutritional needs were assessed to plan their food and drink requirements in line with their nutritional needs. The chef and kitchen staff were informed about each person who required a specialist diet. This information helped ensure food was prepared in line with people's individual plans.
- Food and fluid charts were completed by staff for people who were at risk of weight loss; or required their fluid intake to be monitored. However, we found fluid charts did not document whether staff took any action at the end of the day to review people's fluid intake, or to inform staff when action was required to increase the fluids offered to people, if their intake was low. This meant people may be at increased risk of de-hydration.

Staff support: induction, training, skills and experience

- At our previous inspection we found staff training was not always kept up to date, and some staff did not have the training they needed in how to support people with their mental health. At this inspection the provider had introduced training in mental health conditions for staff who worked in The Lodge and The Barn. Staff told us they received the training and support they needed for their roles. One staff member said, "We do training in everything regularly to keep up to date with changes in legislation."
- People and their relatives told us staff had the skills they needed. Comments from people's relatives included, 'They [staff] know how to support people with dementia, which can be very demanding', "The staff are trained well, they know what they are doing, they appear very confident...I have seen them supporting residents, ensuring they meet each resident's individual needs and I have seen they treat residents as human beings."
- New staff received an induction and were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards, forming part of a robust induction programme.
- Staff received relevant, ongoing refresher training for their roles. The provider planned which training each member of staff should undertake, depending on the people they supported and their individual health and care needs. The manager maintained a record of staff training, so they could identify when staff needed to refresh their skills.

- Staff received regular supervision meetings where they had the opportunity to discuss their work and help improve their practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs regarding their physical and emotional health were assessed in line with their wishes and preferences for their daily routines. Pre-assessments were carried out prior to anyone moving into Wolston Grange and information regarding people's social and spiritual needs and their sexuality formed part of the assessments.

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

- There were three separate units within the service. People had their own rooms and bathrooms. The Main House supported people with dementia and cognitive impairments. Whilst there was some directional signage, additional signage may help to ensure people with memory problems or confusion were easily able to find their way.
- The Barns was separated from the Main House and The Lodge by a courtyard. People in each unit of the home were able to access outside spaces and gardens.

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 requires improvement. At this inspection this key question has remained as requires improvement. This meant the service management and leadership was inconsistent. Some processes did not always support the delivery of high-quality, person-centred care.

At our previous inspection we identified a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014, Good Governance.

At this inspection we found there continued to be a breach in this regulation, as the provider had not made sufficient improvements at their service to meet the regulations, and further improvements were still required.

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

- At our previous inspection we found the provider had not ensured quality systems or processes effectively monitored the service to ensure people were kept safe.
- At this inspection we found the provider had systems and processes to monitor the quality of the services which the registered manager implemented. The management team and senior staff undertook audits and looked for continuous ways where improvements could be made. However, these systems and processes had failed to ensure Wolston Grange was a safe environment for people. Fire risk management was ineffective and did not protect people from the risk of fire. For example, fire doors were not due to be fully compliant before the end of 2022, fire risk assessments had not clearly taken into account the requirement to update fire doors, or that people regularly smoked at the service. Fire exits were not always marked clearly.
- Systems and processes had failed to identify where the storage of medicines needed to be improved, and that people were not always receiving their prescribed medicines.
- Systems and processes required improvement to ensure the hygiene and cleanliness of the home protected people from the risk of infection.
- Best practice was not always followed regarding the storage and control of some substances hazardous to health (COSHH).
- Systems and processes had not ensured people's fluids were totalled each day, and action was taken to ensure people were offered the amount of fluid they required each day. Fluid charts did not always document the amount of fluid offered to people and whether their recommended daily intake of fluid was being met to prevent de-hydration.
- Procedures for learning lessons, following accidents and incidents, required improvement to ensure an analysis of events took place to prevent the risk of reoccurrence. For example, there had been three infectious disease outbreaks at the service in 2022. We discussed this with the registered manager who told us there had been no analysis of the outbreaks to minimise future risks.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

- The registered manager understood their regulatory responsibilities to ensure the rating from the last Care Quality Commission (CQC) inspection was prominently displayed in the home and on their website.
- The service was led by a registered manager. Each unit of the service was also assigned a senior care worker on each shift.
- There was a vacancy at the home for a care manager, which meant the registered manager lacked support in the management of the service. The provider had recruited to this position, and a new care manager was due to start work at the home by the end of October 2022.
- The provider planned to make environmental improvements at the home.
- The provider planned to introduce electronic care records and audits at Wolston Grange in 2023. These systems were planned to improve auditing systems and care records.
- The provider and registered manager responded to our feedback positively and made some changes and improvements to systems following our feedback, for example, the registered manager had updated their accident and incident analysis following our feedback.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All the relatives we spoke with, told us they were happy with the care their family member received. Three relatives told us they would recommend the home to others. Comments from people and their relatives included; "I like living here", "The staff are attentive and welcoming and when I ask [name] how they are treated, [name] is always positive" and, "The staff are friendly, cheerful and bright. There is a very good atmosphere in the home. The staff are always smiling."
- People and their relatives told us about their relationship with staff, and communication with the home, was good. Comments included; "[registered manager] and her staff are always there to answer any questions and have time for me", "The home is managed well. Everything runs smoothly. They keep people informed about news in emails, mobile messages and on the website."
- People and their relatives were asked for their feedback about the care they received via survey and in person, and also how the service could be improved. One relative told us, "I give feedback every visit and have every opportunity to give suggestion that will enhance [name's] life, which is carried through."
- Staff told us they had regular meetings with their manager, and felt they were listened to. One staff member told us how the registered manager had helped them to balance their work and home lives. One staff member said, "I feel like we have enough meetings. If I had an issue I could just ask [registered manager] to have a meeting with me if I needed and they are very helpful with everything! We usually talk about my performance how I feel I'm doing if the company can do anything else to support me in any way." Another staff member commented, "We always have regular staff meetings. We have the opportunity to discuss residents, the environment, or any area the staff bring up. There are also supervisions, which are planned regularly."

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

- The registered manager and provider understood their responsibilities to share information under the duty of candour regulations with people, their families or representatives if things went wrong with the quality of care people received. Procedures to ensure that notifications were sent as required to other bodies including CQC, were updated following our inspection visit to help ensure these were not missed in the future.

Working in partnership with others

- The service had links with external services, such as government organisations who provided links to renewed best practice guidance, commissioners of services, nurses and health professionals.
- The registered manager actively sought opportunities to work with other bodies to increase people's enjoyment in life. For example, local charities and religious organisations to increase people's opportunities for social interaction and pastoral care in their local community.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way, as the provider had not ensured the premises used by the service were safe, risks were not identified to ensure the proper and safe management of medicines; risks identification and mitigation did not prevent and control the spread of infections.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not established and operated effectively to ensure the assessment, monitoring and improvement of the quality and safety of the services provided in the carrying on of the regulated activity; and the assessment, monitoring and mitigation of the risks relating to the health, safety and welfare of service users.</p>

The enforcement action we took:

We have issued the provider a warning notice, asking them to take action to meet the regulation by 7 November 2022.