

Careline Lifestyles (UK) Ltd Wilkinson Park

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

We carried out an unannounced focussed inspection of the home on Tuesday 6 December 2016. This was because we had received concerning information about the home and the wider management of the provider's services. At this inspection we looked at three of the five key questions we ask when we inspect a service: Is the service safe? Is the service effective? And Is the service well-led?

This report only covers our findings in relation to these domains. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Wilkinson Park' on our website at www.cqc.org.uk

We carried out a comprehensive inspection of the service in June 2016. The overall rating for the home at this time was 'Requires Improvement.' We found a breach in Regulation 18 relating to staff support and made recommendations regarding revising the tool used to determine staffing levels and also that an infection control audit should be undertaken. The provider wrote to us and told us what action they were going to take to address the breaches and said the matters would be addressed by August 2017. There was no registered manager in post at the June 2016 inspection.

Wilkinson Park is registered to provide accommodation, personal care and support for up to 21 adults with learning difficulties. The home is subdivided into a main house and integral semi-independent living area. There are two cottages attached to the home, where people also lived on a semi-independent basis. At the time of the inspection there were 17 people living at the service.

At the time of this inspection there continued to be no registered manager registered at the location. 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. The day to day running of the location was carried out by an acting manager who was not available on the day of the inspection.

Safeguarding records were not well kept or completed and there were discrepancies between notifications received by the CQC and copies of safeguarding alerts sent to the local authority. We could not be certain that safeguarding matters were managed appropriately.

There was high use of agency staff at the home, although people living at the home told us most of the agency staff were very good at supporting them. Some shifts had more agency staff than permanent staff. The Head of homes told us some new staff had been recruited but there was still a shortfall in support workers at the home. A new deputy manager was awaiting references and DBS checks. Interviews for a registered manager had not been successful. People told us staffing had improved although the use of agency staff still limited their access to the community.

A recommendation made at the last inspection, to review the dependency tool used to determine staffing levels at the home, had not been undertaken. The Head of homes said this was because of the lack of a permanent manager.

Accidents and incidents were recorded, but had not been analysed to identify any trends or issues. Actions listed to prevent further accidents were not always detailed or appropriate.

Checks on fire equipment and safety systems at the home had been undertaken and recorded. Staff recently recruited had been subject to a proper interview and recruitment process, including the taking up of references and DBS checks.

Medicines were managed appropriately and there were no gaps in the recording of medicines at the time of the inspection. Checks were maintained on the stock of medicines at the home.

A recommendation made at the last inspection, to undertake an infection control audit, had not been followed, to date. The Head of homes said this was because of the change in managers at the home.

At the previous inspection in June 2016 we had found staff annual appraisals had not been undertaken. This was a breach of Regulation 18. The provider sent us an action plan stating this matter would be completed by August 2016. However, we found there were still no appraisals completed and regular supervision had also not been recently completed.

Training records showed the majority of staff were up to date with training provided internally by the provider. The Head of operations told us the home was linked to the local Learning and Development Unit (LDU). LDU staff said a limited number of staff had signed up to the service since they first visited the home in February 2016.

Agency staff said they had received appropriate training through their agency. The provider said they had provided additional training to agency staff but we have not received information supporting this.

The provider was working within the requirements of the Mental Capacity Act (2005) and applications for DoLS had been made. People at the home could give day to day consent to care and treatment.

A new chef had recently been employed at the home. People said food was improving.

The Head of homes said regular checks and audits at the home had not been sustained, because of the change in managers. She said the provider was also changing their overall quality monitoring process meaning provider checks had not been followed up. An outside agency had carried out a review of the home, but all actions identified had not been addressed within suggested dates.

At the previous inspection people told us they had not felt listened to by senior managers. At this inspection they said they still felt senior managers in the organisation were not always listening, although previous concerns over transport options had been partially addressed.

The Head of home told us the home needed a period of consistent management and oversight to improve the situation.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to Staffing and Good governance. Full information about CQC's regulatory response to any concerns

found during inspections is added to reports after any representations and appeals have been concluded.

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 safe.

We could not be sure that safeguarding concerns were fully and appropriately recorded and notified to the local authority. Accidents and incidents were not always well recorded or reviewed.

There was high use of agency staff, with some shifts supported by more agency staff than permanent staff. People said they were happy with the agency staff support but felt it restricted their community activities. The provider had not reviewed how they calculate staffing levels.

Checks on fire equipment and safety at the home had been undertaken. Staff recruitment continued to be undertaken in a safe and effective manner. People's medicines were managed effectively.

Requires Improvement 

Is the service effective?

The service was not effective.

Staff told us they had access to a range of learning. Agency staff said they had training through their own employer. Use of an outside training provider had not been taken up. Annual appraisals of staff had not been undertaken, despite a breach of regulations being identified at the last inspection. Regular supervisions had also not always been completed.

There was evidence applications had been made to the local authority safeguarding adults team in relation to the Deprivation of Liberty Safeguards (DoLS).

A new chef had been appointed to the home and people said meals were improving.

Requires Improvement 

Is the service well-led?

The service was not well led.

The last registered manager had left in February 2016 and a

Requires Improvement 

series of temporary managers had been in charge of the home. People and staff said the acting manager was supportive. People continued to feel senior managers from the provider organisation did not always listen to them.

Checks and audits on the home had not been regularly undertaken to ensure people's care and the environment of the home were effectively monitored. An outside contractor had undertaken a review of the service, but actions points had not been completed within suggested timescales.

The head of homes agreed that there had been no consistent management at the home. Not all records were up to date and easily available.

Wilkinson Park

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 December 2016. This was a focussed inspection because of information of concern received by the CQC about the location and the provider's operation. We also checked on breaches and recommendations from the previous inspection in June 2016.

The inspection was undertaken by an adult social care inspector.

As this was focussed inspection we did not request 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. Following the previous inspection the provider sent us an action plan detailing the action they would be taking to improve the service at the home. We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local authority contracts team, the local authority safeguarding adults team. We were aware there had been a recent organisational safeguarding meeting regarding the home.

We spoke with four people who used the service to obtain their views on the care and support they received. We talked with the Head of homes, Head of commissioning, senior support worker, two agency support workers, a permanent support worker and the cook. Following the inspection we spoke again with the local safeguarding adults team and a staff member from the local Learning and Development Unit.

We reviewed a range of documents and records including; eight medicine administration records and three records of staff employed by the service. Additionally, we examined training records, safeguarding records and accidents and incident records. We also looked at a range of quality audits and other management records.

Is the service safe?

Our findings

The provider had a safeguarding policy in place although we noted this had been reviewed in August 2015 and was highlighted for further revision in August 2016, which was not evident. We asked the Head of homes for details of safeguarding alerts that the home had made to the local safeguarding team. She said these were not in the home's safeguarding folder which contained only details of the provider's safeguarding policy and other contact information. She later provided us with copies of safeguarding alert documents.

One form contained limited information except the names of two people who used the service. We could also not find a copy of a referral linked to an alert the CQC received in August 2016, although there was a copy of an email relating to this incident. There were no copies of safeguarding referral / incident forms relating to two notifications received by the CQC in November 2016. Action plan documentation linked to safeguarding referrals was either not evident or not detailed. For example, following an altercation between two people at the home the action plan stated each person was advised not to visit other parts of the home and staff to observe. There was no indication a proactive approach to managing the situation had been taken. The Head of homes told us that because of the recent changes in interim managers at the home she was unsure where items may have been filed or if they had been completed. This meant we could not be sure documents relating to safeguarding referrals and incidents had been handled correctly and appropriately.

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

Prior to and following the inspection we spoke with the local authority safeguarding adults team. They told us there were a number of concerns about the home and there had been a recent overarching safeguarding meeting involving representatives from the provider. They said there were continuing concerns being brought to their attention.

Prior to our inspection of the home we had been made aware of ongoing concerns regarding staffing at the service. We had shared these concerns with the local authority commissioners and the local safeguarding adults team. We had also spoken with the provider's nominated individual about the concerns and sought reassurances from him about staff numbers and recruitment at the home. We had monitored the situation over the intervening months and an overarching safeguarding meeting had recently taken place to review the situation.

On the day of the inspection there were 17 people living at the home and seven staff on duty during the day. The staffing compliment consisted of a senior support worker, three support workers, two of who were relatively new to the service, and three support workers supplied by an agency. In addition there was an administrator, a chef and a handyman also on duty at the home. Agency staff we spoke with told us there was regular use of the same agency staff members, to try and maintain a consistent approach to care. People we spoke with confirmed this was the case. We noted during the day one person was supported on a one to one basis and a second person received one to one support after 4.00pm. This was not highlighted

on the duty rota so we could not be sure that this one to one support was fully covered and people were receiving required support. The Head of homes told us staff were rostered for a couple of hours at a time to allow for breaks and this was recorded on people's individual records. At the previous inspection in June 2016 we made a recommendation to the provider that the dependency tool, used to help determine the staffing levels at the home should be reviewed to take into account the rural nature of the service and the additional traveling time required for basic support, such as attending health appointments. The Head of homes told us that because of the changes in both the senior management structure and the local management there had not been time to complete this review.

We examined duty rotas for the home. We saw there was significant use of agency staff throughout the week and on some shifts there were only two permanent staff and five agency workers. Agency staff we spoke with told us they did not accompany people out into the community without a permanent member of staff and always received a briefing prior to going out into the community. The Head of homes told us the provider had recently recruited a new deputy manager, although were waiting for references and DBS clearance. She said they had also recently recruited three support workers, a new administrator and a chef.

People we spoke with told us the staffing situation at the home was improving slowly. Comments from people included, "Yes, there are enough staff. We get to go out. The new staff are alright"; "We've got a couple of new staff; both drivers which is good. It's not brilliant but it is picking up" and "New staff are alright. There are a lot of agency staff. I'd like to have a few of the agency staff as full time staff."

Accidents and incidents were recorded in an accident book. Whilst the nature of the accident or incident was recorded there was limited information as to what action had been taken to prevent further similar events. Some of the comments recorded on the form were inappropriate. For example, one person had punched the telephone box at the home in frustration, injuring their hand in the process. Under the section about action taken to prevent further such events was written, "Don't punch telephone", rather than any suggestion the person's frustration was explored or their care reviewed to better support such behaviour. We spoke with the Head of homes about this and she said she would review the recording process with staff. We saw there had been not been a full audit or review of accidents and incidents since September 2016, when previously such reviews had been undertaken monthly. There were some accidents recorded where people had attended hospital for treatment or paramedics had attended the home to treat people, but we could find no notification to the CQC, as providers are legally required to do so for serious injuries.

Checks were carried out on the safety of the premises and equipment used at the home. We saw an independent contractor carried out bi-annual check on fire alarms and emergency lighting and there were also monthly and weekly checks carried out internally of fire equipment, fire alarms and fire exits. A fire drill was recorded as taking place in October 2016. There was a list of people who had taken part in the drill and a note of the time taken to effect an evacuation of the premises. The home had a "Grab and Go" pack for emergencies, which contained equipment that may be needed and copies of individual personal evacuation plans (PEEPS) for people at the home. There was a safety certificate in place for the fixed electrical systems at the home and portable appliance testing (PAT) had taken place on small electrical items. The home has an ongoing issue with its water supply, which is drawn from a local spring, although taps in bathrooms and toilets were marked as not to be used for drinking water.

We looked at the personnel files for recently recruited staff to the home. We found appropriate processes had been followed, with evidence of an application form being submitted, at least two references checked and followed up, one of which was from the previous employer, identity checks being undertaken and Disclosure and Barring Service (DBS) checks carried out. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people. There was

evidence staff had undertaken training prior to starting at the home and had opportunity to shadow experienced staff. We spoke with two staff members, who had recently started working at the home. They confirmed they had been well supported since starting at the home, had received a range of training, including MAPA (Management of Actual or Potential Aggression) training, where appropriate, and could seek support and guidance if they were unsure about anything. One staff member told us they had been able to ease themselves into the role and had not been pushed to take on duties they felt they were not ready for. For example, they said they wanted to work at the home for a number of weeks before taken on medicines responsibilities and this had been accommodated.

Medicines at the home were stored securely and managed appropriately. We found medicines administration records (MARs) were well maintained and up to date with no gaps in signatures. We found one tablet missing from a dosette container. The senior care worker on duty explained a tablet had been accidentally dropped and so a later tablet was used as a temporary replacement and an additional supply had been ordered to replace the missing tablet. Some people had "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. There were specific care plans in place to support people's use of these medicines. Two people partly managed their own medicines. There was a risk assessment in place for how people would manage these medicines which had been signed by a staff member and the individuals. The senior support worker explained they were awaiting a new medicines fridge to be delivered and as a temporary measure any medicines that needed to be stored refrigerated had been placed in a locked metal box in one of the kitchen fridges. We checked and found this box to be locked securely.

At the previous inspection in June 2016 we made a recommendation that an infection control audit be undertaken in relation to the home and in particular with reference to the outhouse area that was used both as a laundry and an area where freezers were kept, holding emergency food store in case of severe winter weather. The Head of homes told us because of the lack of a consistent local manager this review had not taken place.

Is the service effective?

Our findings

At our previous inspection in June 2016 we found staff had not been subject to an annual appraisal to review their work and plan any future training and development needs. The provider later wrote to us to say a plan to address this would be in place by August 2016. At this inspection we found appraisals had still not taken place and regularly occurring supervision sessions were not always taking place. We spoke with the Head of homes about this. She said there had been a delay because of the changes in the acting manager position. She said the incoming acting manager had highlighted this as an issue and showed us a copy of notes from a recent meeting between the Head of homes and the acting manager, where the matter had been noted as outstanding.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18. Staffing.

The Head of homes forwarded us a copy of the home's training matrix, listing the range of training staff had undertaken. We saw there was a range of mandatory training staff were required to update on a recurring basis. This training included areas such as fire training, moving and handling, infection control, food hygiene and safeguarding vulnerable adults. With a small number of exceptions current staff were up to date with this mandatory training. 12 out of 15 staff had recently completed training on the effective management of medicines. Three other staff had undertaken the training, but it was flagged as amber indicating it was approaching the date for updating and refresher training had been booked. However, these three staff had also been subject to a medicines competency check within the last 12 months. The majority of staff had completed MAPA (Management of Actual or Potential Aggression) training within the last two years, although a high proportion were flagged as amber and were booked to have this training updated in the near future. Ten staff had completed specific training with regard to supporting challenging behaviour, although again there were a significant number flagged as amber.

We noted the vast majority of training and training certificates were through the provider's in-house training system and therefore not independently verifiable. We spoke with the Head of homes about the training at the home. She told us that following a recent strategy meeting with the local safeguarding team the home had been put in contact with the local Learning and Development Unit (LDU). The LDU provides a range of training and development courses to local health and social care providers. The Head of homes said this link would provide additional and independent training for staff at the home. We spoke with staff from the local LDU. They told us they had visited the home at the beginning of 2016 and demonstrated the courses available to staff and how to access the ELearning courses. They told us 30 staff from the home had been registered with the LDU, although to date only four had and only one staff member had actually completed a course. Of the four staff who had accessed the system, we noted three had now left the home.

Agency staff told us they had received MAPA training through the agency and felt confident about supporting people at the home. People told us they felt well supported by agency staff and would welcome them working at the home on a permanent basis, if at all possible. The Head of homes told us that to ensure consistency agency staff used at the home had undertaken behaviour support training from the provider.

We asked for a list of agency staff who had completed this training. At the time of the report we had not received this information.

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. The application procedures for this in care homes and hospitals are 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 were being met. The Head of homes told us two people were subject to DoLS authorisations. We checked these people's care records and found the authorisations had been formally granted and were in date. Staff told us people living at the home had the capacity to make the majority of decisions about their day to day care. They told us there had been no recent best interests decisions. People we spoke with told us they could make decisions about their day to day life at the home, although some people were subject to other formal legal restrictions. These restrictions were reviewed by people's care managers or mental health professionals. We witnessed people were supported to make day to day decisions about their care and support.

The Head of homes told us the provider had recently appointed a new chef to the home. People we spoke with had differing views of the food provided. Some people told us the food was good whilst one person told us they felt there could be more vegetables with meals. On the day of the inspection we witnessed some people having full cooked breakfast, which was freshly cooked and nicely presented. At lunch time people were offered a salad of either cheese or prawns. This again was nicely presented on the plate and looked appetising. One person asked if they could have a sandwich instead and this was provided. We spoke with the chef, who told us they had only been at the home for a couple of weeks. They told us they had not yet received any specialist training regarding diets but had read the diet and preference information sheets for the people living at the home. They were aware of at least two people who required a specialist diabetic diet and described how they supported this. They told us they worked five days a week and care staff covered the weekends. They said they tried to prepare some type of dish in advance, such as a hotpot, to make it easier for staff over the weekend.

People told us they felt the home was still in need of some decoration and updating. They told us parts of the home looked "old fashioned" and they would like to see improvements and updating.

Is the service well-led?

Our findings

At the time of the inspection there was no a registered manager registered at the home. The previous registered manager had left the home and cancelled their registration in February 2016. An acting manager had been appointed but they too had left the home a few weeks prior to the inspection. A peripatetic manager, who had recently been overseeing the home, had recently been withdrawn from the service and a new acting manager had taken on the responsibility the week prior to the inspection. They were unfortunately unwell on the day of the inspection. We were supported on the inspection by a senior support worker and the provider's Head of homes, who had been in post since September 2016, and the provider's Head of commissioning.

The Head of homes told us that due to the change in management at the home regular and effective auditing and monitoring of the home had not taken place. We saw there had been no recent reviews of accidents and incidents and no monitoring of safeguarding issues. The Head of homes gave us the most recent management audit of the home which was dated May 2016, She told us the provider had also contracted with an outside agency to undertake a "mock" CQC inspection of the home. We were given a copy of this report, which also contained an action plan. We saw the target date for the majority of the recommendations was the end of November 2016. Whilst some items had been addressed the majority of matters had not yet been fully completed.

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

The Head of homes told us the new acting manager had introduced a daily manager's report that staff were required to complete. This highlighted any issues of note, any matters pertaining to the care of people at the home and any staffing issues. She said this had improved communication between the staff and the manager and allowed the manager to maintain an oversight of the running of the home.

At the previous inspection in June 2016 people and staff had consistently told us management at the home were supportive and responsive, but they did not feel senior management listened to their concerns or took timely actions to address these concerns. At this inspection people again said managers at the home were very approachable and supportive. They were still concerned about the support from senior managers in the organisation. Comments included, "Things don't always get sorted out" and "Senior managers are still not listening." At the last inspection one of the main concerns was access to the community, often limited because not all staff were permitted to drive the home's minibus. People told us the minibus had been replaced with a 'people carrier', which more staff could drive. However, this meant the home, which usually had access to three separate vehicles, was still one vehicle down, as another car remained awaiting repair or replacement. This meant not everyone at the home could go out together as there was not enough seating in the existing vehicles. We asked the Head of homes about a replacement for the home's third car. She told us the provider was still looking to replace this vehicle. Staff told us they found the local managers at the home were supportive and approachable.

We spoke with the Head of homes about management of the home. She agreed this had not been consistent over the last few months and there had not been robust oversight of the home. She said the provider had recently appointed a new Head of Nursing and Quality and they were currently looking at and reorganising the quality monitoring systems. She said a new deputy manager had recently been interviewed and the provider was waiting on references and DBS checks to come through before the person could start at the home.

She told us she had recently met with the new acting manager to carry out a supervision / planning meeting and showed us a copy of her notes from this meeting. The notes indicated a range of issues had been discussed including the need to address supervision and appraisals for staff, staff training, the lack of audits taking place and the progression of recruitment. The record also indicated a discussion had taken place over re-instating key worker roles for staff members due to the high staff turnover. The Head of homes agreed there was still much that needed to be addressed at the home and there required a period of consistent management.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Systems were not in place to ensure staff received appropriate support, professional development, supervisions and appraisal to enable them to carry out their duties. Regulation 18(2)(a)