Pressbeau Limited

Wren Park Care Home

Inspection report

Hitchin Road
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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

Wren Park is registered to provide accommodation for up to 31 people who require nursing or personal care. Accommodation is over two floors in an extended adapted building. At the time of our inspection there were 27 people using the service.

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 ongoing 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.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people. 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.

Staff received an induction process and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was a variety of drinks and snacks available throughout the day.

People were supported to access a variety of health professionals when required, including community

nurses and doctors to make sure that they received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

The premises had been adapted to be accessible for people.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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**

Wren Park Care Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 23 August 2018 and was unannounced. The inspection was carried out by 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.

Before the inspection the provider completed 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 contacted the local authority, we checked the information we held about this service and the service provider. No concerns had been raised.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, general observations and activities.

Some of the people who used the service were living with dementia and were not able to verbalise with the inspectors, however, they responded by smiling and using positive body language.

We spoke with six people who used the service and four relatives of people who used the service. We also spoke with the registered manager, the deputy manager, the administrator, the provider's operations manager, one team leader, one nurse, six care staff, and the cook.

We reviewed five people's care records, eight medication records, four staff files and records relating to the management of the service, such as quality audits.

Good

Is the service safe?

Our findings

There were systems in place to protect people from avoidable harm. Staff had received specific safeguarding training. They were able to tell us what constituted abuse and how and what they would report. There was information displayed regarding how to report safeguarding. People told us they felt safe. One person said, "I know it is better for me here, I can't manage the stairs at home and have fallen down them. I am safer here."

People had risk assessments in place to enable them to be as independent as possible whilst keeping them safe. Risk assessments included; skin integrity, falls, and use of bed rails. These were written to inform staff what the risk was and what to do to try to mitigate the risk. These had been reviewed on a regular basis.

There were sufficient numbers of staff with the correct skills mix on duty to provide care and support for people's assessed needs. We looked at the dependency ratings for people and the staff rotas and found there were enough staff on duty. There was a calm atmosphere and staff did not appear rushed. The registered manager told us that they used agency staff, however, where possible they used the same agency staff to assist with continuity of care.

Staff had been recruited using robust procedures. We accessed staff files which all contained the required checks including; references, copies of application forms, interview questions and DBS checks. The administrator told us that DBS checks were renewed every three years to ensure the information was still current.

People received their medicines following best practice guidance. People told us there were no concerns. Most people's medicines were blister packed and stored in locked trollies in a locked medicines room. We observed medicines administration and this was carried out correctly following guidance. We looked at eight Medication Administration Records (MAR), these had all been completed correctly. Each person had a preferences sheet. This gave staff information on how the person liked to take their medicines, with what drink etc. Where required they also had a PRN (when required medicines) protocol. This detailed the medicines, what they could be used for and when the person had taken them.

The premises were visibly clean and concerns were not identified in relation to infection control. Housekeeping staff were employed and cleaning schedules were in place for staff to follow and sign when completed. Staff uniforms were supplied and Personal Protective Equipment (PPE) was available for staff to wear in respect of infection control.

The registered manager told us that they used any safety incidents, accidents or errors as a learning opportunity. Staff were aware of their responsibility to report any errors, incidents or near misses. When practices changed due to learning this was discussed at team meetings to ensure all staff were aware.

Good

Is the service effective?

Our findings

People's needs had been assessed prior to admission. This information had been used to start their care plans. Care plans we viewed shows this had taken place. They had been completed with the person or where appropriate with their family or representatives. Care records were personalised and contained good information for staff to allow them to support people as assessed. Appropriate plans were seen that covered topics such as; communication, continence, mobility and leisure and social activity. This followed legislation and best practice guidance.

Staff told us they received training appropriate to their roles. One said, "The training is good. I am the moving and handling trainer." They went on to tell us about a number of different subjects they had received training for and how they were used. We saw a training matrix which identified all staff training that had been completed and when it was next due for renewal. This had also been audited and if any training was outstanding a letter had been sent to the staff member to remind them.

Staff told us they received regular supervisions. One said, "Yes, we have supervisions." We saw the supervision matrix where individual, small group supervisions and observations had been planned for the whole year. We also saw completed supervisions and appraisals.

People were supported to eat and drink enough to maintain a balanced diet. We observed that people were finishing their breakfast when we arrived and we observed the lunch time meal. The cook told us that the meals were planned by her with input from people. They were aware of people's likes and dislikes and were catered for accordingly. We saw people had different foods of their choice at the meal times. One person said, "It is lovely." Where required people had nutritional assessments and support had been obtained if needed. The cook told us she was aware of individual's likes and dislikes and specific dietary needs. They prepared smoothies and juices to assist with hydration and nutrition. Mealtimes were calm and relaxed with staff assisting people with their meals when required. A glass of sherry was enjoyed by some people with their lunch. There was an assortment of drinks, snacks and fruit available in the lounge area.

People were supported to access additional healthcare when required. One person said, "I see the doctor when I need to." The deputy manager told us the GP from the local practice visited the home once a week and when called. Within care records we saw that people had been referred for additional support in a timely manner and staff had accompanied them to a variety of appointments including; opticians, dentists and GP visits.

The premises had been adapted to be accessible for people. Corridors and rooms were wide enough for wheelchairs and hoists if required. There was level access to a large secure garden. The lounges and other areas were large enough for people to spend time together or be alone.

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). Staff

demonstrated an awareness of their responsibilities under the Mental Capacity Act and care records reflected the level of capacity people had. They knew who had DoLS in place and the reasons for these. Staff sought consent from people before they provided care and support.

Good

Is the service caring?

Our findings

We observed that positive relationships had been developed between staff and people who used the service. We overheard many kind and caring comments from members of staff. The general culture of the home was peaceful, helpful and compassionate. One person said, "I like it here, everyone is caring."

It was obvious that staff knew people well, they chatted with them about things of interest. They were able to give us a full overview of each individual person including their background and family. One staff member said, "You get to know the residents, their likes and dislikes, what their interests are, speaking to their relatives to see what they used to like, things that they used to enjoy. To have conversations with the residents to find out what they like, some have their set ways of doing things."

People were involved in any decision making and were encouraged to express their views as much as they were able. The registered manager told us that most families were heavily involved in their loved ones' care and support. For those who were not able, an advocacy service was available.

The staff team was quite stable and staff spoke of how they worked as a team and were supportive of each other. One staff member said, "A lot of staff have been here a long time." They went on to tell us some staff had worked at the home for over 20 years.

Staff were given the time and support they needed to provide care in a personalised way. Rota's were organised to enable this. A relative said, "Mum is much happier here, she has settled in far better than where she was before, the staff are lovely."

We observed people being treated with privacy, dignity and respect. Staff knocked on people's doors, they spoke with them in a respectful manner and everyone was introduced to the inspection team.

Staff promoted people's independence. We observed staff interacting with people and encouraging them to do what they could for themselves, with assistance if required.

We observed a number of people visiting their relatives. One visitor said, "We feel free to visit whenever we want and are always made welcome."

Good

Is the service responsive?

Our findings

Within people's care records we saw that they had been involved in planning their care and support as much as they had been able to be. Staff told us and records showed, people had review meetings with their family or representative involved. Care plans were electronic and staff carried small hand-held devises which enabled them to be updated in real time.

People were able to join in activities of their choice. One person said, "I really enjoy the singing." There were specific activity staff employed. We observed a quiz taking place which included an amount of reminiscing along with the answers and a sing a long where the staff member stopped and let people carry on with the words. A different staff member had personal music players which people were using with head phones so they could listen to music of their choice. The registered manager told us they had a garden gathering for people, families and staff, the previous weekend with a barbeque. There were pictures on the notice board of this and other entertainment including; a belly dancer, an Elvis impersonator and a visit from small animals. A number of different activities were advertised including trips out.

A relative told us that they had a sister in the United States and the activities staff had their email address and regularly sent photographs of the person enjoying activities. The person had given permission for this and was very happy that their daughter was able to see what they had been doing.

The registered manager told us that the care records were electronic and staff used hand held devices to update records as they worked. One staff member had health issues which stopped them writing on the hand-held device, the provider had installed a programme which enabled them to speak into it and it typed directly onto the record. This had empowered the staff member to complete their own records.

The provider had a complaints policy in place and people were aware of how to complain. One relative said, "I do raise any concerns I have with staff and they are sorted." There had been one complaint since the last inspection. This had been dealt with following the providers policy, letters had been sent at each step and had been resolved to the satisfaction of the complainant.

Within people's care records was information regarding their wishes for their end of life care and funeral plans when they had felt happy to discuss this. This would help both staff and families at a difficult time.

Good

Is the service well-led?

Our findings

The provider and management had a clear vision of where and how they wanted to progress the service. The registered manager was aware of the day to day culture of the home. The provider's representatives visited regularly and were supportive of the registered manager. The operations manager called in on the day of the inspection to introduce themselves and support the registered manager. We observed that staff and people spoke with the registered manager throughout the day. There was an open-door policy where people and staff could speak with any of the management team at any time. We observed this to happen on the days of the inspection.

There was a registered manager in post who was aware of their registration requirements. 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.

Staff and management were aware of their responsibilities. There were processes in place for staff to account for the decisions they made on a daily basis. Data was kept confidential, staff had individual log in accounts for the computer and paper files were kept locked in the office.

Some of the home was looking tired. The operations manager told us of plans to refurbish some of the home. They sent us an email of the plans and dates they would be completed by. Some bedrooms had already been redecorated and new flooring laid. One person had asked for their room to be redecorated. They had been involved in colour choices and were happy with the results.

The registered manager held regular staff and nurse's meetings and 'stand up meetings' which were short meetings to discuss an agreed issue. There were also residents/relatives meeting. A notice of the dates for these was displayed in the entrance way. We saw minutes of all of these meetings. This ensured people were kept informed of any changes or updates.

People were encouraged to voice their opinions or at least make them known. We observed staff asking people's opinions throughout the day. The registered manager carried out an annual survey for people who used the service and relatives. We saw the analysis and responses to these. Some positive comments included; 'There is now a bigger variety of entertainment-great.' 'Manager very approachable and genuinely interested.' And 'When I ring my bell they come very quickly.' One comment was there were pot holes in the car park and drive and the lighting was not very good. The car park had been resurfaced and additional lighting had been fitted within one month of the survey.

The registered manager and maintenance staff carried out a number of quality audits, if there had been any issues found, and action plan had been devised and signed off when completed. The provider had also carried out regular visits as part of their quality assurance checks.

The registered manager and provider worked in partnership with other organisations, where appropriate, to provide the best support for people. These included local authority and multi-disciplinary teams.