

Parklands Care Services Limited

Wyndthorpe Hall & Gardens Care Home

Inspection report

High Street
Dunsville
Doncaster
South Yorkshire
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Tel: 01302884650

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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

Wyndthorpe Hall and Gardens Care Home is registered to provide accommodation, nursing and personal care for up to 82 people. The home is comprised of two buildings, is set in extensive grounds and is divided into three units. The two units in the main building are referred to as the Hall and the Court. The unit referred to as the Gardens is a short walk from the main building. The two units, the Court and the Gardens specialise in accommodating people living with dementia. The home is situated in the Dunsville area of Doncaster and has access to shops, public transport and other amenities. There were 29 people living in the Hall and Court and 27 at Wyndthorpe Gardens, making a total of 56 people using the service at the time of the inspection.

This inspection took place on 28 June 2018. At the last inspection, the service was rated overall as requires improvement. You can read the report from our last inspections, by selecting the 'all reports' link for 'Wyndthorpe Hall and Gardens Care Home' on our website at www.cqc.org.uk. At this inspection we found the service had improved to good.

There was a registered manager who had been in post for just over 12 months. 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.

Care and support was planned and delivered in a way that made sure people were safe. People were protected, as any risks associated with their care were identified and appropriately managed. Systems were in place to safeguard people from abuse.

There was enough staff employed to meet the needs of the people living at the home at the time of our inspection. The process for recruiting new staff ensured they were suitable to carry out their roles and responsibilities in a safe manner. Staff were trained and supported to develop their skills and provide people with the standard of care they required.

The systems in place to make sure people's medication was managed safely had been improved and were effective. Medication was administered by staff who had completed appropriate training.

Staff received training and support to enable them to meet people's needs. 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. People received a varied and healthy diet that offered choice and had good access to community healthcare services.

Staff supported people in a compassionate, caring, responsive and friendly manner. They encouraged people to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. The people we spoke with made positive comments about how staff delivered

care and said they were happy with the way the home was managed.

People's needs had been assessed and care plans put in place to highlight where they needed support, and telling staff how each person preferred their care to be delivered. People's care had been reviewed regularly to make sure plans reflected people's changing needs. There was a range of activities and events people were supported to take part in. Complaints were dealt with in a fair and timely way.

The systems in place to continuously assess and monitor the quality of the service had been improved and were effective. This included obtaining people's views and checking staff were following the correct procedures. Further improvements to the premises were underway with a clear action plan as to what areas needed attention.

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?

Good ●

The service has improved to Good.

Effective systems were in place to assess and manage potential risks to people and to reduce the risk of abuse.

There was enough staff employed to meet people's needs and recruitment processes were safe.

Medication was managed safely and administered by staff who had completed appropriate training.

Is the service effective?

Good ●

The service remains Good.

Staff had access to a programme of on-going training and support.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation were being met.

The arrangements in place made sure people received good nutrition and hydration.

Is the service caring?

Good ●

The service remains Good.

Staff were caring and considerate and people were treated with compassion, kindness and understanding.

People's dignity and privacy was respected and their independence promoted.

Staff had a good knowledge of people's needs and preferences. They knew the best way to support them, whilst maintaining their independence and respecting their choices.

Is the service responsive?

Good ●

The service remains Good.

People were involved in developing their care plans, so the plans gave staff clear and accurate information about meeting people's needs and preferences.

People had access to social activities which provided variety and stimulation.

People were aware of how to make a complaint and were confident any concerns would be taken seriously and addressed promptly

Is the service well-led?

Good ●

The service has improved to Good.

An effective management team helped to make sure the home ran smoothly. There were systems in place to assess how the home was operating and identify areas for improvement.

Staff morale was good and staff were clear about their roles and responsibilities.

People were asked their opinion about their satisfaction with how the home was run and any areas they would like to change and this was used to improve and develop the service.

Wyndthorpe Hall & Gardens 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 registered 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 unannounced, comprehensive inspection took place on 28 June 2018. Unannounced means no-one connected to the home knew we were visiting that day. The inspection was carried out by an adult social care inspector 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.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. We also asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. We also contacted commissioners and Healthwatch to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we looked around the premises and spent time observing the care and support provided to people in all three main areas of the home. We observed lunch in the Hall and the Court. We met with most of the people who used the service and sat in the lounges and spoke with everyone individually in the units for people living with dementia. We spoke in more depth with ten people who used the service and seven people's visitors. We used the Short Observation 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 also spoke with a social worker from the local authority safeguarding team and a visiting district nurse.

We spoke with the registered manager, deputy manager, two members of domestic staff, the maintenance manager, one nurse, the activities co-ordinator and three care workers.

We looked at the care records belonging to three people who used the service, as well as records relating to the management of the home. This included minutes of meetings, medication records, three staff recruitment files and training records. We also reviewed quality and monitoring checks used to make sure staff were following company policies and the home was operating as planned.

Is the service safe?

Our findings

At the last inspection our findings showed the registered provider had not always ensured medication was managed safely. This was a breach of regulation. At this inspection we looked at the systems in place for managing medication in the service. This included the storage, handling and stock of medication and medication administration records (MARs). We found improvements had been made and people were supported safely by staff with their medicines.

Medicines were stored appropriately and safely. Staff were appropriately trained. MARs and other medication records had been completed consistently and the staff signature verification sheet was up to date, showing all staff who administered medication. A thorough system of medication audit had been introduced and this made sure any shortfalls or errors were picked up and addressed in a timely way.

People had photographs on their medication record and information about any allergies they had. This helped to keep people safe, should staff who were unfamiliar with the person be called upon to meet their needs. Where people had been prescribed medicines on an 'as required' basis, such as pain relief, plans were in place for their use, which suited people's individual communication needs. When people were prescribed topical creams, there was clear guidance for staff on where they should be applied. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are controlled drugs (CDs). These were stored appropriately. We randomly checked the controlled drugs against the CD record and no errors were found.

At the last inspection we found there was a lack of consistency in how risk was managed for people who used the service. This was a breach of regulation. At this inspection we found improvements had been made and people were supported safely. People's care and support plans included detailed and informative risk assessments. These provided staff with a clear description of any risks and guidance on the support people needed to manage these. Staff we spoke with understood the support people needed to promote their independence and freedom, yet minimise the risks. Any accidents and incidents were closely monitored by the management team, who analysed the information for any trends to prevent recurrences.

We saw people had freedom to move safely around the building and in the gardens. It was a hot, sunny day and the doors and windows were open to the safe enclosed gardens. Where people were assisted to move by use of a hoist they had their own, individual slings. If the person needed to be lifted using a hoist their care plan included the correct sling type and size, so staff were using the right sling for the right person and they were suitable for people's particular needs. During our observations we saw staff were competent in the safe handling and movement of people.

People who used the service told us they trusted in the staff and managers and felt safe and secure living at the service. One relative commented, "Yes, they're [staff] good. Always checking [family member]. Another person's visitor told us, "I do feel safe about [family member] being here. It is hard for relatives, I do feel safe leaving [family member] here." Another relative said, "I do feel safe to leave [family member]. I know they are always looked after here."

We saw one person was receiving one to one staff support to assess their risk of falls and to look at ways to keep them safe. A detailed written log was kept of the person's activities to help to monitor this. Staff supporting the person told us staff members changed in this role every two hours, on a rotational basis, to prevent complacency and bring new stimulus. The staff member we saw providing the one to one support was skilled and the time was used well.

The registered provider made sure the systems, processes and practices in the service continued to safeguard people from abuse. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and incidents were managed well. When discussing safeguarding people with us, one person's visitor told us, "I've never seen anyone being nasty or bad to any of the residents."

The service continued to make sure there were sufficient numbers of suitable staff to support people safely and to meet their needs. This took into consideration the numbers and needs of people living in the home. Our observations were that people received care in a timely way. Most people we spoke with confirmed this.

Three people said there had been a period with many staff changes, which had been unsettling, because it took time for people and the new staff to get to know each other. One relative also commented that there had been a high turnover of staff and the use of agency staff, particularly at night. They felt this had affected the quality of the service, as agency staff were not as familiar with people and their preferences. There was, however, agreement that there had been real improvement made. Vacant posts had been recruited to and significantly less agency staff were being used, with a caring, stable staff team now being established across the service. The registered manager and all the staff we spoke with told us staff morale had improved considerably and all commented on what a good team had developed out of the changes.

One person told us the addition of a bell or buzzer in one sitting room would improve staff's response times, as staff did not always hear when people called out for them. We fed this back to the registered manager after the inspection.

The registered provider continued to make sure the procedure for recruitment of staff was safe. We saw checks were carried out prior to applicants being employed. These included Disclosure and Barring Services (DBS) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions an applicant may have.

All areas of the service were clean and free from odours. The general maintenance and repair had also been improved with everywhere having a clean, light and airy feel. Further improvements to the premises were underway with a clear action plan as to what areas needed attention. The domestic staff we spoke with were enthusiastic about their role and told us they were happy in their work. Staff received training in infection prevention and control and followed good hand hygiene procedures. Protective equipment, such as aprons and gloves were available throughout.

Is the service effective?

Our findings

People told us they had confidence in the training and experience of the staff. For instance, one person said, "Oh yes, I feel they're trained to look after me." Most people's relatives expressed their confidence in the skills and knowledge of staff and felt they knew the needs of their family members well.

New staff employed at the home were signed up to complete an induction programme that met the requirements of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily work. Staff received an induction and shadowed experienced staff as part of the introduction to their role. The registered manager had improved the way staff training was monitored to make sure staff completed training and any updates in a timely way. We saw staff had completed courses in the core areas such as fire safety, food hygiene and, health and safety. Staff were prompted to complete and refresh their training at the required intervals and completed training that was relevant to people's needs, such as behaviour that challenges, dementia awareness, end of life care and falls awareness.

At the last inspection the registered manager had just set up a new system to make sure staff supervision and appraisals were undertaken more regularly. Staff supervision is a one to one meeting between the staff member and their manager, intended to provide staff with regular support and guidance. Annual appraisals review the staff's work for the year and are designed to enable staff to discuss any personal and professional development needs. At this inspection we saw the monitoring system had been effective, with staff receiving regular supervision and good progress made with annual appraisals. This helped to make sure staff received the support and guidance they needed to meet people's needs.

The service continued to promote the use of champions. These are staff who had shown a specific interest in particular areas who are essential to bringing best practice into the home, sharing their learning, acting as role models for other staff, and supporting them to ensure people received good care and treatment. For instance, there were champions in various areas such as bathing, weight, continence, nutrition, medication and topical cream, dementia and health and safety.

People who used the service offered us drinks and asked us to lunch with them, an indication they felt empowered to do so. There remained a strong emphasis on the importance of people eating and drinking well. One person said, "Food? It's super-duper, super-duper. Really is nice. Everything I've had so far." Another person confirmed that they were provided with plenty of choice, "There's a choice at all meals. Some have a full breakfast with all the trimming. I can't eat that much." Another person told us staff were good at helping people to choose saying, "They come around with a little plate to see what you want, I love my food. It's good food here."

We observed lunch being served in the various parts of the service. The mealtimes were sociable and had the atmosphere of a 'family meal' and people had a say about the food they wanted to eat. People were relaxed and chatting together, and with staff. Staff sat when assisting people to eat and communicated well with people. They discreetly aided others who had difficulty cutting their food. The feedback about the food

was good, choice and presentation were very good and the dining rooms were nicely set, showing respect and care for the people who used the service. There was a calm, warm atmosphere in the units for those living with dementia which made the dining experience very pleasant.

People's files included screening and monitoring records to prevent or manage the risk of malnutrition. We met the cook. They were aware of people's dietary needs related to their culture and health and their personal preferences relating to food. We saw up to date information in the kitchen about people's specific needs and people's allergies were clearly documented. All meals and cooking ingredients had also been assessed and documented for allergens.

People told us they received good healthcare and that other professionals were called as required. Relatives said they were kept informed of any changes in their family member's health and wellbeing in a timely way. For instance, one relative told us, They're [staff] really good with [family member]. Nurse keeps me informed. On Monday, they told me they're making a referral to the tissue viability nurses."

There was also written evidence that people had access to healthcare services. People's needs and choices had been assessed and their records reflected they had access to health care services such as GPs, opticians, district nurses and community nurses.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) The Act 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.

We saw examples where the registered provider continued to make sure people were supported to make decisions in accordance with the MCA. People we spoke with told us staff asked for their consent to any care and treatment offered, and respected their choices. We also saw evidence of this in people's records. People's records showed when decisions had been made about a person's care, where they lacked capacity to decide at that time, these had been made in the person's best interests.

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 saw the registered provider was meeting the requirements of the Act. The registered manager was aware of the correct procedures to follow under the DoLS process. There was a DoLS authorisation in place for one person and nine further applications had been made to the managing authority and were awaiting outcomes.

The design and decoration of the buildings promoted people's wellbeing and their wishes were taken into account. We saw people had been involved in deciding how they wanted their rooms decorated to reflect their identity. There had been changes made to the environment to make the décor attractive for people living with dementia, providing landmarks, and memorabilia artwork on the walls. There was signage to enable people to find toilets, bathrooms and bedrooms. Although, there could have been more use of contrasting colours to help people to orient themselves and distinguish things like light switches. As well as more prominent use of names and accent colours to help people identify their bedrooms. There were various lounges for people to spend time in and people could have access to safe areas of the garden.

Is the service caring?

Our findings

People we spoke with said the staff were caring. For instance, people's comments included, "They're all nice here, the staff", "It's a bit like home from home. Everybody looks after everybody" and "They [staff] are good. If they can do (anything) for you they'll do it."

The atmosphere in all parts of the service was caring and people said it was homely. The rapport was good between staff and people who used the service and people obviously felt safe and comfortable with the staff. We used the Short Observational Framework for Inspection (SOFI) to observe care in the Hall and Court areas of the service and saw staff regularly approached people asking after their welfare and engaged them in conversation and activities.

It was a warm day and we saw drinks were given continuously through the day. We saw staff making people who used the service comfortable and asking if they needed windows opening, using sun shades and sun protection.

We saw respect and inclusion between staff and people who used the service. They were involved in individual activities and joining in open discussions quite naturally. There were no barriers between staff of different designations and the people who used the service. People who used the service moved around freely within the various areas of the home and talked and laughed with staff.

Staff were very natural in their approach to those living with dementia and were caring and considerate. The interaction we saw in the Court at lunch time showed staff there were very pleasant, people were relaxed and happy in their company and the atmosphere during the meal was calm and easy.

We saw good practice in terms of person centred care during the day. People were given emotional support when needed and staff were skilled in ensuring individual care was given to those living with dementia. For instance, when one person became upset staff supported them settle by speaking about the person's family members and about what they would be doing and where they would be at that time of the day. When another person became unsettled staff responded by providing them with cleaning materials, so they became involved in tasks around the home, assisted by staff, distracting the person from their distress.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. The staff we spoke with knew people's needs well. They knew the best way to support people, whilst maintaining their independence and respecting their choices. People told us they felt they were involved in their care, were encouraged to make everyday choices and families were kept informed. Visiting was welcomed at any time, the visitors we met looked at home with their surroundings and staff interacted well with them. Throughout the service all staff were open and welcoming. A lot of the written information on display was in an accessible format and had pictures to assist with people's engagement and understanding.

People's privacy, dignity and independence was respected and promoted. Staff were very discreet when

attending to people who used the service. They approached them quietly, spoke gently and listened to their responses. The people we spoke with had appropriate clothing on and looked well presented. Personal care was undertaken behind closed doors to preserve people's dignity and staff knocked on doors before entering.

Is the service responsive?

Our findings

People told us they were happy with the care they received. For instance, one person said, "Yes, it's lovely, nice. I can get out a bit and go outside." People's relatives also provided positive feedback.

We saw people received personal care which was responsive to their needs and this was aided by them having a colourful and informative 'life history' document completed to help staff understand more about the person, their experiences, preferences and interests.

We looked at care plans for three people. All had a pre-admission assessment and included the person's medical history, medication and risks. People's needs assessments included areas such as their psychological and emotional needs, personal hygiene, communication, behaviour and cognition.

People felt involved in the planning of their care. People's relatives also felt involved. People's assessments and plans had been reviewed monthly or whenever their needs changed and updated to effectively reflect their needs. The quality of information recorded by staff in people's daily notes had been improved since the last inspection and indicated people's care was provided in line with their care plans.

People's preferences and choices for their end of life care including in relation to their protected equality characteristics, spiritual and cultural needs were clearly recorded, communicated, kept under review and acted on. We also heard staff talking about a person who was receiving end of life care and how they had attended to the person's needs. They were kind and caring in the way they spoke about the person and obviously concerned about the person's wellbeing.

We noted that a simple pink butterfly on a person's bedroom door discreetly told staff the person had a DNAR in place. DNAR stands for do not attempt resuscitation. The purpose of a DNAR decision is to provide immediate guidance to health and social care professionals on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly.

We saw some activities on offer and a good level of engagement and stimulation for people. People we spoke with told us there were plenty of things to do, with activities and outings as well as watching the television or listening to music. For instance, one person said, "Plenty of things going on. On Wednesday someone brought exotic animals in." There were staff employed specifically to provide or coordinate activities for people. There were notice boards that displayed details of planned events as well as photographs of previous activities, outings and parties. One relative said, "What we've seen is a first-class service. They do nice Christmas fayre and summer do's. There's plenty of do's."

We were shown art work and knitting that people were involved with and watched games and discussions. There was a game of bowls taking place on a bowling green, situated behind the home and some people said they enjoyed watching. For instance, one person said, "I have a game of bingo and I can sit and watch them play bowls." Another person told us, "I'm going out next week with [staff member]. Guess what I'm shopping for? An Elvis shopping bag."

The registered manager continued to make sure people's concerns and complaints were listened to, addressed and responded to appropriately. The complaints procedure was displayed in the home and people we spoke with who used the service knew what to do if they wanted to complain. One relative and one person who used the service told us about historic concerns, which had been resolved since the registered manager had been in post. However, most people gave positive feedback about the here and now. For instance, one person said, "No, I've no complaints. If I had, I'd find out who it was causing trouble and I'd have a quiet word with them. If no good, I'd go to the one above." Another person said, "They [staff] seem to know what they're doing. Never had a need to complain."

The registered manager was aware there were problems with the laundry provision, as people's clothing sometimes went missing or was found in other people's rooms and was actively addressing this by inviting, considering and trying several different ideas and approaches.

Is the service well-led?

Our findings

There was a registered manager who had been in post for just over 12 months. There was a deputy manager who was a qualified nurse and fulfilled the role of clinical lead for the home overall, as well as taking responsibility for the day to day running of the third part of the home, referred to as the Gardens. They shared their time between nursing and management tasks. To make sure the registered manager was provided with time to provide effective management they were not part of the care rota and there was administrative support in the home.

At the last inspection we found the registered provider did not have systems that were effective to assess, monitor and improve the quality and safety of the service. This was a breach of regulation. At this inspection, we saw the improvements that had been newly introduced by the registered manager at the time of the last inspection had been embedded into practice and were effective. Further improvements had also been made in the quality and safety audits, which improved the overall governance of the service, helping to make sure the service continuously learned and improved.

Our previous report reflected the registered manager had a focus on improvement and individualised care. At this inspection we saw that the registered manager continued to focus on providing a clear vision to deliver high-quality care. They promoted a positive culture that was person-centred, open, inclusive and empowering. The results of this programme had become embedded in the values of staff and was evident in their performance, providing high quality care, which achieved good outcomes for people. It was also evident that the team worked well in partnership with other professionals, to provide a person-centred service that met people's needs.

People expressed confidence in the management team and the owners of the service were liked by people who used the service and their relatives. People said the owners often visited and spent time talking with people, and were very pleasant and approachable. For instance, one person said, "The folk who own it [the home] are lovely, they always come to talk to us." One relative and one person who used the service told us about historic concerns and some people indicated there had been a 'bumpy ride' over the last three years with a change of ownership, and more than one change of managers. However, people said things had become much more settled over the past year. The registered manager was kind and responsive and staff were staying longer.

The registered provider continued to make sure people who used the service, the public and staff engaged and were involved. People told us they were asked to fill in questionnaires to feedback about their experience of the quality of the service. One person said, "I get a form about the quality every year." We were told there were meetings for people who used the service and their relatives and everyone was invited. A colourful and informative newsletter was produced and sent out on a regular basis. This was available in written form, as well as through social media. It was evident from the information presented in the newsletter that people's feedback was used to continuously develop and improve the service and to inspire the activities and social opportunities available.

Care staff felt the registered manager was supportive, had made a positive difference and staff morale had improved considerably since they had been in post. The staff worked together well, they were clear about their roles and responsibilities, and had access to policies and procedures to inform and guide them. We saw staff meetings took place regularly and provided staff with a forum to discuss and be involved in the development of the service.