

Blagreaves Care Home Limited

# Windsor Park Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 29 February 2016 and was unannounced.

Windsor Park Nursing Home is a care home which is registered to provide nursing care for up to 19 older people living with dementia. At the time of this inspection there were 19 people using the service. The service is located in the Littleover area of Derby.

There has been no registered manager at the service since November 2014. 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.

Since the previous inspection we saw that the provider had made some improvements but further improvements were needed in some areas.

The provider was not clear on reporting safeguarding incidents to relevant agencies, which did not provide assurance that people living at the service were protected from harm. Staff understood their responsibility in protecting people from the risk of harm. Sufficient staff were available to meet people's needs.

Recruitment procedures were still not robust, as all the required pre-employment checks were not in place. This did not provide assurance that suitable staff were employed to work with people who used the service.

Staff were not always caring in their approach when providing care. One person told us that staff handled them roughly whilst being supported.

The leadership and management of the service were not robust, which impacted on the quality and consistency of care being provided and impacted on the development of the service.

The provider did not have effective systems in place to audit the quality of the service being provided.

The provider had not notified us of the outcome of referrals which they had made to the supervisory body for authority to deprive a person of their liberty.

Risk assessments and support plans had been developed with the involvement of people. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way.

People received their medicines as prescribed and safe systems were in place to manage people's medicines.

The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions.

People were given choices with regard to food and drink preferences and appropriate support was given when needed.

People had access to health support and referrals were made to relevant health care professionals as required.

People received care from staff that were respectful and caring and ensured that people's privacy and dignity was maintained.

Staff supported people to maintain and develop their interests and hobbies.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People and their representatives knew how to make a complaint.

## 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.

The provider was not reporting safeguarding incidents to the relevant agencies.

The provider's recruitment procedures were not robust. This did not provide assurance that people were being cared for by suitable staff.

Relatives told us they felt their family members were safe. Staff knew how to recognise and report potential abuse.

Staffing levels were adequate to meet the needs of the people using the service.

People's medicines were managed safely and they received their medicines as prescribed.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had received appropriate training to ensure that they could support people.

People who lacked capacity were protected under the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

People were not always supported to maintain their hydration and nutrition.

People were referred to the relevant health care professionals when required, which promoted their health and wellbeing.

**Good** ●

### Is the service caring?

The service was not always caring.

People were not always supported by staff that were kind and caring.

**Requires Improvement** ●

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

### **Is the service responsive?**

The service was responsive

People received a personalised service that took account of their individual needs and preferences.

Relatives of people using the service felt confident that any concerns they raised would be listened to and action would be taken.

**Good** ●

### **Is the service well-led?**

The service was not always well led.

The service did not have a registered manager in post. This position was being covered by the provider, who was responsible for the day to day management of the service.

People and their representatives were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed.

The provider did not have effective systems in place to audit the quality of the service being provided.

**Requires Improvement** ●

# Windsor Park Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 29 February 2016 and was unannounced. The inspection was carried out by an Inspection Manager and two inspectors.

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. As part of our planning we reviewed the information in the PIR.

We reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with two people using the service and four relatives. We spoke with the provider, two deputy managers, three care staff including a team leader and senior carer.

We reviewed records which included three people's care records to see how their care and treatment was planned and delivered. We observed how people were supported during their lunch and during individual tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed three staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

## Is the service safe?

### Our findings

At our previous inspection in October 2014 we found there was a breach in meeting the legal requirements relating to recruitment procedures when recruiting new staff. This was a breach of Regulation 21 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that further improvements were still needed in this area. We looked at the recruitment files for two members of staff who had recently commenced employment at the service. We saw that one person started employment with a Disclosure and Barring Service (DBS) Adult first check (a service that allows an individual to be checked against the adults barring list), which was followed by a full DBS check being received 16 days after they commenced employment. DBS checks ensure employers make safer recruitment decisions and prevent unsuitable people from working with people using the service. We discussed this with the provider who confirmed that this member of staff was being supervised during this period. The second recruitment file showed that a full employment history was not in place and that there was no explanation for the gap. For the same person the service did not carry out a DBS check. This meant that the provider did not have effective systems in place to ensure suitable people were employed at the service. We discussed this with the provider who agreed to take action to address this. Following the inspection we received confirmation from the provider that a DBS check has been applied for and the member of staff was working under supervision. Staff we spoke with told us that they felt that all the required pre-employment checks were completed prior to them commencing employment.

The provider did not have effective processes in place to ensure all safeguarding concerns were reported to all the relevant authorities in a timely manner. This did not provide assurance that people living at the service were protected from harm.

We saw that safeguarding referrals were not being reported to the relevant agencies. For example we looked at the incidents and accidents record and found that there were incidents recorded which had not been reported to the local authority. We discussed this with the provider who told us that they were not aware that these incidents needed reporting in line with local safeguarding procedures. This did not provide assurance that the provider was taking reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People we spoke with told us that they felt safe. Relatives of some people we spoke with told us they felt their family members were safe at the service. One relative said "Big thing for me, is that [Name] is safe and I feel [Name] is safe here. Falls were a big issue before; [Name] has not had any falls whilst at Windsor Park Nursing Home. Another person's relative told us that they felt their family member was 'Absolutely' safe at the service.

Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff could tell us what actions they would take if they had concerns for the safety of people who used the service. Staff told us and records showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe. Staff were confident to use the provider's whistle-blowing

procedure to report concerns to external agencies.

We saw that the staff were mindful of people's safety. For instance when staff were using moving and handling equipment to transfer a person, they ensured that furniture was not in the way.

Staff we spoke with knew about people's individual risks and actions they would take to keep people safe. Risk assessments were in place regarding people's assessed needs such as moving and handling. When risks had been identified, the assessment showed how this risk could be reduced. We saw that staff correctly followed risk assessments when supporting people. This demonstrated staff had the information available to manage risks to people in a safe way.

We found there were sufficient staffing levels to keep people safe. We saw that people were supported in a timely manner by staff. Relatives we spoke with during the inspection told us that there were enough staff to support people. One relative said, "Staff are very busy, but I feel there are enough staff and people are safe." Another relative said "The ratio is spot on, the staff work very hard." Staff we spoke with told us that staffing levels were adequate. One member of staff said "There can be occasions when staff are sick and we can then be one staff down. However people's safety is not compromised on these occasions." Another member of staff said "I feel there are enough staff generally to support people. Mornings can be hard sometimes, but it all depends on how people are." The provider told us that in an event that cover was required for unforeseeable circumstances such as unplanned absences, they always ensured the shift was covered and that existing staff picked up additional hours.

People received their medicines safely, when they needed them. We saw that medicines were stored securely and safely and that people were supported by trained staff to take their medicines in a safe way. All staff who administered medication had received appropriate training. We looked at a sample of medication administration records (MAR's) and saw that people received their medicines as prescribed. Controlled drugs were stored and recorded correctly. We observed people being given their medicines by a nurse. We saw that safe procedures were followed. The administration records were referred to prior to the preparation and administration of the medicines, and the administration records were being signed after the medicines had been given. This ensured people's health was supported by the safe administration of medicines. We looked at the provider's policy for the safe use of medicines and found this to be detailed. However there was no clear protocol in place for administering medicines covertly, this did not ensure that people's rights were protected.

## Is the service effective?

### Our findings

At our previous inspection in October 2014 we found there was a breach in meeting the legal requirements relating to the mental capacity act. This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that improvements had been made in this area. 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 people lack mental capacity to take particular decisions, any decisions 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).

Some people living at the service were assessed as being deprived of their liberty. At the time of our inspection six people had DoLS authorisations that had been approved. DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment. Discussions with staff and training records confirmed that staff had undertaken training in MCA and DoLS. This demonstrated that the provider understood their legal obligation to ensure people's rights were protected.

The provider had arrangements in place to ensure staff knew what to do when people were unable to give valid consent. Information regarding people's capacity to consent in different areas of daily living was assessed and the level of support they required to make decisions was included within their best interest plan, which was undertaken in conjunction with their capacity assessment. Our observations showed that staff sought consent before supporting people. For example, we saw one member of staff ask a person living at the service if it was ok to support them with their meal at lunch time. We also saw staff asking people for on going consent and staff informing people of what they were going to do.

During our inspection our observations showed that staff knew the needs of the people living at service well. We saw staff supporting people and provided people with reassurance when required. For example, one person was tearful. We saw staff approach the person and provided them with reassurance; following this support the person appeared to be more settled. Staff used different approaches, whilst effectively supporting this person.

Relatives we spoke with were complimentary about the care and support that was provided by the staff at Windsor Park Nursing Home. A relative said "Staff are well trained with dementia and have good understanding of [Name] conditions and needs. The staff manage [Name] needs well." Another relative said "The staff are brilliant."

The deputy manager told us that when new staff commence employment they completed an induction program. Staff we spoke with confirmed this. Training records we looked at showed that staff had completed a range of courses to support people using the service. A member of staff told us that they felt they had enough training to do their job well. Staff we spoke with told us that they were provided with an opportunity to discuss any issues and receive feedback on their performance, through supervision. The deputy manager told us that if they observed anything they would discuss this in supervisions such as staff engagement with people using the service. This demonstrated that people were cared for by staff that were well supported.

Our observations showed that people at the service had access to drinks and snacks throughout the inspection visit. People who were able to communicate with us told they enjoyed their food. One person said "The food is very good and I get enough to eat and drink." A relative told us that "The food is nice." We observed the lunch time meal; we saw that people who needed assistance were offered this in a sensitive and unhurried manner. Records showed people's nutritional needs were assessed, and where required advice was sought from health care professionals to ensure risks were managed. People's food preferences and dietary needs were recorded, which the catering staff were aware of. We saw that people who required a pureed diet were given this. However we saw beside one person's name 'No sweetcorn.' We asked the deputy manager about this and they confirmed the risk was that the sweetcorn could get caught in the person's stoma bag. This was not written down, which the deputy manager agreed to do. Staff we spoke with told us that they had received nutrition and hydration training, which was delivered by external health care professionals. This showed there was a system in place so that people's nutritional needs could be met.

Information in people's plans of care showed that referrals were made to healthcare professionals. We saw documented evidence of visits from GPs and speech and language therapist. Relatives told us that the service contacted them if there had been a change in their family member's needs and if medical intervention was required. One relative said "The home have involved the doctor when needed. They got the doctor straight away when needed the other week and they kept me involved." Another relative said "The service are prompt at seeking medical support. For example we noticed [Name] having difficulty swallowing, we mentioned it to the staff and the GP visited [Name]."

## Is the service caring?

### Our findings

People told us that they liked the staff and felt that they were well cared for by staff. One person said, "The staff are very caring, they always call me by my first name." However another person said "Certain staff do treat you well; however some get cross with me and are a bit rough when handling me but when I tell them they say they're sorry." We shared this information with the local authority safeguarding team. A relative stated "The staff are very polite; they always respect people's privacy." Another relative said "I feel [Name] privacy and dignity is respected. The chiropodist visited, the staff took [Name] to another room to provide care. The staff show everyone a lot of respect."

We observed a positive and caring relationship between the people who used the service and the staff. Staff were polite when they spoke with people and involved them in decisions about their care. People appeared comfortable with the staff who supported them. The staff demonstrated a good understanding of people's needs and treated them with respect and in a caring way.

We observed staff assisting people to adjust their clothing to maintain their dignity and ensuring people were suitably covered during hoisting manoeuvres. This ensured that the provider promoted and maintained people's privacy and dignity.

The provider told us that staff working at the service had the correct language skills to communicate effectively with a person whose first language was not English. This method of support enabled partnership working with people and those who supported them. For example, the provider told us that as some of the staff at the service were bilingual they were able to communicate effectively with this person and understood the person's cultural needs. This demonstrated that people's diverse needs were met by staff that had a good understanding of their needs, preferences and methods of communication.

Staff we spoke with gave us examples of how they respected people's privacy. One member of staff said, "I always ensure that whilst supporting a person with personal care, this is done in their privacy of their own room or the bathroom." This demonstrated that staff treated people in a dignified manner, respecting their privacy and dignity.

Relatives told us they had been involved in the development of their family members care plan and attended reviews. The relatives felt the staff understood people's needs and they had been asked about their family member's preferences.

The provider told us that information regarding independent advocates would be made available for people if they required it. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives.

## Is the service responsive?

### Our findings

Relatives told us that they had been involved in their family members care plan. A relative said "Staff know what [Name] needs are. We went through everything with them and discussed the plan." The PIR sent to us by the provider before our inspection visit confirmed that the service completed initial assessments for all new people moving to the service. This was to determine whether or not the service has the skills and capacity to meet their needs. Care records we looked at contained initial assessments.

Care records we looked at were individual to the person. Areas of need had been identified and associated risk assessments carried out. Staff we spoke with were knowledgeable about people's needs, preferences and routines. They were able to describe to us how they met people's care needs and how they supported people to express choices. This showed that the support people received was personalised to meet their individual care needs.

The provider told us that a handover took place at the start of each shift. This was so that staff could be updated about people's needs and if any changes in their care had been identified. Staff we spoke with confirmed this. This ensured that information was correctly handed over, regarding peoples needs.

Relatives we spoke with told us that they visited regularly and were always welcomed. The provider told us that they supported people to maintain relationships which were important to them. Relatives told us that they were able to maintain contact with their family member. This showed that people were supported to maintain contact with people who were important to them.

We saw that activities and interests were organised to meet the individual's needs of people. Relatives of some of the people we spoke with told us that the service arranged external entertainers who came into the service. One relative said, "There are extra staff doing activities with people, depending on the weather some people are taken out." During our inspection we observed people joining in a game of skittles and a parachute activity. A relative told us that the service organised a 100th birthday celebration for a person living at the service, which people enjoyed.

People using the service who we spoke with told us that the provider and staff would act upon any complaint they had. Relatives we spoke with told us they felt comfortable in expressing any concerns or complaints. A relative told us that they were not happy with the support that was provided to their family member. They raised this with the service and the incident did not occur again. Another relative said, "I would feel comfortable raising any concerns; I haven't had to raise anything."

A complaints procedure was in place. However the procedure did not contain details of the Local Government Ombudsman where the complainant could escalate their complaint if in an event they were dissatisfied with the outcome of their complaint by the provider. Staff we spoke with knew how to respond to complaints if they arose. They told us if anyone raised a concern with them, they would share this with the management at the service.

A system was in place to record any complaints received by the service, this ensured the action taken and outcome was recorded. We looked at a sample of complaints records which showed that these were investigated and responded to appropriately. This showed us that the provider had systems in place to support people in raising concerns or complaints.

## Is the service well-led?

### Our findings

At our previous inspection in October 2014 we found there was a breach in meeting the legal requirements relating to assessing and monitoring the quality of service provision. This was a breach of Regulation 10 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that some improvements had been made but further improvements were needed in this area. There were still areas which demonstrated that the provider did not have effective systems to assess, monitor and improve the quality and safety of the service. Or to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service and others who may be at risk.

Accidents, incidents and falls were recorded however they were not being analysed to identify any patterns. This meant that there were no systems in place to identify patterns or any actions taken to minimise the risks of a re-occurrence. This demonstrated that the provider did not have effective quality monitoring processes in place. Medicine audits were being completed to ensure staff were following the procedures in place. We saw that where action was required this had been followed up such as speaking with staff about recording issues. However we saw that there were no audits for the last two weeks. Audits were completed to ensure care planning documentation were up to date.

The provider's recruitment procedures required further improvement. It was not clear who had been given the responsibility to oversee recruitment checks, ensuring that all staff recruitment had all the required pre-employment checks in place.

We identified that the provider had not notified us of the outcome of referrals which they had made to the supervisory body for authority to deprive a person of their liberty. We discussed this with the provider, who informed us that they were not aware of this legal requirement.

The PIR sent to us by the provider before our inspection visit confirmed that the service were having a new nurse call system installed. At the inspection the provider confirmed that the system had been installed during January 2016 and that it would be serviced by the engineer at the required intervals. This demonstrated that the arrangement in place to ensure the nurse call system was serviced had improved.

There has been no registered manager at the service since November 2014. The provider told us that they had been trying to recruit into the post, but had not been successful in appointing anyone. The provider told us that the day to day management arrangements at the service including having two deputy managers in post, one who was responsible for general administration whilst the other deputy took a clinical lead. The provider was not meeting a legal requirement of their registration in having a registered manager in post. There was a lack of effective management and leadership at the service.

People we spoke with told us that the service was well managed and felt that the provider was accessible.

Relatives we spoke with were positive about the management of the service. They told us that the provider was approachable and always made himself available to people to speak with. One relative said that they felt listened to by staff and the provider and thought people living at the service felt listened to as well. Another relative said, "It's a well- managed service; [Name] sorts things out."

Staff we spoke with told us that they enjoyed working at the service and felt supported by the provider. One member of staff said, "The culture is changing; staff understand their responsibility and take joint responsibility for the care of people." Another member of staff stated "[Name] has sorted concerns and this has resulted in improved behaviour of a colleague. I can easily share concerns with [Name]."

The provider told us that meetings took place for people using the service and their representatives. Relatives we spoke with confirmed this. This showed that people were consulted regarding their views and opinions on the service that they received

The service gathered information from the representative of people who used the service to improve the service. We saw that satisfaction surveys were completed by people's families annually. The results from the most recent survey demonstrated no concerns. Relatives we spoke with also told us that the provider regularly asked them about the care and support that was provided to their family member. This enabled the provider to monitor the service that was being provided.

We saw that appropriate systems were in place to ensure people's confidential records were kept securely and that they were not accessible to unauthorised individuals.