

Pressbeau Limited

# Wren Park Care Home

## Inspection report

Hitchin Road,  
Shefford,  
Bedfordshire  
SG17 5JD

Tel: 01462 851548

Website: [www.pressbeau.co.uk](http://www.pressbeau.co.uk)

Date of inspection visit: 1 October 2015

Date of publication: 15/01/2016

### 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 

### Overall summary

This inspection took place on 1 October 2015 and it was unannounced. This was the first inspection conducted at the home since the provider registered with the Care Quality Commission (CQC) in July 2014. The home was run by another provider prior to this date.

The service provides accommodation and nursing care for up to 31 older people, some of whom may be living with dementia. At the time of our inspection there were 30 people living at the home.

There was a registered manager in post at the home. 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.

People felt safe in the home and staff understood their responsibilities with regards to safeguarding people.

# Summary of findings

People were supported by staff who knew them well and positive relationships had been formed. Detailed care plans were in place, and had been regularly reviewed, to reflect people's preferences and included personalised risk assessments.

There were a range of activities in which people were encouraged to participate in to maintain their interests.

People had been involved in planning their care and deciding in which way their care was provided.

People were supported to make choices in relation to their food and drink and a balanced, nutritious menu was offered.

Staff were patient, kind and caring. They treated people with respect and promoted maintaining people's dignity.

The management team were approachable and staff felt supported in their roles. People and staff knew who to raise concerns with and there was an open culture.

The provider had effective quality assurance systems.

# Summary of findings

## 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 safe.

People felt safe and staff knew how to safeguard people.

Personalised risk assessments had been completed to reduce the risk of harm to people.

The provider had safe recruitment processes in place.

Good



### Is the service effective?

The service was effective.

Staff received training and were supervised in their roles.

People were involved in decision making and consent to their care sought.

People were supported to make choices in relation to their food and drink.

People were supported to meet their health needs.

Good



### Is the service caring?

The service was caring.

Staff were patient, kind and caring.

Staff treated people with dignity and respect.

Support was individualised to meet people's needs.

Good



### Is the service responsive?

The service was responsive.

Care plans reflected people's needs and preferences, and were consistently reviewed.

People were supported to participate in a range of activities.

There was a complaints policy in place.

Good



### Is the service well-led?

The service was well-led.

There was a clear management structure of senior staff. There was an open culture amongst the staff team.

People, their relatives and staff were encouraged to give feedback on the service provided.

The provider had effective quality assurance processes.

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 inspection took place on 1 October 2015 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection, we asked the provider to complete 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 also reviewed the information available

to us about the home such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who lived at the home, two care workers, one senior carer, one nurse, one cook, the deputy manager and the registered manager. The regional director for the provider organisation was also visiting the home on the day of our inspection.

We carried out observations of the interactions between staff and the people living at the home. We reviewed the care records and risk assessments of five people who lived at the home, checked medicines administration records and reviewed how complaints were managed. We also looked at three staff records and the training for all the staff employed at the service. We reviewed information on how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

People we spoke with said that they felt safe and secure living at the home. One person said, "I feel very safe, the staff are all so nice." Another person told us, "Yes, I feel safe."

There was a current safeguarding policy and information about safeguarding was displayed in the entrance hallway. All the members of staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would report. They were also aware of reporting concerns to local authority safeguarding teams. One member of staff said, "I would report any concerns straight away to the manager, if she wasn't available I could ring the safeguarding team." Another member of staff said, "I would speak to any of the senior staff; the nurse on duty, deputy manager or manager."

There were personalised risk assessments in place for each person who lived in the home which addressed identified risks. The actions that staff should take to reduce the risk of harm to people were included in the detailed care plans. This included identified support regarding nutrition and hydration, receiving personal care, continence care, falls, medicines and specific medical conditions. For some people, these also identified specific support with regards to their mobility and the steps that staff should take and the equipment to use to keep people safe. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included looking at people's care plans and their risk assessments, their daily records and by talking about people's needs at handovers. One member of staff told us, "We discuss any issues at handover, then review the records once the concern has been discussed." A member of staff who had recently started working at the home told us, "I had the chance to read through people's plans before I worked with them. I also looked at their risk assessments so I knew how to keep them safe."

Accident and incidents had been reported appropriately and these had been analysed by the registered manager who had reviewed each report. This analysis was used to identify any trends or changes that could be made to prevent recurrence and reduce the risk of possible harm.

The registered manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments, the checking of portable electrical equipment, the maintenance and inspection of mobility equipment and hot water systems. People living at the home had Personal Emergency Evacuation Plans (PEEP's). Information and guidance was displayed in the entrance hallway to tell people, visitors and staff how they should evacuate the home if there was a fire. The service also had an emergency 'grab bag' prepared by the front exit should the home need to be evacuated in an emergency.

There were effective processes in place for the management and administration of people's medicines and there was a current medicines policy available for staff to refer to should the need arise. We reviewed records relating to how people's medicines were managed and they had been completed properly. Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturer's guidelines. The deputy manager explained to us how regular audits of medicines were carried out so that that all medicines were accounted for. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely and at the right time.

There was a visible staff presence during our inspection. People we spoke with said there was enough staff available to help them. One person told us, "Staff are pretty good, there's a lot of staff here." Another person said, "Seems to be enough staff for everybody, they all help each other." The registered manager used a dependency tool to assess the level of need of all the people living in the home and the support they required. This was used on a monthly basis to determine staffing levels prior to completion of the staff rota.

We looked at the recruitment files for three staff including one care worker that had recently started work at the service. We found that there were robust recruitment and

## Is the service safe?

selection procedures in place. Relevant pre-employment checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

# Is the service effective?

## Our findings

People told us they were confident that staff had the skills required to care for them. One person said, “Can’t compare it, you’re made very comfortable.” Another person told us, “Staff are good, they work hard.” Comments from the most recent relatives satisfaction survey included, “Staff are always helpful”, “Staff keep us informed” and “I’m very happy with [relatives] treatment.” It was clear from our observations of staff interacting with people that they knew them well.

Staff told us that there was a training programme in place which gave them the skills they required for their roles. This was supported by the records we checked. Staff explained the variety of training courses they attended, both in house and online, and were positive about how this supported them in their roles. One nurse told us how they had recently undertaken a refresher course in medicines and then the deputy manager had observed their medicines round to complete a competency check. They said “It was good to refresh my skills and knowledge to ensure I am up to date. When the deputy checked my meds round it made me think. The chance to show my practice.”

Staff also told us that they received supervision on a regular basis and felt supported in their roles. One member of staff told us, “I enjoy meeting with [deputy manager] for supervision. I have the chance to discuss my performance, receive feedback and ask for guidance in my role.” Another member of staff told us, “The supervision is really open and I have the chance to think about my training, how I’m doing, just about anything that affects me in work really.” The staff we spoke with confirmed that they had received an appraisal.

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.

People’s capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLS and we saw evidence that these were followed in the delivery of care. Where it had been assessed that people lacked capacity we saw that best interest decisions had been made on behalf of people following meetings with relatives and health professionals and were documented within their care plans. An authorisation of deprivation of liberty was in place for one person who lived at the home as they could not leave unaccompanied and was under continuous supervision. We saw the registered manager had made applications for other people living at the home appropriately and was awaiting the outcome of these applications from the relevant supervisory bodies.

Members of staff told us that they always asked for people’s consent before assisting them. One member of staff told us, “I always ask for people’s permission, you can’t just help. Residents need to agree.” Another member of staff told us, “I ask people what help they want and ask them when they want my help, if they don’t want assistance immediately.” We saw evidence in care records that, with the exception of one, people had agreed with and given written consent to the content of their care plans. The care record we viewed that did not have evidence of written consent was brought to the attention of the registered manager.

We observed the lunchtime meal and the food appeared nutritious and appetising. People told us that they had a good variety of food at mealtimes and we saw two choices of main meal available. One person told us, “On the whole, pretty good food. I always have a choice.” Another person told us, “The food is very nice, we have a choice of two or three meals.”

We spoke with the cook who told us that all food was prepared at the home and people were given at least two choices for each of the meals with snacks available throughout the day. People had been asked for their likes and dislikes in respect of food and drink prior to moving to the home and a nutrition plan prepared. The kitchen staff were notified of people’s dietary requirements and were informed of any changes on a regular basis. Records in the

## Is the service effective?

kitchen detailed people's preferences and specific dietary needs, such as diabetic diet and allergies. There was no-one living at the home at the time of our inspection that required a special diet for cultural or religious reasons but the cook confirmed that cultural diet choices could be catered for. Members of staff were aware of people's dietary needs and this information was documented in the care plans. Where people required specific equipment or assistance to eat their meals we saw that this was provided and in a way that enhanced the mealtime for the person. We saw staff encouraging people to eat where necessary.

Members of staff told us that people were assisted to access other healthcare services to maintain their health and well-being, if needed. One member of staff said, "We get to know the people well and can spot changes in their well-being. The doctor visits once a week but we always call any other time if we are concerned." Records confirmed that people had been seen by a variety of healthcare professionals including the GP and referrals had also been made to other professionals, such as dieticians and physiotherapists.



# Is the service caring?

## Our findings

People were complimentary about the staff. One person told us, "All the nurses are very kind." Another person said, "They treat us very well, they are very kind and patient." In response to the most recent satisfaction survey, positive responses were received when relatives were asked if they were happy with the staff and how their relative was cared for.

Positive relationships had developed between people who lived at the home and the staff. Staff knew people well and understood their preferences. The information in the care plans enabled staff to understand how to care for people in their preferred way and to ensure their needs were met. People we observed appeared confident and comfortable in the relationships that they had developed with staff and staff spoke with them about things they enjoyed. We observed people laughing and joking in conversations with staff throughout the day.

People's bedrooms had been furnished and decorated in the way they liked and many had brought their own furniture, pictures and decorations with them when they came to live at the home.

We observed the interaction between staff and people who lived at the home and found this to be warm and caring. We saw staff were patient and gave encouragement when supporting people. Members of staff assisting with the

lunch time meal in the lounge and dining area were friendly and positive when they communicated with people. Where people required additional assistance this was provided in an unhurried, relaxed way.

People told us that the staff protected their dignity and treated them with respect. One person told us, "There's no bad times." They went on to explain that they felt very comfortable living in the home and felt that staff were respectful. Another person told us, "They keep my door closed when they're helping me or knock before coming in my bedroom."

Staff members were able to describe ways in which people's dignity was preserved such as knocking on doors before entering, making sure they closed bedroom curtains and ensuring that doors were closed when providing personal care in bathrooms or in people's bedrooms. Staff explained that all information held about the people who lived at the home was confidential and would not be discussed outside of the home to protect people's privacy.

There were a number of information posters displayed within the entrance hallway which included information about the home, safeguarding, the complaints procedure, fire safety notices, fundraising events and the activities available to people. We also saw information with regards to pressure ulcer care and the nutrition certificate awarded to the home.

# Is the service responsive?

## Our findings

People told us that they had been involved in deciding what care they were to receive and how this was to be given. Before moving to the home, people had been visited by staff from the home who had assessed whether they could provide the care people needed. The care plans followed a template which included information on their personal background, their individual preferences along with their interests. Each was individualised to reflect people's needs and included clear instructions for staff on how best to support people. We found that the care plans accurately reflected people's individual needs and had been updated regularly with any changes as they occurred.

The staff we spoke with were aware of what was important to people who lived at the home and were knowledgeable about their likes and dislikes, hobbies and interests. They had been able to gain information on these from the needs assessment which had been completed with people prior to living at the home. This information enabled staff to complete a detailed plan of care and to provide care in a way that was appropriate to the person.. One staff member told us, "It's good to know lots about the residents so we can do our job well, but [we] also notice if there are any changes in them that means they need more help or are unwell."

People told us that they or their relatives were involved in the review of their needs. We saw that relatives were

included in the review of care plans and had joined meetings held about people's care. We observed care staff having a discussion about contacting a relative regarding a person's health.

Staff told us that they felt the activities in place at the home met people's needs. There was an activity schedule available in the entrance hall so people and their relatives knew the activities that were on offer. These included games, films, bingo and ball games. During our inspection we saw a local church group conduct a communion service in the lounge and a pet therapy dog visiting the home and being introduced to people. The home also had a resident cat which provided company to many people

There was an up to date complaints policy in place and a notice about the complaints procedure displayed in the entrance hallway. People we spoke with were aware of the complaints procedure and who they could raise concerns with but said they had no reason to use it. One person we spoke to told us, "I'd go straight to the top if I had a complaint." They went on to say they would feel comfortable complaining if they needed to. Formal complaints that had been received in the past year were recorded. There was a detailed investigation into each concern and the actions to be taken in response included. Each complainant had received a response to their concern and the registered manager had recorded the learning from each.

# Is the service well-led?

## Our findings

The registered manager was supported by a deputy manager. The registered manager was also registered at another home within the provider organisation. The registered manager explained that she divided her time equally between the homes and that in her absence the deputy manager oversaw Wren Park Care Home.

We noted that there was a very calm, relaxed atmosphere within the home. One person told us, “[Name] is very nice, she’s a good manager.” During our inspection we saw that the registered manager and deputy manager were part of the staff providing care and joined in with the activities. They spoke with people who lived at the home to find out how they were and were involved in their support and wellbeing.

Staff told us that there was a very open culture and they would be supported by the management team. One member of staff told us, “I feel happy to speak to [registered manager], she is open and approachable and will always listen. She’s helped me when I’ve been looking for a solution to an issue.” Another member of staff told us, “[registered manager] is very approachable and we all work at things together.” Staff were aware of their roles and responsibilities and were clear on the lines of accountability within the staff structure.

We found that there were a range of audits and systems in place by the provider organisation to monitor the quality of the service provided. These included reviews of care plans,

medicines audits and stock check, mealtime experience audit and the care and detection of pressure ulcers. The area manager visited the home on a regular basis and also conducted audits to ensure the home was monitored and continued to develop. Any issues found in these audits would be addressed by the registered manager and improvements made where required. We saw action plans that had been completed following the audits and that the area manager had checked progress of the identified improvements required.

The registered manager showed us satisfaction survey forms that had been sent to relatives of people who lived at the home. All of the responses seen were positive. Comments included “[Relative] thoroughly enjoys the food”, “I feel I am able to raise concerns and they are responded to” and “Improvements since 2014 are significant.” The survey had asked for respondents to identify any areas for improvement in the service, two were suggested in relation to food and the cook confirmed these had been shared with her.

Staff were encouraged to attend team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management. Recent discussions had included any concerns, fire safety, other health and safety matters, changes in people’s needs and staff training.

We noted that records were stored securely. This meant that confidential records about people and members of staff could only be accessed by those authorised to do so.