

## Barchester Healthcare Homes Limited

# Wheatlands

### Inspection report

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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

### About the service:

Wheatlands is a care home providing personal care for up to 53 older people, some of whom are living with dementia. At the time of the inspection, 46 people lived at the service.

### People's experience of using this service:

People told us they enjoyed living at the service and felt safe. Support was provided by a consistent team of staff who had a good understanding of people's care and support needs. Staff were visible around the service and it was clear positive, caring relationships had been developed.

Topical medicines had not always been recorded appropriately. We have made a recommendation about the management of some medicines. Safeguarding concerns had been referred to the local authority when required. Although equipment had been serviced at regular intervals, timely action had not always been taken to address all shortfalls found. The registered manager addressed these concerns following the inspection.

People were looked after by staff who had the skills and knowledge to carry out their roles. Systems had been developed to ensure people at risk of malnutrition or dehydration were closely monitored and relevant professionals contacted for guidance and advice. Any accidents and incidents were closely monitored and recorded.

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 were involved in decisions and their choices were respected. Information was not always presented in a way people could understand. We have made a recommendation about accessible information.

People had opportunities to take part in stimulating and enjoyable activities. Consideration was given to people's specific interests and how participation could be encouraged. Staff had the time to spend one to one with people. Care plans were person-centred which ensured support was provided in a consistent way that was led by people.

Systems were in place to monitor and improve the service to ensure people received a good quality service. Some systems and records could have been developed to further drive improvement. Regular feedback on the service provided was requested from people, relatives and professionals.

People and staff spoke positively of the management team. The service was well-run by a registered manager who was passionate about ensuring people received the support they required and engaged with the community.

### Rating at last inspection:

Good (report published 24 December 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Wheatlands

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

Two inspectors carried out this inspection.

#### Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before our inspection, we looked at information we had received about the service since the last inspection. The provider sent us a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority contract monitoring team before our visit. We used this information to plan the inspection.

During the inspection we spoke with eight people who used the service and two relatives. We spoke with six members of staff, which included three care staff, an activities coordinator, the registered manager and regional director. Following the inspection, we contacted two professionals and asked them to provide

feedback on the service.

We viewed a range of documents and records. This included four people's care records and multiple medication records. We looked at two staff recruitment and induction files, four staff training, and supervision files and a selection of records used to monitor the quality and safety of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to ensure any safeguarding concerns were appropriately recorded and responded to. Referrals had been made to the local authority when required.
- Staff understood how to respond and report any safeguarding concerns. They had received regular training and demonstrated a thorough awareness of their responsibilities.
- People felt safe living at the service. Comments included, "I feel 100% safe here" and "Oh yes, I feel safe. I have no worries at all."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to identify and reduce risks to people. Care plans included risk assessments that had been regularly reviewed to ensure they remained relevant.
- Staff understood the importance of promoting people's independence and freedom yet minimising any related risks.
- Accidents and incidents had been recorded. A thorough system was in place to monitor accidents and incidents and identify any patterns or trends. This had helped reduce risks.
- All equipment had been serviced at required intervals. Timely action had not always been taken when shortfalls were found. For example, an electrical wiring test in January 2019 where action had not yet been taken to address all the shortfalls. The registered manager informed us the day after the inspection, that remedial action was being taken.

Staffing and recruitment

- A safe recruitment procedure was in place and followed. This ensured suitable staff were employed.
- People who used the service were actively encouraged to be part of the recruitment process. Their views were taken into account before offers of employment were given.
- There was enough staff on duty to provide the support people needed. Staffing levels were reviewed on a regular basis.

Using medicines safely

- Topical medicines, such as creams, had not always been accurately recorded when administered by staff. We found gaps in recordings and prescriber instructions that had not been followed.
- Topical medicine administration records did not always provide staff with clear guidance, such as where the medicine was to be applied or the frequency. We discussed these issues with the registered manager who took action during the inspection to address the shortfalls we found.

We recommend the provider considers current guidance on the use of topical medicines and recording and

update their practice accordingly.

- Staff had received appropriate medicines training and their competency had been assessed.
- People received their medicines on time. One person said, "Staff are very good. They are on the ball with medicines."

#### Preventing and controlling infection

- The service was clean and tidy throughout, although in some areas odours were present and chairs were stained. This was being addressed at the time of our inspection.
- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of infections. Infection control audits were in place to ensure standards were maintained. The concerns in relation to stained chairs and odours had been identified within this audit.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service ensured they could meet people's needs. Pre-admission assessments were completed by a competent member of staff before a person was admitted to the service.
- Staff continuously assessed people's needs and recorded information in their care plans and risk assessments about how those needs should be met.
- People were involved in making every day decisions and choices about how they wanted to live their lives.

Staff support: induction, training, skills and experience

- New staff received a thorough induction. This ensured they were familiar with the provider's policies and procedures, the environment and people they would be supporting.
- Care and support was provided by staff who had the appropriate training, knowledge and support from management to ensure they had the required skills and followed best practice guidance.
- Staff spoke highly of the registered manager and the support they received. Comments included, "[Registered manager] is a great manager. They are always looking at ways to improve people's lives" and "[Registered manager] is really supportive. We feel like one big team."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to ensure they ate and drank enough. If there were any concerns regarding people's weights, relevant professionals were contacted.
- People were provided with a variety of meals and refreshments throughout the day which were adapted to meet people's preferences and dietary requirements.
- People enjoyed the meals on offer. Comments included, "The food is great. It is like being at a hotel" and "The meals are excellent and there is a varied choice."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service had links with the local GP practice who visited the service. Regular visits from other professionals ensured people received the support they required, and their health needs were met.
- Care plans showed advice from professionals was acted upon.
- The service had taken part in local pilots to improve staffs knowledge and people's access to other services, such as dentists.

Adapting service, design, decoration to meet people's needs

- The service was worn and in need of refurbishment. Plans were in place for extensive refurbishment to

take place in the coming months.

- Consideration had been given to people's mobility needs and cognitive impairments to ensure the design and décor were suitable. For example, flooring was non-patterned and appropriate lighting and signage was in place. This was to be further adapted during refurbishment.
- People's bedrooms were personalised to their own tastes.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had made appropriate applications to deprive people of their liberty lawfully.
- Staff completed mental capacity assessments and made best interest decisions when necessary. These did not always evidence that relevant people had been involved in such decisions. This had been identified by the provider's internal audits and was being addressed at the time of this inspection.
- Where appropriate, people signed their care records to document that they consented to the support staff provided.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were attentive to people's needs. There was a relaxed atmosphere; positive, caring relationships existed between people and staff.
- People told us they were all treated equally and felt there was no discrimination from staff.
- People told us they were supported by a consistent team of staff. One person said, "I know all the staff well and they know me."
- Staff demonstrated a friendly approach which showed consideration for their individual needs. They communicated with people in a caring and compassionate way. They gave time for people to respond and responded to people's requests in a timely manner.
- People were supported in a homely environment where visitors were welcomed. One person said, "I do feel at home here. Staff are lovely."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known.
- Staff respected people's wishes and choices they made and provided guidance to ensure they remained safe. One person said, "I feel I can be decisive about my preferences and staff listen and act on my wishes."
- People were involved in reviewing their care and support.
- Staff understood the importance of ensuring effective communication was promoted whilst maintaining confidentiality.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with kindness and respect.
- Staff respected people's privacy and dignity and understood people's abilities which were promoted.
- Staff ensured any obstacles due to mobility or health needs were addressed to allow people to remain as independent as possible. One person had a love of wildlife. The registered manager had taken action to install bird feeders close to their bedroom, so they could continue to enjoy feeding the birds independently.
- The registered manager and staff showed genuine concern for people who used the service. Positive, meaningful relationships had been developed.
- People were encouraged to maintain relationships and build new friendships. Staff ensured people and any visitors were included in activities and general discussions.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans in place in relation to their assessed needs which contained person-centred information. These had been regularly reviewed and changes in people's support needs were reflected within them.
- People were encouraged to discuss their care to ensure person-centred support was provided. Discussions with staff evidenced they were aware of people's preferences.
- Staff were responsive to people's needs. One person said, "Staff know me and my family very well – from the care staff to the kitchen staff. They all know what I need help with and support me in a way I like."
- Observations showed people enjoyed the activities on offer. Staff had time to spend one to one with people participating in pastimes they enjoyed. Staff understood the importance of providing meaningful stimulation throughout the day.
- Information was not always provided to people in a format that people could understand. For example, the activities timetable was only available in small print and positioned high up on a notice board. One person said, "The print on everything is too small and not well displayed." We discussed this with the registered manager who told us large print documents were being developed.

We recommend the provider consider current best practice guidance in relation to the Accessible Information Standard and update their practice accordingly.

Improving care quality in response to complaints or concerns

- There was a complaint policy and procedure in place which the registered manager had followed when concerns had been raised.
- People knew how to raise concerns and were confident these would be addressed appropriately. One person said, "I would speak up if I have any complaints. The manager is approachable."

End of life care and support

- The service was not currently supporting anyone with end of life care.
- People's wishes and preferences in relation to end of life care had been considered and recorded where people chose to share this information.
- Staff had completed end of life training and understood the importance of ensuring people's last days were spent according to their wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff spoke positively about the registered managers approach and commitment to the service. One person said, "I think the manager here is very good. I have no issues and I feel involved in what is going on."
- The registered manager led by example. They had worked at the service for a number of years and were passionate about continuous improvements.
- Staff and relatives were actively involved in the service. Staff, resident and relatives' meetings took place where they could share their views, provide feedback and any ideas to improve the service.
- The registered manager engaged with everyone using the service and those relatives and professionals involved to ensure the service provided person-centred, high-quality care. People felt listened to and their views were acted on.
- A resident ambassador had been appointed who was actively involved in any developments or changes within the service. This ensured people's voices were heard.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a quality assurance process in place that was effective in highlighting shortfalls. Some systems and records could have been developed to further drive improvement. For example, regular checks to ensure re-positioning charts and topical administration records were completed appropriately. The registered manager took action to implement these following the inspection.
- The registered manager was aware of their role and responsibilities and kept up to date with best practice. They had submitted notifications to CQC as required.
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Regular meetings took place to ensure all staff understood their job description and what was expected of them.
- Information related to people who used the service was stored securely to ensure the integrity of confidential information.

Working in partnership with others

- The registered manager continued to build their leadership skills by working with other managers responsible for the provider's other locations, driving forward improvements and sharing best practice.
- Staff had developed good partnership working with other professionals and services.

- The registered manager had worked with the local authority to provide work experience for people with disabilities. They continuously engaged and worked in partnership with the local authority to support people.
- The registered manager recognised the importance of community involvement and the positive impact this has on people. A 'community engagement plan' was in place and reviewed annually. This had resulted in visits from local groups, such as schools and scouts to the service on a regular basis. People told us this helped them feel part of the community.