

Gloucestershire County Council

Wheatridge Court

Inspection report

40 Wheatridge Court
Abbeydale
Gloucester
Gloucestershire
GL4 4AL

Tel: 01452500669

Website: www.gloucestershire.gov.uk

Date of inspection visit:
07 April 2016
08 April 2016

Date of publication:
11 May 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 7 and 8 April 2016 and was unannounced. Wheatridge Court is a 30 bedded care home which provides a period of re-enablement to people who have experienced deterioration in their physical and sensory health. Three beds are available for people who require a short respite break. There were 17 people living in the home at the time of our inspection. The aim of the home is to support people to maximise their level of independence by developing new skills before they return to their own home or alternative accommodation. The home is purpose built and is divided into five units. Each person has their own bedroom and toilet/sink facility with lockable doors leading in to the unit or into the grounds of the home. People have access to a shared kitchen, dining and bathroom in each unit.

At our last comprehensive inspection on 7 and 9 July 2015, breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) managing people's risks and medicines and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) documents relating to people care and treatment and effective systems to monitor the quality of the service.

We undertook this full comprehensive inspection to check they had followed their plan and to confirm they now met legal requirements. The provider now met their legal requirements with regarding to the above requirements however we have made a further breach of regulation to Regulation 17 regarding the records of people's consent to their care and support which we will follow up at our next inspection.

A registered manager was in place as required by the service's conditions of registration. 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's individual needs had been assessed before they started to use the service. They had been involved in planning for their care. People's support plans included information about how they preferred to be supported. Staff were knowledgeable about their needs, wishes and preferences. However, the details of the lawful consent to receive care were not always evident when people could not make a decision about their care and support for themselves.

People made positive comments about the care and support they received at Wheatridge Court. People were treated with kindness and respect. They told us staff were kind and caring. This was confirmed by their relatives and visiting health care professionals. People were supported to maintain a balanced diet. There was good links with relevant health care professionals.

People were encouraged to reach their potential in their daily living skills. They were encouraged to retain or learn skills in preparation for their life at home. People were involved in their goal planning and their

support needs were regularly reviewed. Their individual risks had been identified and recorded to guide staff. People's medicines and health care needs were managed in line with their care plan. They were safeguarded from the risk of abuse and harm.

There were adequate numbers of satisfactorily recruited staff to meet people's needs. Staff had received support and training to develop their knowledge and skills for their role.

The registered manager was visible and accessible to people and staff, providing clear leadership and developing ideas to continually develop the service. Quality assurance systems had been put in to place to monitor the quality of service being delivered and the running of the home.

You can see what action we told the provider to take at the back of the full version of the report.

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 ●

This service was safe.

The management of people's risks had been identified and recorded. There were safe systems in place for managing people's medicines.

People were safeguarded from the risk of abuse and from risks in the home and the community.

There were sufficient numbers of staff. Robust recruitment systems were in place when new staff were required.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were encouraged to make decisions about the care they received. However, the assessment of people's mental capacity to consent to their care was not always recorded.

People were supported with their personal care by staff who were trained to meet their needs.

People were referred appropriately to health care services if their care needs changed and supported to eat a healthy diet.

Is the service caring?

Good ●

This service was caring.

People had developed positive relationships with the staff team. People were treated with respect and kindness.

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

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's needs. People had been involved in the assessment of their needs. Their support needs

had been assessed and documented.

Staff approach was centred on the people who they cared for.

People told us they could approach staff and raise their concerns.

Is the service well-led?

Good ●

The service was well-led.

Systems had been put into place to monitor the quality of the service being delivered.

People had confidence in the registered manager. Staff told us they felt that the management team was supportive and approachable.

Health care professionals complimented the management of the home.

Wheatridge Court

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 7 and 8 April 2016 and was unannounced. This inspection was a full comprehensive inspection; however we also checked that improvements to meet the legal requirements planned by the provider after our comprehensive inspection on 7 and 9 July 2015 had been made.

The inspection was carried out by one inspector. Before the inspection we reviewed the provider's action plan and other information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

We spent time walking around the home and observing how staff interacted with people. We reviewed five people's care records and related documents. We also looked at staff records relating to their support, training development and recruitment. We spoke with four people, three relatives, three members of staff, and the registered manager. We received feedback from four health care professionals about the home. We also checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

Is the service safe?

Our findings

At our last comprehensive inspection, we found that people's risks and medicines were not being managed in line with their individual needs. The provider sent us an action plan to tell us how they would ensure people were kept safe in the home. During this inspection, we checked if they had met the legal requirements and found that people's risks and medicines were now generally managed well.

There had been improvement in the recording of the management of people's risks. We found that people's risks had been individually assessed and recorded. They identified the potential risks to each person and described the measures in place to manage and minimise these risks. For example, a risk assessment was in place for one person who would have an adverse reaction if stung by a bee. The risk assessment gave staff guidance on actions to take in the event of a bee sting. Other people's personal risks had been identified and recorded such as the risk of weight loss and substance misuse. Health care professionals felt the service was safe and people's risks were managed well. One health care professional said, "Yes, it (Wheatridge Court) does well at maintaining a balance between safety for vulnerable patients and independence within their realistic abilities."

People could freely access the community. Guidance was in place to provide staff with the actions they should take if a person did not return back to the home. People had an individual personal fire evacuation plan. Records showed whether people had been involved in the home's regular fire drills.

The home was clean and well maintained. People were encouraged to clean their own bedrooms, carry out their own laundry and contribute towards the cleaning of the communal areas. For some people, this was part of their re-enablement plan. Staff supported those who required assistance with their laundry and in maintaining a clean environment.

The management of people's medicines had improved. Medicines were given to people by staff who had received suitable training. People's medicines were stored securely in their bedrooms. Medicines which could be misused were stored in a secured medicines cabinet in a locked office. Some people ordered, managed and administered their own medicines independently. They were encouraged to collect or receive the delivery of their own medicines from the pharmacist. Other people were being monitored by staff to assess their abilities to manage and administer their own medicines. Some people required support with their medicines. One person was being supported to change the way their medicines were delivered and stored. A staff member explained that they had arranged for this person's medicines to be delivered in a blister pack. They described how this person was struggling to manage their medicines due to their memory problems. Their medicines would be organised into compartments in the blister pack by day and time to encourage them to be independent in administering their own medicines.

Where medicines had been administered by staff, people's medicines administration records (MAR) had been consistently completed. Some people required prescribed medicines 'as required'. Staff had documented when they gave people these medicines as well as the reasons the person had required the medicine. However, there were limited detailed protocols in place to guide staff when giving 'as required'

medicines such as triggers or alternative strategies to consider before administering medicines. This was discussed with the registered manager who said they would immediately implement additional details in people's medicines care plans to give staff clear guidance.

People moved into Wheatridge Court for a period of re-enablement after experiencing a change in their physical health and well-being. They told us they felt safe living at Wheatridge Court. One person said, "For the first time in a long time I feel safe. This place (Wheatridge Court) is helping me to build my skills and confidence." People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to tell us their actions if they thought that a person was being harmed or abused. One staff member said, "If I saw or heard anything which made me suspect someone was being harmed I would report it immediately to the manager." Staff were able to describe the arrangements for reporting any allegations of abuse in line with provider's safeguarding policy. They were confident that any issues reported would be dealt with promptly. Information about the signs of abuse and contact details to report any concerns were available on the notice board for people and their visitors to read.

The home had a strong team of long term established staff. The registered manager had not recruited any new staff since our last inspection but had put a system into place which would be used to monitor that the recruitment checks carried out by the provider's head office had been thoroughly carried out. This would include relevant checks on documents relating to staff's previous employment, identity, health checks and disclosure and barring service (DBS) checks. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. This would ensure that staff of good character would be employed.

Adequate staffing levels were maintained. The registered manager monitored the needs of the people and adjusted the staffing levels accordingly. People confirmed there were sufficient staff to meet their needs. Staff told us staffing levels were flexible and gave us examples when staffing levels had increased to support people. The registered manager explained that they used their own bank staff or permanent staff picked up extra shifts if there was a staff shortage. This ensured people were supported by staff members which they were familiar with.

Is the service effective?

Our findings

Most people who stayed at Wheatridge Court were able to make decisions for themselves and were involved in the planning of their care and agreed to the care and support they received. People were shown around the home before admission. Their needs and their re-enablement expectations were discussed with them to ensure the home could provide the care and support they required.

We checked whether the service was working within the principles of the MCA and whether any condition on authorisations to deprive a person of their liberty were being met. 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.

One person was perceived as not having mental capacity to make decisions about aspects of their daily care and support. Staff told us how they encouraged this person to make choices about their daily activities, however felt that this person was unable to make decisions such as managing their finances. There was no clear documentation of the mental capacity assessment of this person's ability to manage their finances or best interest decisions in line with the principles of the Mental Capacity Act 2005 code of practice which informed their care plan. The home did not always obtain evidence that people had elected a significant person to lawfully act on their behalf. This meant staff were not given clear guidance on who could lawfully act on people's behalf if they lacked mental capacity to make decision for themselves.

There were limited records on how people who lacked mental capacity lawfully consented to their care and support. This was a breach of Regulation 17 Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

However, there were records in place which showed that social workers had been involved in assessing some people's ability to make important and significant decisions such as their future accommodation when they felt people did not have the mental capacity to make this decision. Best interest meetings had been held with people, their families and health and social care professionals when people needed assistance with making these important decisions.

At the time of our inspection, there was nobody living in the home who was being deprived of their liberty, although the registered manager stated they were in discussions with the local authority around the support being provided to one person which had recently become more restrictive. They explained why this person's safety was at risk and their freedom was becoming more restricted. 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 are called the Deprivation of Liberty Safeguards (DoLS).

During our last inspection we found that not all staff had received formal and regular supervision meetings

(1:1 private support meetings) with their line manager. During this inspection we looked at the home's supervision matrix and supervision notes of two new staff members. The matrix showed staff were receiving regular supervisions and that new staff had received regular and more frequent meetings during their probation period. Staff's supervision records showed the registered manager had discussed certain topics with all staff which needed to be highlighted during their meetings. They also discussed their own personal development and support needs. The registered manager said "I use supervision meetings to go over certain subjects that need to be discussed with all the staff so I know that everyone has got the same message as well discussing how they are getting on individually." Staff also received an annual appraisal to review their performance and development. Staff confirmed that they felt well supported by their senior colleagues.

People were supported by staff who had been trained to carry out their role. A training plan was in place which monitored staff training. Most staff had now completed training considered as mandatory by the provider, such as safeguarding people and moving and handling training. We were told that the induction of new staff would incorporate a period of shadowing experienced members of staff; reading people's care plans and documents relating to the home such as policies and procedures and induction training before they started to support people. During the probation period of new staff, they would be expected to complete the care certificate and their care practices would be observed by senior staff. The care certificate is a set of standards that social care and health workers are required to adhere to and should be covered as part of their induction training.

Staff had received additional training relevant to the needs of people at the home's bi-yearly team learning day organised by the registered manager. We were told this was an opportunity for staff to receive additional training and information which was relevant to the service being provided at the home. Guest speakers were invited and spoke about specialist subjects such as diabetes. The registered manager and senior staff also facilitated some training. We were told they carried out research to update their skills and were planning to go on advanced accredited courses to ensure the information they shared with their team was current. Health care professionals were positive about the knowledge and skills of staff. One health care professional said, "The staff have a good understanding of the complexity people's needs."

People were responsible for choosing their individual meal and snack options. Some people were assisted with the planning, shopping and meal preparations as part of their re-enablement programme. Staff explained how they tried to mirror the support that people may receive when they returned back to their home but also supported them to try new kitchen skills. Staff encouraged them to make healthier meal choices and have a balanced diet. They provided suggestions on alternative healthier meals and snacks. Staff had formed links with the local supermarket who regularly supplied them with unsold fruit and vegetables for people to use. The registered manager explained that this had encouraged people to cook and taste fruit and vegetables which they may have not tried before and had developed some people's culinary taste. Due to personal circumstances some people told us they had not had the motivation or the funds to maintain a healthy diet prior to staying at Wheatridge Court. They told us they felt their health and well-being had improved as a result of eating a healthier diet and putting on some weight. One person said "I'm learning new cooking skills and planning my meals. I feel a lot better in myself."

When people moved into the home, they were supported to join a local GP surgery and make contacts with relevant health care professionals if required. Some people needed additional support and advice from medical professionals and others needed assistance with their social care and accommodation. People's care records showed relevant health and social care professionals had been involved with their health care, enablement and future goals. Staff in the home had formed good links with various specialist health care professionals. One health care professional said "We have a good working relationship with the staff at Wheatridge Court."

Is the service caring?

Our findings

People were positive about the support and care they had received from staff. They told us they had developed positive relationship with staff and that staff were kind and caring. We received comments such as "The staff here are lovely and very helpful"; "The staff are brilliant, so supportive. I can ask them for help at any time" and "The staff are very good, very caring. I can't thank them enough for what they have done for me."

People were treated with respect and respect. Staff spoke to people equally and with dignity. They respected people's private bedrooms and personal space. We observed staff knocking on people's doors and waited for permission to enter their bedrooms. People confirmed that staff were respectful and their dignity was always considered if they needed assistance with their personal care.

We heard and saw staff speaking to people in a warm friendly manner and having a joke with them. People told us they had formed friendships with other people who were living in the home. One person told us they had become more confident in speaking to people and staff. They explained that before coming to the Wheatridge Court they had no confidence in their social skills but had been given time to build up their self-confidence to speak and trust staff and other people in the home. This was confirmed by a health care professional who was supporting this person to move out into the community. They said, "I would definitely recommend the service." They went on to tell us how staff had supported them and said "They have given this person hope and brought back their confidence to talk to people." Another health care professional told us, "Whenever I have visited Wheatridge Court staff appear to have a good rapport with service users." We were also told that some health care professionals had delivered training sessions to staff and they had been impressed with their 'client-centred' attitude.

Wheatridge Court encouraged people to develop and retain their daily living skills. Staff told us how they would promote people's independence in particular encouraging people to carry out tasks for themselves. When required, people had been referred to the Occupational Therapist for equipment which would assist them in their independence. One person explained how their independency levels had progressed since staying at the home. They said "The staff are really good. They encourage me and give me the confidence to have a try. I can do a lot more now than I used to. I need to be confident as I will need to this when I go home." People's daily living goals and aspirations were recorded and regularly reviewed.

We were told how people's human rights were respected and how people were supported to make decisions about their life. One health care professional told us the staff were very in tune with people's emotional needs and social backgrounds and were non-judgemental about their personal histories. People were supported to maintain contact with family and friends and to move from Wheatridge Court to a geographical area of their choice.

Is the service responsive?

Our findings

At our last comprehensive inspection, we found that people's care records did not reflect their needs and provided limited guidance on how people wished to be supported and their future goals. The provider sent us an action plan to tell us how they would ensure people's needs and goals would be effectively recorded. During this inspection, we checked if they had met their legal requirements and found that people's care records now reflected their needs, support requirements and their future aspirations.

There had been improvements in the recording and assessment of people's care and support requirements. People moved into Wheatridge Court for a period of re-enablement after experiencing a change in their physical well-being. Some people had transferred to the home following a hospital admission or deterioration in their health in their home. Most people who stayed at Wheatridge Court stayed for approximately six months. The registered manager was now auditing the length of stay of people and their achievements at the home.

Staff knew people well and had formed a good rapport with people and their relatives. Relatives told us they were happy the support and care people received. They gave us examples of how staff had encouraged their relatives who were staying at home to progress in levels of independence.

People received care which was personalised and responsive to their needs. Their needs had been assessed and were regularly reviewed. Each person had a care plan which detailed their levels of independence, support needs and goals. Their care plans were detailed and described people's preferred routines and choices of care. Each person had a 'pen picture' about them which briefly described their daily living abilities and needs such as their mobility and personal care. People's health and well-being goals were identified such as gaining suitable accommodation or regaining links with family members. This information provided staff with guidance on people's desires and aspirations. Staff wrote daily notes about the progress of each person. However, details of the daily notes were variable and did not always reflect people's day and achievements. This was raised with the registered manager who stated that this would be highlighted and discussed in the staff team and individual meetings.

People were supported to move back to their home or newly acquired accommodation. Staff had formed links with other health and social care services to people were supported with their health, emotional and social needs when they left Wheatridge Court.

Some people were known to the staff at Wheatridge Court as they used the home for pre-allocated periods of respite to give their relative a break from their responsibilities of a carer. However, people's needs were not always reviewed before they revisited the home. This meant staff were not always informed in advance if there were any changes in people's well-being and needs. We raised this with the registered manager, who told us that people's relatives or linked health care professionals often phoned to update the staff of significant changes. The registered manager stated they would reinstate a system to contact people and their relatives by telephone before their stay at Wheatridge Court to get an update of their present needs and well-being. They said, "We used to call people ahead of time. We can easily put a system in place to

contact them a week before their time with us."

The registered manager had not received any complaints since our last inspection. We were told that if a complaint was received, it would be dealt with in line with the provider's complaints policy and procedures. We were told that people's daily concerns were addressed immediately. People had the opportunity to raise their concerns direct to staff or management; during the review of their support and also during 'service user meetings'.

Is the service well-led?

Our findings

At our last comprehensive inspection, we found that there were insufficient systems to monitor the quality of the service being delivered. The provider sent us an action plan to tell us how they would monitor the quality and effectiveness of the service. During this inspection, we checked if they had met their legal requirements and found that significant improvements had been made in this area.

The monitoring of the quality and effectiveness of the service had improved. The registered manager had recognised the shortfalls in the documentation to support the monitoring and auditing of the service being provided. They had since implemented several systems to check the service being delivered such as the safety of the home's environment; the staffing of the home and the quality of care. For examples, records showed that documents relating to people's care and the management of their medicines were regularly checked.

Some people required support with the management of their money. We discussed the effectiveness of the systems being used to ensure people were protected from financial abuse with the registered manager. The registered manager agreed that more in-depth checks were required to ensure people's money was being accounted for. We were reassured that a small adjustment in their present monitoring system would address this.

The registered manager had recently distributed a new quality assurance questionnaire to people who stayed at the home. Questions included asking people if they were treated with dignity and involve in making decisions about their care and support. We were told that the completed questionnaires would be analysed and that any concerns highlighted by people would be addressed. An analysis of accidents and incidents were regularly carried out which identified the cause of the incidents.

The registered manager told us their biggest achievement had been to improve the documentation of people's on going care needs and future goals. They said, "I know we deliver good care and support people to move on but we weren't always recording the support we provided. We have improved hugely in our recordings." This was confirmed by staff who told us people's care records were now more detailed and provided them with the guidance they needed to provide the correct levels of support to people. Records of the minutes of staff meetings showed that there had been an emphasis on improved record keeping. This had resulted in information about people's well-being being communicated between staff and recorded to ensure people received care which is consistent.

Since our last inspection, the provider had set up a schedule of regular meetings for all their registered managers to meet and share information, good practices and provide peer support. They had developed an assessment tool based on CQC inspection methodology to enable them to visit and audit each other's services. We were told this system would be implemented in the near future to help to identify good and poor practices. The registered manager said "I'm looking forward to visiting other homes run by Gloucestershire County Council. Hopefully we will pick up on some good ideas and help each other improve."

Staff told us they felt supported by the registered manager and senior staff. They had confidence in the registered manager and told us their concerns would be received openly and dealt with appropriately. One staff member said "We can always go to the manager or our seniors at any time - they are very supportive. I can't fault them." The registered manager ensured that all staff were informed and debriefed of an incident regarding one of the people who was staying in the home and were provided with support as required. The registered manager had also worked with staff and had carried out risk assessments and made reasonable adjustments to ensure the environment was suitable for their own needs.

People and health care professionals spoke positively of the registered manager and all the staff. One person said, "This place is well run. I know I can rely on anyone who works here." One health care professional said, "Wheatridge is well led and looks at service users holistically." Another health care professional told us the registered manager 'kept them in touch with developments about their service users'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People's rights were not always protected as suitable records were not in place to obtain and act in accordance with, the consent of service users in relation to the care and treatment provided for them. Regulation 17 (2)(a).