

Interhaze Limited

Wheatsheaf Court Care 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?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Wheatsheaf Court is a care home providing personal and nursing care to people aged 65 and over. At the time of the inspection 28 were being supported.

The home can accommodate up to 55 people across three floors, two of which had their own communal areas for people to socialise.

People's experience of using this service and what we found

Improvements had been made to the overall environment of the home and the provider had developed systems to oversee the quality and performance of the service. These needed to be embedded and sustained to ensure the service continued to improve and provide a good quality of life for people.

People's meal time experiences continued to need improving. Staff needed to be better deployed to support people who needed assistance at meal times effectively and in a timely way.

People needed to be placed consistently at the heart of the service and the systems and processes to support this needed to be maintained. Work on developing more person-centred care plans needed to be completed to enable and support the staff to deliver care meeting people's desired preferences and needs.

Recruitment of staff and maintaining staffing levels needed to be sustained. Staff needed to have the time outside delivering basic care to spend time with people to support them with their social and emotional needs. Activities needed to be developed further to provide a stimulating environment and meet people's individual needs.

Staff received the training they required and were supported to develop their skills and knowledge. The registered manager needed to ensure that staff consistently put in to practice the training they had around infection control and maintaining people's dignity.

People were cared for by staff who were caring and showed empathy towards them. Relatives could see the improvements that had been made over the last several months and felt their loved ones were cared for safely and their health needs were being met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service this practice. Visitors were welcome at anytime and relatives were confident if they had any concerns these would be listened to and acted upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was Inadequate (published 26 February 2019) and there were multiple breaches of regulation. We placed positive conditions on the provider's registration to provide monthly reports to the Care Quality Commission (CQC) to show what actions the service had taken to address the shortfalls found.

This service has been in Special Measures since February 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. however, they do remain in in breach of one Regulation.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvement. Please see the Effective section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified a continued breach in relation to providing person-centred care at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Wheatsheaf Court Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, an assistant inspector, a specialist advisor, and an expert by experience. A specialist advisor is a person with professional expertise in care and nursing. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wheatsheaf Court is a 'care home.' People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during 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

The first day of the inspection was unannounced. We carried an announced visit on the second day.

What we did before the inspection

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We contacted the health and social care commissioners who monitor the care and support the people receive. We also contacted Healthwatch England, the national consumer champion in health and social care, to identify if they had any information which may support our inspection.

We used all this information to plan our inspection.

During the inspection-

During the inspection process we spoke with six people who lived in the home, four people's relatives and social care professional. We also spoke with 15 members of staff, including care staff, senior care staff, nursing staff, kitchen staff, housekeeping staff, the registered manager, the regional support manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at six records relating to people's care needs and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits and improvement plan, training information for staff and arrangements in place for managing complaints.

We observed support being provided in communal areas of the service and 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.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to take enough action to ensure that the environment was safe for people to live in and they had continued to fail to identify and address serious risks to people's health and well-being. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Environmental risk assessments had been completed which ensured people were not put at unnecessary risk whilst the refurbishment of the home was being undertaken. Areas of the home which were still to be refurbished were marked clearly and people did not have access to specific areas. The provider needed to ensure this continued and the refurbishment completed in a timely way.
- People's care needs had been risk assessed and plans were in place to mitigate the identified risk. We saw that wound management plans were in place and followed. Since the last inspection we saw improvements in one person's wound care. This needed to be sustained and maintained.
- Regular maintenance checks of equipment, including hoists and bathing aids were being undertaken. Fire and health and safety checks were in place which ensured people and staff were safe in the home environment.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency.

Preventing and controlling infection

At our last inspection the provider had failed to take enough action to ensure that the environment in which people were living was well maintained and clean. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

- Improvements had been made to the overall cleanliness of the home, equipment was better maintained. People and relatives told us they felt the home was cleaner. This needed to be sustained and maintained.

- Staff were trained in infection control but were not always following the procedures and guidance in place. People who required a hoist to assist them to move were not always protected from infection. We saw that additional hoist slings used when a person's individual sling was not available was not washed between use and was hung back in a communal area. The registered manager told us they would make sure staff washed any additional slings between each use.
- Staff were provided with personal protective equipment to prevent the spread of infection and there were up to date policies and procedure in place for them to follow. The registered manager needed to ensure all staff were consistently following the procedures.

Staffing and recruitment

At our last inspection the provider had failed to recruit enough staff to meet people's needs in a timely way and provide the level of cleanliness required in the home. This was a breach of Regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- More cleaning staff were employed and were better deployed to maintain the cleanliness of the building. Cleaning staff told us there were more of them which ensured they had sufficient time to keep the home clean. This needed to be maintained.
- Care staff had been recruited and at the time of the inspection there were no staff vacancies. There was still a reliance on using staff from a staffing agency to cover staff absences, however, the registered manager had tried to ensure they used the same staff from the agency who had got to know people. Ensuring there were enough staff with sufficient time to meet people's social and emotional needs as well as physical needs remained an area for improvement. The registered manager and provider were committed to improving the deployment of staff throughout the home.
- People were protected against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff had been checked for any criminal convictions and references had been obtained before they started to work at Wheatsheaf Court.

Using medicines safely

- People received their medicines safely. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.
- Medicines were administered by staff that were trained and people were happy they received their medicine when needed.
- There was detailed information for staff to follow for when people were prescribed medicines to take 'as and when required' and staff followed protocols if people had medicines given in their food.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home. One person said, "I can't put my finger on it, but I don't feel unsafe." A relative said, "[Name of loved one] is safe, you can tell they feel safe too, they [staff] keep coming over to them to check on them."
- Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures and guidance in place for them to follow. One member of staff said, "If I saw anything [concerning] I would report it."
- The registered manager understood their responsibilities to keep people safe and since the last inspection had raised concerns with the local authority and notified the Care Quality Commission as required.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed. Appropriate action was taken as required and staff were kept informed through meetings and supervisions.
- The provider had a system in place to share incidents that occurred in the provider's other homes and changes made which could benefit everyone. For example, a new do not attempt resuscitation document (DNAR) was in place following an incident in another of the provider's homes.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to provide the individual support people needed to eat their meals. This was a breach of Regulation 9 (1) (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 9.

- People who needed support with their meals were left waiting as staff were stretched. Staff failed to notice people who were unable to reach the meals they had been given.
- Meal times were chaotic with meals being served from one area and staff having to take meals to people all over the home and unable to do this in a timely manner. There was no social interaction with people at the dinner table.

People were not getting the individual support they needed at meal times. This was a continued breach of Regulation 9 (1) (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were given a choice of meals and people and relatives said the food was generally good and hot enough. People with specific dietary requirements got their food in a way that met their needs.
- People's weight was monitored regularly, and action taken if people were found to have lost weight. A dietitian was involved when necessary and staff made sure people had access to drinks and snacks throughout the day. People's food was fortified when required.

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

- People's rooms had been refurbished and access to the courtyard area had been improved. However, the provider had yet to ensure the environment was more dementia-friendly to assist people to be independent and help orientate people around the building. We spoke with the registered manager about this who informed us they were seeking advice about this.

Staff support: induction, training, skills and experience

- Training was refreshed so that staff were kept up to date. However, the registered manager needed to

ensure that staff consistently followed the training they had been given. One person told us, "Not all staff always know what they are doing, I have to put them right on things, but overall I think I know what they are doing." We spoke to a training professional visiting at the time of the inspection. They were observing some staff who were undertaking a national vocational qualification, they commented that so far staff seemed receptive to the training.

- New staff completed a comprehensive induction and initially worked alongside experienced members of staff, to allow time to get to know people using the service. One member of staff said, "My induction was good, it was nice to sit and learn all the details I needed and then be guided by staff, it's useful to learn when you are doing things. I was not allowed to do any manual handling until I had completed the training."
- Staff were supported through daily handovers and individual supervisions. This gave them the opportunity to raise concerns, share their knowledge and discuss their development needs. One staff member said, "I have supervision every six to eight weeks, more if I need anything. The seniors and registered manager will deal with any issues I may have."

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

- People's needs were assessed and their choices as to how they wished their care to be delivered discussed prior to coming to live at Wheatsheaf Court. Relatives told us they were involved in their relative's care and were happy with the level of communication they had with staff.
- Care plans detailed people's care needs and support plans were in place which gave basic guidance to staff how to meet people's clinical needs. The plans were in the process of being changed to provide more personalised information about people and to provide staff with more detailed guidance as to how to provide the level of care required to improve and maintain people's health.

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

- People were supported to access various health professionals such as a GP, district nurse, chiropodist and dietitian. Records confirmed health professionals had visited and staff followed the guidance they had given. One person told us, "The GP came to see me about my medicines recently."
- Health and social care professionals visited the home regularly and told us they were keen to get things right for people to give them the best possible outcomes. One relative commented how well their relative was and felt the staff were attentive to this person's health needs.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the service was working within the principles of the MCA and authorisations had been sought when required.

- People's consent was gained before any care activity took place.
- Best interest decisions were documented, and we saw that relatives and professionals had been consulted. For one person, who had no family, the registered manager had consulted with the social worker and involved them in decisions about the person's care.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to respect and protect people's dignity. This was a breach of Regulation 10 (1) (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

- People's dignity was generally respected by staff, doors were kept closed when people were in the bathroom or their rooms when personal care was undertaken. However, staff had failed to recognise that leaving people wearing a protective apron after people had finished eating did not respect their dignity. When this was pointed out staff removed the aprons and ensured people's dignity was maintained.
- People were able to come and go if they were able and relatives were welcome at any time. Relatives told us they always felt welcome at the home and people said family and friends could visit anytime.

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

- People looked cared for and we saw people were offered and supported with showers and baths on a regular basis. Relatives commented they felt the staff were caring and one person said, "The staff are mostly good, but they don't have much time to chat with you as they are always so busy." In our observations staff spent very little time interacting with people outside of supporting them with their care needs. The registered manager needed to ensure staff had the time to spend with people to support their social and emotional needs.
- Staff respected people as individuals and we saw some staff had developed a good knowledge of people. One member of staff said, "The residents become your family." This needed to be built on so that all staff could develop meaningful and caring relationships with people.

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

- People told us they were involved with their care. One person said, "The staff seem to be more alert to what you want, instead of what they want." We observed people's experience differed, those people who could express their views were asked before any care was given, however, for people not able to express themselves, staff did not always take the time to find out what people wanted. For example, at lunchtime one person was left with food on a table which was almost out of their reach, a member of staff walked up

and without asking the person pushed their chair nearer.

- The registered manager was aware of the need to involve an advocate if someone had difficulties in speaking up for themselves and had no family to represent them. There was no one at the time of the inspection being supported by an advocate. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans needed improvement to make them person-centred. Although there was basic information about people and support plans to meet their clinical needs, care plans lacked detailed information to provide a clear picture of individuals and their specific like, dislikes, preferences and history. This would help staff, particularly new staff, to develop more meaningful relationships with people and have a better understanding as to how best to support people.
- People had formed positive relationship with staff and those staff who had worked at the home for several years knew people well. However, new staff would benefit from having more information about the people they are supporting, particularly those people living with dementia who may not be able to express themselves.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and basic details as to how to communicate with people was recorded in their care plans. We saw a whiteboard being used with one person who had a hearing problem, this enabled the person to respond and express their wishes. However, not all staff demonstrated their knowledge and understanding of the person's communication need, for example staff spoke to the person when standing behind them, they had failed to recognise the need to face the person when speaking to them.
- The registered manager told us if people needed information in any other format they would accommodate this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's views about activities were mixed, some felt there were not enough and other people told us they were not activities they wanted to do. Relatives told us they felt some of the activities involving exercise were good. The registered manager told us they were reviewing the activities to ensure they met people's individual needs.
- We observed periods of time throughout the day where there was little stimulation for people and staff did not always utilise the time they did have to socially interact with people. There was an activities co-ordinator who organised people playing a ball game, flower arranging and a film show. Relatives and friends were

encouraged to join in with activities with their family member. One staff member said, "We do take people out to the local shops when we can."

Improving care quality in response to complaints or concerns

- People knew who to complain to if they were unhappy. Relatives told us they would speak to the registered manager if they had any concerns and were confident that any concerns would be taken seriously and addressed.
- There was a complaints procedure in place and people had access to information about making a complaint. The provider looked for any trends in complaints and took the appropriate action to address any concerns raised. There had been no complaints since our last inspection.

End of life care and support

- People were supported at the end of their lives. The service liaised closely with palliative care nurses and sought advice and support from a local hospice to ensure they provided the best and most appropriate support to people at the end of their lives. End of life care plans could be developed further to include more information about people's preferences and choices.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to have effective governance systems in place to monitor the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The quality assurance systems in place needed to be embedded and sustained for us to fully assess their effectiveness. Audits were in place and where shortfalls had been picked up these had been addressed.
- Infection control practices needed to be consistently applied and staff needed to demonstrate their understanding of infection control.
- The provider needed to develop the organisations approach to meeting the Accessible Information Standard to ensure people's communication needs were fully understood and being met.
- The registered manager notified the Care Quality Commission (CQC) of events they were required to by law and displayed the previous rating as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's clinical needs were met and we saw staff supported people to achieve good outcomes for people. Health professionals had gained confidence in the abilities of the staff team to provide the level of care people required. However, where people required more support with their social and emotional well-being, there needed to be a more person-centred approach. Staff needed to be more knowledgeable about people to enable them to engage with them in a meaningful way. For example, when a person became unsettled, if staff had a better understanding of them they would have a better idea of how to reassure and/or distract them.
- Relative's feedback was positive, describing staff as caring and supportive. They told us they had seen improvements in the home over the last several months and felt able to speak openly with the registered manager. Staff also commented the environment was better and they could talk to any of the management team if they felt the need to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were asked to complete yearly surveys about their experience of living and working at Wheatsheaf Court. The provider and registered manager collated the information and used the information to make improvements. We saw that from a recent survey a relative had acknowledged the improvements in the overall environment of the home. The registered manager said they would look at areas of concern, such as people being supported at meal times, once the survey had been fully collated and analysed.
- Relatives met regularly, and we saw from the minutes of the meeting the registered manager had kept people up to date with the actions taken from the last inspection. Staff meetings also took place and daily handovers and communication with staff provided them with the opportunity to share good practice and keep up to date with what was happening in the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest when things went wrong, they informed the relevant people and families and external agencies. Staff were expected to read and sign the daily communication book to ensure they were updated on what was happening at the home.
- People, relatives and staff spoke positively about the registered manager. The staff felt confident that things were addressed when needed. One member of staff said, "The registered manager acts on what you say, and things have improved here."

Continuous learning and improving care; Working in partnership with others

- In addition to the training all staff undertook as part of their induction, and refreshed regularly, the provider and registered manager looked at other ways to ensure staff were well informed and encouraged to improve care. Staff had been advised to download the NHS Safeguarding app to their phones and attend specialist training such as training in sepsis awareness and dementia.
- The registered manager liaised closely with social care commissioners and local community health professionals to ensure the service developed and people remained safe.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure that people who required support at meal times were effectively supported in a timely way.