

Interhaze Limited

Wheatsheaf Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Wheatsheaf Court Care Home is a care home providing personal and nursing care to up to 55 people. The service provides support to people with nursing needs, mental health needs and people living with dementia. At the time of our inspection there were 40 people using the service. The home supports people over 3 floors.

People's experience of the service and what we found:

People did not always receive person centred care that considered their individual needs. The support provided to people at mealtimes continued to need improvement. Staff did not support people with their meals in a person centred and timely manner. Governance systems in place were not effective in identifying and taking timely actions.

People were protected from the risk of harm. Staff knew how to identify possible signs of abuse and how to escalate concerns. People received their medicines as prescribed. There were enough staff to support people safely and respond to their needs. Staff had been safely recruited. Where things went wrong action was taken to reduce the risk of reoccurrence and learn for the future.

People's needs had been assessed and care plans contained details of their wishes and preferences. Staff knew people's needs and understood their likes and dislikes. Staff had received training, however, staff did not always support people in a person centred way. Staff felt supported by the management team. People's health needs were managed with the support of external agencies.

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 supported this practice.

There were a variety of systems in place to monitor and assess the care provided. Where areas for action were identified during the inspection, the provider took immediate action. There was a positive culture and a commitment to continuous learning and improvement. Most areas of concern identified in the previous inspection had been addressed.

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 Requires Improvement (published 7 May 2023) and there was a breach of regulations. At this inspection we found the provider remained in breach of regulations. The service remains requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

When we last inspected Wheatsheaf Court Care Home on 7 May 2023 breaches of legal requirements were found. This inspection was undertaken to check whether they were now meeting the legal requirements.

Enforcement

We have identified breaches in relation to person centred care and good governance and leadership at this inspection. You can see what action we have asked the provider to take at the end of this full report.

Follow Up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 1 inspector, 2 Experts by Experience and a specialist nurse advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Wheatsheaf Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wheatsheaf Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 9 people who used the service and 16 relatives about their experience of the care provided. A health and social care professional also shared their feedback with us. We also spoke with 8 staff members including care staff and nursing staff. We also spoke with the registered manager, activities coordinator and the area support manager. We reviewed a range of records, these included people's care records, medicines administration records and governance and quality assurance records. We also looked at 4 staff recruitment files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm; Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure people were protected from the risk of harm. Action had not been taken to mitigate risks to people and medicines were not safely managed. This was a breach of regulation 12(1) 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.

- People were safeguarded from abuse and avoidable harm.
- People were protected from risks as these had been assessed and staff had care plans to follow to mitigate known risks. People's known health conditions had been safely managed. For example, diabetes management. One relative told us, "Staff are brilliant, they pick up on things."
- Environmental risks had been managed and regular health and safety checks were in place. The provider responded promptly to a concern identified on the inspection and this was resolved.
- People were protected from harm and abuse as staff received training in safeguarding. Staff understood how to recognise and report any concerns to the registered manager, provider and relevant professionals.
- People received their medicines as prescribed. Staff received training in medicines management and their competencies had been checked.
- Each person's medicine records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.

Staffing and recruitment

- There were enough staff to keep people safe. People, relatives, and staff felt there were enough staff available to meet people's needs. On relative told us, "Whenever I go and see [relative] there are always enough staff, and I visit different times throughout the day and evening. "On the day of our inspection there were enough staff to support people at the service. We also reviewed a sample of the provider's rotas, and established there were enough staff on each shift to meet people's needs.
- The manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. Our observations showed us that people were supported by enough staff. This included when people needed support or reassurance or wanted to participate in an activity.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This included employment and character references and disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This all ensured staff were of good character and were fit to carry out their work.

Preventing and controlling infection

- The service was clean and well-maintained. People and relatives commented positively about cleanliness. The management team and staff carried out regular checks to ensure the cleaning schedule for the home was effective. On relative told us, "The home is always clean and tidy; it never smells when I walk in."
- The provider was admitting people safely to the service, and staff used personal protective equipment effectively and had received training on this.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider had systems and processes to monitor and assess accidents and incidents to look for trends or patterns. This had helped the provider to reduce incidents and make improvements to the care delivered to people. Staff recognised and raised concerns and incidents and reported them appropriately. The provider and management team used this information to get a clear picture of the quality of care and carried out investigations to establish what went wrong.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. 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 3 inspections the provider had failed to provide the individual support people needed to eat their meals. This was a breach of regulation 9(1) 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 did not receive personalised support at mealtimes that met their social and nutritional needs.
- During an observation of the mealtime service we saw the lunch service was chaotic, people did not receive individualised support and their dignity was not protected.
- Staff did not always engage with people while supporting them to eat and left people they were supporting to assist other staff or people. For example, one staff member was supporting a person to eat and left them on 8 occasions to serve meals to others or to support other people who required assistance.
- Where it had been identified, people were not provided with adaptive cutlery. We observed people being supported to eat at a pace that did not give people an opportunity to swallow their food safely.

People were not provided with the individual support they needed at mealtimes. This was a continued breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The service did not always make sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff had received training and were assessed as competent to deliver personalised care to people. However, this was not evidenced in the practice we observed on the inspection site visits. For example, a person's dignity was compromised because they were not given a plate guard to ensure their food did not spill over. This person finished the mealtime with food on the floor, their clothes and their hands.
- New staff and agency staff received an induction, however, the staff they were shadowing were not following good practice. One staff member told us, "New staff start off on the wrong foot because they are not shadowing staff who deliver care how it should be."

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes. These helped ensure staff could meet people's needs and the environment was

suitable.

- People's needs and choices were assessed in line with current legislation and guidance. This helped to prevent discrimination and followed best practice guidance to reduce risks associated with their personal care. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of falls, skin breakdown or dehydration and malnutrition.
- Assessment of people's needs, including in relation to protected characteristics under the Equality Act 2010 were considered in people's admission assessments and care plans. Assessments were detailed and included the support people needed with mobility, personal care, communication, mental and physical health and relationships that were important to them.
- Assessments had been completed with people and, where appropriate, their relatives, prior to moving to Wheatsheaf Court. One relative told us, "When [person] first went in to the home I completed a big form all about [person's] history; the staff use this to talk to [person] and ask them about relatives that visit."

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People were supported by staff to access healthcare services when required. People told us they were able to see their doctor, dentist, or optician whenever they needed to. Records we looked at confirmed this. One relative told us, "Staff called the GP for [person] because they were concerned, they contacted me to update me on what the doctor said."
- Staff were familiar with people's health needs, as detailed in care records. Care plans stated what people's needs were and had clear guidance for staff to help people maintain their health, including daily oral care.
- Staff shared information with each other during the day about people's daily personal care. Staff also kept notes regarding health concerns for people and action taken. This enabled staff to monitor people's health and ensure they accessed health and social care services when required. These care notes were regularly reviewed by management to check that people were being seen by appropriate professionals in a timely way.

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

- We received mixed feedback from people's relative's about the decoration of the home. Some people told us they thought the home looked nice; others however thought the home could do with a refurbishment.
- People's individual needs were met by the adaption, design and decoration of the premises.
- Wheatsheaf Court Care Home is a grade II listed building which has been adapted to provide accommodation over 3 floors. We observed pleasant communal spaces that were homely and personalised to the people who used that space.
- People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised. There were also adaptations for people with mobility needs. For example, handrails in corridors and bathrooms.

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 Safeguarding (DoLS)

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act.
- People and relatives said staff gained permission before offering day to day personal care. Throughout the inspection, we heard staff ask people for their permission when offering care and support and encouraging people to make their own decisions about their daily lives.
- Staff understood the principles of the MCA and spoke with us about how they supported people to make their own decisions about their daily lives as much as possible. Where people lacked capacity to make specific decisions about their care, staff knew how to ensure care was provided in the least restrictive way possible.
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Conditions associated with people's DoLS authorisations were met and reviewed regularly to ensure they met the principles of the MCA. This included making sure any restrictions in people's care were assessed as being proportionate and lawful.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

At our last inspection the provider had failed to ensure the oversight and governance of the service was effectively managed. This was a breach of regulation 17(1) Good Governance 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 17.

- Systems in place to drive improvement and ensure people received individualised, person centred care were ineffective and people continued to experience poor quality support during mealtimes.
- Processes were in place and monitor the effectiveness of the mealtime experience for people. However, these were ineffective. Where poor quality support was observed the action taken was not sufficient.
- The provider had not ensured people who required adaptations to eat their meals had the correct equipment in place. Plate guards were not used, adaptive cutlery was not in place and some people's meals were cold.
- The provider had not identified new staff were shadowing established care staff who were not following best practice in delivering personalised care and support.

The oversight and governance of the service was not effectively managed. This was a continued breach of regulation 17(1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made since the previous inspection in relation to supervision and medicines management and mental capacity assessments.
- The registered manager and staff team worked alongside other professionals to ensure people's needs were met. This included referring people for support from GP's, speech and language therapists, and dieticians.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The newly registered manager had made improvements to the service. People and relatives said communication from the registered manager was good, they were accessible and listened to people. One person's relative said, "I know I can ask [registered manager] about the care [relative] receives. "
- Regular meetings had been held, for people to share their views and contribute to the running of the service. Minutes of these meetings were available and showed action was taken in response to people's feedback.
- Regular meetings took place for staff. Minutes were available for these meetings.

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 provider understood their responsibilities under the duty of candour.
- The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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
Treatment of disease, disorder or injury	People were not provided with the individual support they needed at mealtimes

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There were insufficient systems in place to assess, monitor and improve the service.