

# Caretech Community Services (No.2) Limited

# Wheatsheaf House

## Inspection report

5 High Street  
Cottenham  
Cambridgeshire  
CB24 8SA

Date of inspection visit:  
09 March 2017

Date of publication:  
06 April 2017

### Ratings

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

# Summary of findings

## Overall summary

Wheatsheaf House is a residential care home registered to provide care to eight people who have a learning disability. Seven people were living at the service on the day of our inspection.

This inspection was undertaken by one inspector on 9 March 2017. At the last inspection on 9 December 2014 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. However, the registered manager was on maternity leave at the time of this inspection. The deputy manager was providing day to day management of the service and a registered manager from one of the organisation's services was also providing management support during the week.

Systems were in place to manage risks to people using the service and to keep them safe. This included safeguarding, eating and drinking, mobility needs and accessing the community.

There was sufficient numbers of staff on duty to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were recruited to work with people using the service.

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have choice and control over their lives as much as possible. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed, so that their care was planned and delivered in a consistent way. The management staff and care staff talked knowledgeably and enthusiastically about the people they supported and knew their care needs well. Staff offered people choices, for example, how they spent their day and what they wanted to eat. These choices were respected.

People experienced a good quality of life because staff received training that gave them the right skills and knowledge to meet their needs. People were supported and assisted with their daily routines, shopping and accessing places of interest in the community.

People received appropriate support to maintain a healthy diet and be able to choose and help prepare their meals. People had access to a range of health care professionals, when they needed them.

Staff were clear about the values of the service in relation to providing people with compassionate care in a dignified and respectful manner. Staff knew what was expected of them and we observed staff putting these

values into practice during our inspection.

The provider had a range of systems in place to assess, monitor and improve the service. People had been consulted about how they wished their care to be delivered and their choices had been respected. People, their relatives and staff were asked for their feedback about the quality of the service provided. Feedback was used to recognise good practice and to drive improvements where shortfalls were identified.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Wheatsheaf House

## 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 checked 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 9 March 2017 and was unannounced. The inspection was carried out by one inspector. We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We spoke with four people who were able to express their views of the service. As everyone was not able to communicate with us due to their complex care and support needs. We spent time observing the care provided by staff to help us understand the experiences of people unable to tell us their views directly. We also contacted healthcare professionals and a contracts monitoring manager from the local authority to obtain their views about the service provided at Wheatsheaf House.

We looked at records in relation to four people's care. We spoke with a registered manager [from another of the organisations services who was providing management support to the service (whilst the registered manager for the service was on maternity leave). We also spoke with the deputy manager, two senior care staff and three care staff. We looked at records relating to the management of risk, medicine administration, staff recruitment and training and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Wheatsheaf House. One person said, "The staff are nice, they help me and I feel safe here". and "I can always speak to staff, which makes me feel safe". Observations we made showed that staff assisted people safely. For example where a person required support to transfer safely from a dining chair to their wheel chair.

Staff demonstrated an awareness of safeguarding procedures and who to inform if they had witnessed or had an allegation of harm reported to them. Notifications received by CQC confirmed the deputy manager had responded appropriately to safeguarding concerns which ensured the safety and welfare of the people involved.

Systems were in place to identify and reduce the risks to people using the service. Staff understood the support people needed to promote their independence whilst minimising risks. For example, where a person potentially had a risk of choking whilst eating this had been highlighted and cross referenced to their care plan. Staff we spoke with demonstrated that they were of this and other potential risks to people including assisting people safely with their mobility.

Staff recruitment files examined confirmed that an effective recruitment and selection process was in place. References had been sought and staff had been subject to a criminal records check before starting work at the service. These checks were carried out by the Disclosure and Barring Service (DBS) and aids employers to prevent unsuitable staff being employed.

People told us that there was enough staff available to meet their needs. One person said, "I can talk to staff when I need to and there is always some to talk to". The staffing levels were kept under continuous review by the deputy manager to ensure people's needs are appropriately met. We saw that there were sufficient numbers of staff available to assist people with their care and support needs. Examples included assisting people when they stayed at home, when going out to an activity and to attend medical appointments.

Systems were in place to manage and administer people's medicines safely. Staff told us and records confirmed that they had received training so that they could safely administer and manage people's prescribed medicines. Following their training we saw that staff's competence to administer medicines had been assessed. Medicine Administration Records showed that medicines had been administered as prescribed. We noted that two staff always checked when medicines were received into the service to verify the amounts being held for people and avoid any potential errors

We saw that regular health and safety checks were completed and that accidents and incidents were recorded. The deputy manager told us that the records were analysed to identify any trends to avoid any further occurrences. There were no current ongoing issues identified. Personal evacuation plans were in place for each person in the event of an emergency

## Is the service effective?

### Our findings

Relatives expressed their confidence in the staff and felt that they knew the needs of their family members well. Staff confirmed the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. This had included training to meet people's specific needs, such as first aid, manual handling, safeguarding and MCA/DOLs.

The deputy manager told us that new members of staff shadowed an experienced member of staff, which had helped them to get to know the needs of the people they supported and cared for. Staff spoken with told us they felt supported by the management team and received regular supervision where they had the opportunity to discuss the support they needed and to discuss their training and development needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). Staff we spoke with showed an understanding of promoting people's rights and independence. We saw that applications for DoLS authorisations had been made to the supervisory body (local authority) and they were awaiting the outcome of these.

People's dietary and food preferences were recorded in care plans. A seven day meal plan was displayed in the kitchen. Meals were varied, included healthy options such as vegetables and a choices of main courses. Staff told us, "We have a meeting with everyone on Sundays to decide on meals for the following week so that people have a chance to choose what they would like." People had access to the kitchen and were supported to make their own snacks and meals.

One person said, "The food is good and we have a choice which is good and I like it." Another person said "I prepare my own breakfast and lunch and the staff help me with my evening meal". We saw that drinks were readily available, both with meals and at other times during the day. People were involved in preparing their packed lunches to take with them whilst they were attending activities outside of the service.

People had access to a range of healthcare services. One person said, "I have seen my doctor today and one of the staff helped me to go to my appointment". Another person said, "My doctor comes to see me here". We saw that there were records in people's care plans detailing appointments that they had attended with a variety of healthcare professionals such as dentists, chiropodists and opticians.

## Is the service caring?

### Our findings

Interaction between staff and people using the service was warm, caring and friendly. Throughout the inspection we saw staff attentively and safely assisting people in a reassuring manner. We saw that where a person was becoming unsettled and needed to be reassured, members of staff responded to them swiftly.

One person showed us that they had received a manicure with a member of staff. Another person said, "I am really happy living here - it's my home and the staff are kind and helpful." Another person said, "They [staff] always help me with what I need and they know me very well".

People told us they were involved in making decisions about their care. One person told us they met regularly with their keyworker to discuss how things were going. [A key worker is a named member of staff who coordinates a person's care and acts as a link with their family and care professionals]. People told us they were involved in making choices about how they spent their day, places they wanted to visit, and what they wanted to eat. One person told us, "I get on with staff okay; I plan my own day and I like to be independent".

Staff knew people's communication needs and the methods they used to express themselves. We saw staff communicating effectively with people to assist them in making choices and decisions about their care. People's requests were promptly dealt with in a caring and affectionate way. For example, reminding people about where they would be going during their day and sitting with people and engaging them in activities and conversation. We also noted that people could choose where they ate their meals. Some people had their meals in the dining room whilst other people preferred to eat in the conservatory. This showed that people's choices and preferences were respected and acted upon by staff.

Staff were clear that their role was to promote independence and encourage people using the service to do as much as they could for themselves. Staff showed interest in the people they supported and we observed that people were at their ease and comfortable with staff. Staff we spoke with demonstrated an enthusiastic and caring approach. One member of staff said, "I love working here – it's like one big family".

We observed that people were treated with dignity and respect and checked with people when preparing to assist them with their personal care. Staff told us people were encouraged to maintain relationships with people who were important to them and were supported to do this. People visited their relatives, or their relatives came to the service. One person told us that they enjoyed their regular visit for a drink in the local village pub



## Is the service responsive?

### Our findings

People told us that they had access to a range of meaningful activities and had good links with the community. One person said, "I especially enjoy going to do my wood work at an arts centre". Another person said, "I help out at the local café in the church and also volunteer at the local hospital café too". We saw that people enjoyed activities at home including table top arts and crafts sessions.

People's needs were assessed, planned and delivered. People's care plans showed they had been involved as much as possible in the planning and reviewing of their care. People's care records contained personalised information about them, such as their day and evening care and support routines, hobbies, interests, food preferences and family/ life history. This detailed information helped inform staff when supporting and assisting people with their personal care and their preferred activities.

We saw that people's care was reviewed to ensure that their support needs were kept up to date. However we saw that some care plans required updating for example a person's activities had changed and this had not been reflected in the plan. The deputy manager told us that they were in the process of updating the care plans and this would be completed in the next few weeks.

The deputy manager also told us that they were implementing a document entitled 'Time to Talk' where keyworkers could discuss and record people's wishes and views as part of their monthly care plan monitoring on an individual basis. The deputy manager said that the 'resident's meetings' had been stressful for some people and that individual sessions may prove to be more successful.

Regular reviews of people's care were taking place with people's care professionals. These meetings reviewed any changes in the person's care and support that were needed. Feedback from care professionals indicated that care was perceived to be generally positive in the home. It was noted that there had been regular discussions regarding how the care of some people could be best met. The deputy manager told us that they were in regular contact with a variety of care professionals. Examples included physiotherapists and occupational therapists that had been arranged to assist with people's particular care needs.

People had access to an easy read/pictorial version of the complaints process which guided them on how to raise concerns. Staff confirmed they were aware of the complaints policy and knew the process to respond to any complaints made. There were no complaints being currently processed. We saw throughout the inspection that people's ongoing queries or concerns were dealt with effectively by the staff. This showed people's concerns were listened to, acted on and a response given.

# Is the service well-led?

## Our findings

A registered manager was in post. 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. However the registered manager was on maternity leave at the time of this inspection. The deputy manager was in day to day management of the service with the support of a registered manager from another of the organisation's care homes.

People and staff told us the deputy manager was approachable and listened to what they had to say. One person told us, "I like the [deputy] manager and staff as they help me a lot". Another person said, "The staff are easy to talk to and are always around to help me".

The deputy manager and staff were dedicated in providing a good service and were enthusiastic about supporting people living at the service. Staff we met described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. The deputy and senior staff worked alongside staff to monitor the service, which helped them to identify what worked well and where improvements were needed. Staff had a clear understanding of the vision and values and were observed treating people with respect and dignity throughout the inspection.

Staff told us the service was well organised and that the management team were approachable and supportive. Staff confirmed staff meetings took place to share information and ideas on how to improve the service and to ensure people's needs were being met. Staff told us they felt able to raise any ideas or issues with the management team and felt that their views were sought about changes to the service. An example included the procurement of a more appropriate minibus to transport people to activities who needed to use a wheel chair.

The management team carried out a regular programme of audits to assess and monitor the quality of the service and identify any shortfalls which needed to be addressed. Examples included medicines, staff training, infection control and financial audits. Where shortfalls were identified, records demonstrated that these were acted upon promptly. Examples included improvements to finance monitoring and checking in medicines to the service.

We saw surveys to obtain feedback from people using the service; their relatives and staff were used. We reviewed the results of these surveys conducted in May 2016. All contained positive feedback about the care provided, the staff and the management team. .