

Richard Whitehouse







Wheathills House

Inspection report

Brun Lane
Kirk Langley
Ashbourne
Derbyshire
DE6 4LU
Tel:01332 824600
Website: www.example.com

Date of inspection visit: 14 May 2015
Date of publication: 12/08/2016

Ratings

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

Overall summary

This inspection took place on 14 May 2015 and was unannounced.

Wheathills House is a care home which provides accommodation and personal care for up to 30 older people in rural Derbyshire. At the time of our inspection there were 29 people using the service which provides accommodation with personal care and assistance.

The service had a registered manager who was also the owner of the home. 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.

At our last inspection in 30 September 2014 found the provider was not meeting two regulations of the Health and Social Care Act 2008 (Regulated Activities) 2010. These were in relation to management of medicines and requirements relating to workers. We issued warning

Summary of findings

notices requiring the provider to make improvements by 31 December 2014. We found the provider had made sufficient improvements with regard to medicines but improvements to recruitment processes had not been made.

Staff recruitment procedures were not robust and did not ensure the correct checks were carried out before staff started working at the service.

Medicines management and procedures had improved and people received their medicine as prescribed.

There were sufficient numbers of staff employed and they were deployed effectively on a day to day basis. Staff told us they had not received any training, supervision and support, and they were unaware of their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff knew how to protect people from the risk of abuse and had a good understanding of people's individual needs

People using the service were very complimentary about the care home and staff. We saw staff were caring, kind

and compassionate and cared for people in a manner that promoted and respected their privacy, dignity and self-esteem. People felt listened to and had their views and choices taken into account

There was a variety of choices available on the menus and people were supported to have food and drinks to meet their dietary needs and personal choices.

People were supported to access other health and social care professionals when required.

Relationships with family and friends were encouraged and people were supported to maintain those contacts.

People were very much involved in the decisions about their care and their care plans provided information on how to assist and support them in meeting their needs. Care plans were in a pre-printed format and were reviewed and updated.

The provider did not have a system in place to assess review and evaluate the quality of service provision.

We found 3 of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of this report.

Summary of findings

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.

The provider had not ensured staff were safely recruited.

There was enough staff to provide the support people needed.

Safe systems were in place to manage medicines.

Requires improvement



Is the service effective?

The service was not always effective.

The provider did not have an effective system in place to ensure staff were trained to meet the needs of the people.

Staff had not received any training from the provider with regards to their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS).

People were supported to eat a varied and nutritious diet. People had timely access to appropriate health care support.

Requires improvement



Is the service caring?

The service was caring.

The staff respected people's wishes and choices and promoted their privacy and dignity.

We observed positive and respectful interactions between the staff and people who used the service.

The staff we spoke with demonstrated that they knew the people they supported well and that they understood their needs.

Relatives were encouraged to visit whenever they wanted.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and reviewed in a timely manner, and they were supported to remain independent.

Care plans were reviewed and contained information to assist staff to care for people.

Care was delivered to meet the needs of each person.

Good



Is the service well-led?

The service was not consistently well-led.

Requires improvement



Summary of findings

We saw no evidence of quality systems being in place for recognising areas for improvement. People shared their experiences of the service directly with the provider for improvements to be made.

The staff were well motivated and felt that their views were listened to and respected.

Wheathills 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 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.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. Prior to our inspection we contacted the

local authority contract and commissioning team and took the information they provided into account as part of our planning for the inspection.

This inspection took place on 14 May 2015 and was unannounced. The inspection team comprised of two inspectors and a specialist advisor. The specialist advisor on this inspection had a background in healthcare and medicines management.

We spoke with ten people who used the service, the registered manager who was also the owner and six members of staff. We also reviewed a range of records about people's care and how the home was managed. This included three people's plans of care, four staff records and medication records.

Is the service safe?

Our findings

At our previous inspection in September 2014 we found the provider did not have suitable recruitment processes in place. We issued a warning notice and asked the provider to take action to improve their recruitment processes and ensure people employed were suitable to support people living at the service. This was an on-going breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that no improvements had been made.

The provider did not have thorough staff recruitment processes in place and therefore had not protected people from the risk of employing staff who may not have been suited to care for them. Since our last inspection, the provider had employed three further members of staff. Staff recruitment files did not contain up to date security and identity checks necessary to ensure the safety of people living at the home. Disclosure and Barring Service (DBS) checks had been carried over from some staffs' previous employments. For example, one staff member's DBS check was dated 2010 and the provider had not taken action to seek a new police check when they had commenced employment with them. The provider had not taken action to seek references or ensure application forms were fully completed before staff started working at the home. Gaps in staff member's employment history had not been explored and information about their conduct in previous employment had not been gathered. Confirmation of staff member's identity had not been sought or checked. We spoke with the provider about these issues and were concerned they did not recognise and understand their obligations in this area. Therefore recruitment procedures had not been established and operated effectively to ensure the safety of people. **This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

At the previous inspection we asked the provider to take action to ensure people were protected against the risks associated with the administration of medicines. This was a breach of Regulation 13 of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2010. During this inspection we found improvements had been made to the management of medicines and this regulation had now been met.

At this inspection we saw medicines were provided in a pre-prepared 'pod' type system which was administered by senior staff who had recently received training. We found people's medicines were ordered, stored and recorded correctly. We saw staff safely administer medicines and saw when people were offered their medicine they were not rushed. People were offered an explanation as to what the medicine was and what it was for. A recent pharmacy inspection reported a marked improvement in medicines management and we were able to confirm this. People received their medicines as prescribed and effective systems were now in place to ensure medicines were safely managed.

People told us that they felt safe with the care provided. One person said, "Of course I am safe, I wouldn't be here if I wasn't." Another person told us, "I have no complaints. I get everything I need." One visitor told us they had, "No reason to believe people were not safe at the home." They went on to say that they were always made to feel welcome and had never had any cause for complaint.

Staff told us they were aware of their responsibilities regarding keeping people safe. They were able to say what constituted abuse and what their duty of care was. They knew who to contact should the need arise and were clear they would do so should they be concerned about a person. All the staff we spoke with told us the people at the home were well cared for and were kept safe and free from harm. People were protected from the risk of abuse because staff recognised their responsibilities to safeguard people.

People told us the staff were always helpful and on hand when they required assistance. People and their relatives told us the staff were very supportive and there were enough to meet their needs. Staff told us there were sufficient staff each day to meet the needs of the people. We saw staff were available and responding to people's calls for assistance in a prompt and timely manner. For example, we saw and heard call bells being answered promptly. There were sufficient staff available to meet the needs of people living in the home.

Is the service safe?

We looked at people's care records and saw they were reviewed periodically. We found they recognised potential risks to people's health and well-being. The records included such assessments as how to assist people to move safely, nutritional screening and pre-admission assessment. This information gave staff a guide as to how best assist and support each individual as well as how to provide care in a safe and supportive manner

Staff we spoke with were familiar with the needs of the people at the service. The familiarity of people's wishes and preferences meant people felt confident their needs would be met. The provider told us as people's care needs increase, the staff would ensure a referral was made to the appropriate health and social care professionals for re-assessment.

Is the service effective?

Our findings

People told us they were satisfied with the care and support the staff provided. One person told us, “The staff are excellent; we want for nothing.” Another person told us, “If you’ve got to be in a home, you couldn’t better it.” And went on to say they were well looked after and all their needs were met by the staff.

People told us the staff team asked them before providing care and support and then acted in accordance with their wishes. Our observations confirmed this. For example, we saw people being asked if they wanted assistance with personal care or moving around the home.

Staff told us they had not received an induction when they commenced their employment. We asked the provider for staff files and were unable to find any evidence that staff supervision and appraisals were taking place. Staff confirmed to us they did not receive supervision or appraisal from their respective line managers or the provider. This meant the staff were not being supported and monitored to provide effective care to people.

At the time of our inspection staff we spoke with told us they had not attended or been provided any training arranged by the provider. Staff told us when commencing their employment they informed the provider of any training they had previously attended. Staff felt they had not been provided with sufficient training and the provider had relied on their training from their previous employers. We asked to see staff records in relation to training. We were not shown staff training records at the time of the inspection. We later received a scanned copy of proposed training however at the time of inspection we were unable to ascertain the usefulness and effectiveness of the training and any learning it. This showed us the provider could not assure us that staff had the relevant knowledge or skills to meet people’s needs. **This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Records showed that people had been asked for their consent but only in relation to allow staff to speak with their GP directly and on their behalf. We could not be assured that staff understood their obligations in respect of the Mental Capacity Act 2005 (MCA). The MCA is a law that provides a system of assessment and decision making to protect people who do not have capacity to make the

decisions themselves. Staff we spoke with were unable to explain their role and responsibilities with regard to the MCA. They told us the provider had not provided any training on how to care for people who did not have the mental capacity to make and understand decisions in relation to their care.

At the time of the inspection we were told by the provider that no-one using the service was deprived of their liberty. We were able to confirm this in our discussion with people, as people we spoke with had all made the decision to move to the service. Deprivation of Liberty Safeguards (DoLS) are legal protections which require assessment and authorisation at a time when a person lacks mental capacity and needs to have their freedom and liberty restricted to keep them safe and free from potential harm. Staff we spoke with had little understanding of the circumstances which may require them to make an application to deprive a person of their liberty and were not familiar with the process involved.

We recommend the service finds out more about training for staff on The Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and on current best practice.

People told us they were included in menu planning and we saw varied food choices were available at mealtimes. Many people chose to eat their breakfast in their bedrooms and we saw this was delivered to them on a tray and at a time they had requested. One person told us they always ate a late breakfast in their bedroom as they preferred a calm morning routine. We saw that lunchtime was a relaxed and social occasion where people’s needs and choices were respected. People were offered a choice of drink, which included wine, to accompany their chosen meal. Staff served different types and consistencies of meals to people that suited personal choices along with specific dietary and professional requirements. This meant that people were supported and encouraged to eat a healthy and balanced diet that was suitable for their individual needs and personal tastes.

People told us said they had access to GP’s and other health care professionals when they needed. The provider told us they had developed good links with their local GP practice and demonstrated that people were supported to maintain good health and had access to and received

Is the service effective?

on-going support from healthcare professionals. One visiting professional told us they were very happy with the care people received and they would happily recommend the service to others.

The provider told us people were offered regular health checks and we could see from care records these had taken place. During the inspection a number of health care professionals visited at the request of the staff due to them recognising changes to an individual's condition. Staff monitored people's health and well-being and took action when required.

A social care professional told us they thought the service was not always able to meet change's to people's needs. We discussed this with the provider and they told us they recognised the limits of their service and understood they were not a specialist service. The provider told us when the service could no longer meet a person's needs they make the appropriate referrals for re-assessment and did all they could to ensure a smooth transition to a new provider.

Is the service caring?

Our findings

People we spoke with told us the staff were kind, and treated them with respect. One person said the staff, “Are so very kind they look after us oldies in such a gentle way.” Another said “They work so hard to care for us and most of us really appreciate it.”

All the staff we observed were caring and good relationships between staff and people were seen. The staff showed kindness and compassion and showed patience when caring for people. For example, when staff supported people with their medicines, they were patient and gave people the time to understand what they needed to do.

We saw people’s dignity was promoted and staff gave people time to speak and to respond to questions in their own time. We observed staff assisting people to walk and saw the staff allowed the person to set the pace and assistance was provided in a dignified manner. Staff recognised what was important to people and used this knowledge to have positive conversations with people. For example, a staff member noticed someone wearing a new item of clothing and complimented them on this. They had recognised that taking pride in their appearance was important for this individual.

Staff knew the people well and they were able to tell us how they met their individual needs. People had choices in how they spent their time. For example, people chose when they got up, how to spend their time and whether they wanted their meals in their bedroom.

People’s bedrooms were respected as their own space and some had furniture that the person had brought in themselves. Staff respected people’s right to privacy and did not enter bedrooms until they had knocked on the doors, introduced themselves and were invited in.

We saw staff assisting people in a safe and compassionate manner that protected the person from injury, whilst being aware of and promoting independence. We observed interactions that were thoughtful and gentle. We saw that staff ensured people were not rushed and the pace of the home was very much centred on each individual. Staff always made sure they understood what the person wanted to say and people were listened to.

Some people liked to assist the staff and their appreciation was shown. For example, one person liked to tidy up and clear away coffee cups. The staff acknowledged this and they were heard to thank the person for their help. Another person liked to help and look after one of the other people’s welfare. Again staff showed their appreciation. Staff provided care in a thoughtful and compassionate manner.

Is the service responsive?

Our findings

People told us they were involved with their care and were encouraged to make decisions relating to their care. People told us they had been fully involved with choosing and moving into the service. One person told us, "I am looked after very well." And, "I get everything I need." Visitors to the home were positive about the care of their relative or friend. One visitor told us, "It's the nicest home I've ever been in." And they "Never had any cause for complaint." They told us they would have no reservation in recommending the home to others.

We saw people being encouraged to remain as independent as possible. For example, people were encouraged to use a kitchenette to make their own drinks should they choose. This meant had the opportunity to have some choice and independence in their lives.

One health professional told us they felt the provider could have taken steps to give people the opportunity to be more independent in the management of their condition. An example given was the opportunity for people to self-administer their own medicines and not to be reliant on staff. People we spoke with did not express a wish to administer their own medicines and told us they were happy for staff to administer it. We could see from the recent pharmacy inspection that this had been raised with the provider. The provider felt it was safer for people that staff continue to administer medicines so can ensure there are no forgotten or missed doses. However, the provider is happy for people to manage their own inhalers and creams.

Each person had a care plan which contained personal information about them. The care plan included individual needs and preferences along with what was important to the person. The service also used handover diary's which were completed during each shift and provided a quicker reference tool for staff. Records contained essential and

up-to-date information on each person. The information from the diaries was then transferred into the care plans at a later date to ensure continuity and evaluation of people's health and needs.

Records showed that staff responded appropriately to changes in people's needs. For example, staff recognised changes in a person's presentation and condition and had made referrals to health and social care professionals.

Relationships with family and friends were encouraged. Visiting friends and relatives to the home were welcomed and not restricted to any specific visiting times. We saw visitors coming and going throughout the day. Visitors told us they were always made welcome and staff were always helpful. One visitor told us the home was, "The nicest they had been in." They said they were always made welcome when they visited and they, "Never had cause to complain."

The provider employed an activity organiser. One person told us they were, "Excellent." People chose whether or not they participated in the activity sessions. We saw a quiz provided by the activity organiser was well attended and received by the people. We saw there were two-way and inclusive discussions with the people who attended. The quiz was topical and people were clearly interested and stimulated by it. We heard people comment on how much they had enjoyed themselves. This meant that people were valued and included.

There were systems in place to ensure people were able to shop for any personal items. For example one person told us they, "Really didn't want for anything, but if I do I order from a magazine as I did before." The provider told us they would try and accommodate any special requests made by people. During the inspection we noticed a collection of daily newspapers that had been delivered. Each newspaper had a name written on them and was given to the identified person. This simple action was a demonstration of the way the home responded to the choices and preferences of each person.

Is the service well-led?

Our findings

We spoke with the provider about how they assessed, monitored, evaluated and improved the service they provided. The provider told us they monitored the quality of the service in an ad-hoc way and felt it was reasonable to respond to issues as they arose. We found there was no formal quality monitoring systems in place to assess the quality of the experience of the people. We found there to be a lack of training, support and supervision of the staff and this had not been recognised by the provider.

Although incident and accident forms had been completed at the home and were available for us to look at as part of our inspection there was no consistent systems in place to mitigate risks in relation to the health, safety and welfare of people.

We asked the provider how they gathered feedback from people for the purpose of continually evaluating and improving the service. We were told there was no formal process in place. One professional told us they felt there were not enough system checks in place, such as the monitoring of the care and service being provided.

There had been no consistent management oversight from the provider and we saw no evidence to suggest any analysis had been undertaken to improve the home or protect people from potential hazards or risks. For example, there was no analysis of falls to identify any patterns and potential causes in order to reduce the risk of similar incidents from occurring again. This meant there was a potential increased risk of accidental injury due a lack thorough evaluation.

The provider was unable to demonstrate to us how they audited their service and how they identified where or if any improvements were needed. The lack of quality auditing and monitoring meant there was no way of ensuring the service was fit for purpose.

People were therefore at risk of potentially unsafe care due to the lack of thorough monitoring and evaluation of care and services provided.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with clearly knew who the provider was and told us they were confident that if they raised a concern or complaint the provider would take prompt action to rectify it. One person told us the provider, “Makes sure we get what we need.” A visitor told us, “The home always seems to be run well.” All the staff we spoke with were positive about their role and working at the home. Staff felt able to express their views and one staff member told us, “It’s the best place I’ve ever worked.” They went on to say, “We work well as a team. X [The provider] just lets us get on with things.” The provider told us, “Residents are a good barometer of what the home is like and they will tell me if they think something isn’t right.”

Professionals told us they often found communication with the provider difficult. We were told by a professional they felt the provider had a relaxed attitude towards the management of the home.

Another professional told us they thought the leadership of the home could be improved. They said they had previously made a number of suggestions to the provider, but felt they were not positively received. This meant professional relationships were difficult.

Policies and procedures had not been reviewed since 2004 and 2005. The lack of updated policies and procedures meant changes in law and legislation had not been accounted for and implemented in day-to-day practice. For example the changes to Health and Social Care Act (2014), the implementation of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2009) had not been recognised. The provider accepted they needed to improve their management systems and told us they were going to look for support from external organisations.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to assess, monitor and evaluate the quality of services and mitigate risks relating to health and safety.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not ensure staff received the appropriate support, training and supervision.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment procedures had not been established and operated effectively to ensure the safety of people.

The enforcement action we took:

We issued a notice of decision to prevent any new admissions to the service until satisfactory recruitment procedures were carried out.