

Condover College Limited

The Wheatlands

Inspection report

77 The Wheatlands
Baschurch
Shrewsbury
Shropshire
SY4 2DW

Tel: 01743872250

Date of inspection visit:
03 January 2019

Date of publication:
24 January 2019

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

About the service:

The Wheatlands provides accommodation with personal care for up to nine younger people who have a physical disability, a learning disability, a sensory impairment or autistic spectrum disorder. The home is set out over two floors across two houses that are joined. At the time of our inspection there were nine people using the service.

People's experience of using this service:

People who used the service were supported in a safe way by kind and compassionate staff who knew people well. Staff were suitably trained and promoted choice and independence for people.

Staff provided care and support that was personalised and tailored to meet individual needs. People's care records were completed and reviewed in conjunction with people and their relatives and people had access to healthcare as and when they needed it.

The service had systems in place to ensure the service was effectively run and that risks to people were reduced. There were mechanisms in place to collate feedback from people and their relatives and this was used to drive improvement. The management team were passionate about living the values of the service.

The service met the characteristics of Good in all areas: more information is available in the full report below.

Rating at last inspection: Good (report published 5 July 2016)

Why we inspected: This was a planned inspection based on the date and the rating of the last inspection. The rating continues to be good overall.

Follow up: We will continue to monitor the service through the information we receive.

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

The Wheatlands

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection took place on 3 January 2019 and was carried out by one inspector.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Service and service type:

The Wheatlands 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 inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service. We looked at the Provider

Information Return (PIR). This is information we ask the provider to send to us at least annually to give us key information about the service such as what it does well and any improvements they plan to make. We also reviewed other information we held about the service. This included notifications about events that happened at the service, which the provider is required to send to us by law such as serious injuries, safeguarding's and deaths.

As part of the inspection process we observed the care and support that people received in the communal areas. We spoke to two relatives, two members of staff, the registered manager, the head of care and support and the quality assurance coordinator.

We looked at two care records and viewed records that related to the management and running of the service such as audits and training records. We looked at how medicines were stored, managed and administered.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse, systems and processes

- Staff understood their responsibilities in relation to protecting people from harm and/or abuse. Staff had received safeguarding training and records we saw evidenced this.
- A relative told us, "We have no concerns over safety at all." Another relative said, "I know [person's name] feels safe, they would let us know if they didn't."

Assessing risk, safety monitoring and management

- Risks assessments were completed and reviewed regularly and these were used by staff to support people to reduce the risk of avoidable harm.
- Staff knew people well and told us the actions they took to keep people safe.
- A relative said, "Staff identify the triggers that may contribute to [person's name] displaying behaviours that may be challenging and this avoids potential situations occurring."

Staffing levels

- There were enough staff to meet people's needs.
- The service was in the process of recruiting new staff and we observed newly inducted staff on duty.
- There were systems in place to ensure the recruitment process was safe and people who used the service were involved in the recruitment process.

Using medicines safely

- People received their medicines on time and in a safe way.
- We observed staff administering medication to people. Staff explained to people what the medication was so that people had some understanding of what they were being given.
- Medication was administered in line with policy and procedure. The correct protocols were in place for medicines that were required 'as needed' and we observed these protocols being followed.

Preventing and controlling infection

- Staff told us how they reduced the risk of the spread of infection. One staff member said, "We use Personal Protective Equipment (PPE). We wash our hands and ensure that waste is disposed in the correct way and taken out to the correct bin outside as soon as possible." We observed staff following the infection control

policy during our inspection.

Learning lessons when things go wrong

- The registered manager told us, "If things aren't going right, we find out why and we act upon it." The registered manager kept records of accidents and incidents and analysed any themes or trends to try to reduce the risk of the incident happening again.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Relatives we spoke with told us that they were part of a pre- assessment process that took place before their relatives started using the service.
- Assessments were regularly updated and when people's needs changed, this was documented in people's care plans.
- Staff told us they used the care plans to guide them to provide effective care and support for people.

Staff skills, knowledge and experience

- People were supported by suitably skilled staff.
- One staff member told us, "The training here is really good. They do workshops which are really useful to refresh your memory on things if ever you need it."
- The registered manager kept a record of staff training requirements which meant that they could be confident staff were up-to-date with relevant and necessary training.

Supporting people to eat and drink enough with choice in a balanced diet

- People had their nutritional needs met. Where people required additional support with their dietary requirements, this was provided in line with their care plan and risk assessments.
- People received choice and were encouraged to take part in meal planning and with meal preparation. We saw weekly menus that had been completed by some people living at the service. This evidenced that people were consulted and engaged in with meal time planning.
- Nutritional and dietary specialists were involved in people's care and support where necessary.

Staff providing consistent, effective, timely care within and across organisations

- The service used in-house professionals such as Speech and Language Therapists (SALT) and worked well with other relevant professionals such as social workers as and when required to ensure people received effective care and support.
- Staff were required to attend a handover meeting prior to commencing their duties so that relevant and important information could be shared amongst staff. This meant that people received care that was consistent.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare as required.
- A relative told us, "[person's name] has regular hospital appointments that they always attend. If we are unable to attend with them, we get an update straight after." Another relative said, "[person's name] has regular contact with medical professionals when needed."
- People had individual personal planning books that took into consideration healthcare 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 with appropriate legal authority. 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.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.

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

- People were encouraged to personalise their rooms with their own possessions to encourage a sense of belonging and to create a homely environment.
- One of the communal lounges had recently undergone some refurbishment for the development of a sensory area. During the inspection we observed one person sitting in the sensory area and they appeared calm and relaxed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- The relatives we spoke with told us that they felt their family members were happy living at The Wheatlands.
- One relative said, "Everyone is working towards the same goal which is to make [person's name] happy."
- We observed caring and positive interactions between people and staff. For example, we observed one person become very vocal and was shouting out. A member of staff immediately acknowledged this and went and sat by the person, held their hand and began talking to the person in a calm and quiet manner. The person responded by stroking the staff member's hand and appeared reassured by their presence.

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

- People were encouraged to be active in decision making processes. Where people were unable to communicate verbally, there were visual aids such as pictorial communication boards to enable people to participate in this process.
- Care plans were completed in different formats such as easy read to encourage people to express their views about their care and support.
- Assessments contained information about specific preferences and diverse needs and considered some of the protected characteristics under the Equality Act 2010. These included disability and religion or belief. The registered manager told us the service did not at present specifically ask people about their sexual preferences but would be doing further work with the providers to include this in the future.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they ensured that people were treated with dignity. One staff member said, "We draw curtains, shut doors and ensure that people are comfortable with us supporting them."
- A relative told us, "Staff support [person's name] to be as independent as possible, particularly at mealtimes."
- Care records we saw documented what support people needed and gave staff guidance on how best to support people in order to promote their independence.
- People were encouraged to undertake and participate in activities within the wider community providing a positive and fulfilling experience for people.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- Care plans were individualised and people's needs and wishes were considered and planned for.
- A relative told us, "We are kept up-to-date with all the changes that are made and we have formal six monthly meetings whereby we sit down together with [person's name] and their key worker and review their care plan."
- The service adopted a key worker system so that staff had responsibility for the support needs of particular individuals. A relative said, "[Person's name] keyworker is absolutely brilliant. The service are very good at choosing key workers for people; they do not just rush into the decisions they make, they allow time for people and staff to build a good and solid rapport."
- People's life histories were documented and this information was used to formulate future planning for people.
- People were asked about things that were important to them and wishes and aspirations were also recorded. People were encouraged to try new experiences and with support, evaluate these activities to help plan future events. We saw that one person's care record showed that they had requested to go to the theatre more often. We followed this up with the registered manager who told us that a trip to the theatre had been booked for the summer time and the performance was related to the person's specific interests.
- People had access to education and social activities. On the day of our inspection we observed people being supported to access activities in the community. People had formal schedules of activities and were also given time to themselves if they so wished.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place.
- The relatives of people and staff with whom we spoke knew how to access the policy and knew how to report a concern or a complaint should they need to.

End of life care and support

- At the time of our inspection, there was no one receiving end of life care.
- People and their relatives told us that they had been involved in discussions about their end of life wishes and records we saw evidenced what we had been told.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The head of care and support spoke with us about the provider's mission statement and the registered manager promoted the values and ethos of the service.
- The registered manager spoke about an open door culture within the service and relatives and staff with whom we spoke felt that the management team were very approachable.
- One relative said, "We have always been able to approach the registered manager; they are one hundred percent approachable".
- One staff member told us, "The registered manager is amazing. I really respect them, they are so supportive." Another member of staff said, "The registered manager is great! If I have any problems, I can always go to them and the other managers are great too."
- The registered manager understood their responsibility under the duty of candour that is to be open and honest and take responsibility when things go wrong.

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

- There were systems in place to effectively monitor the quality and safety of the service. The quality assurance coordinator undertook spot checks of the service during both the day and the night shifts. Information from these checks was gathered and the findings used as a driver for improvement for the registered manager and the staff.
- Audits were completed at regular intervals and we saw evidence of where action had been taken in order to rectify an issue that had been picked up during this process.
- The registered manager was compliant with the requirements of their registration. The service had their last inspection ratings on display and we had received notifications from the service, as required by law.

Engaging and involving people using the service, the public and staff

- The registered manager told us that the service sent out annual questionnaires for relatives to complete as one of the mechanisms used to collate feedback. Relatives we spoke with confirmed that they received annual questionnaires for completion. Where suggestions had been made, the registered manager had considered options as to how best to take the actions forward and had begun work on implementing new ideas.

- The service was looking at new and innovative ideas to engage people who used the service and their relatives in order to collate ideas about the way they wished the service to be run. For example, the registered manager organised a working garden party whereby ideas were shared amongst everyone about the improvements that needed to be made to the outside facilities and work was undertaken on the day to get some of the refurbishment under way.
- The management team had scheme meetings where information and best practice ideas were discussed and shared.
- Staff had regular supervisions and used this as an opportunity to discuss elements of their own practice and development.
- The service placed emphasis on staff wellbeing and had introduced a six month free gym membership scheme for staff.

Continuous learning and improving care

- The provider had developed a 'Good to Outstanding' guide of practice which covered the elements of the Care Quality Commission's (CQC) Outstanding characteristics. The registered manager was in the process of applying the principles of document to the care that people received at The Wheatlands and acknowledged that this was an on-going piece of work.
- The registered manager kept up-to-date with best practice initiatives and attended forums and meetings in a bid to continually improve care within the service.

Working in partnership with others

- The service had developed good community links that were used to improve care and support for people and enhance people's life experiences. For example, a local hotel had been working in conjunction with the service to hold an annual Christmas event for all the people who received a service from the provider taking into account the diverse range of needs of people to provide a high quality standard of care throughout the event.