Gloucestershire County Council

Wheatridge Court

Inspection report

40 Wheatridge Court
Abbeydale
Gloucester
GL4 4AL
Tel:01452 500669
Website: www.gloucestershire.gov.uk

Date of inspection visit: 7 and 9 July 2015
Date of publication: 24/08/2015

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?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took on 7 and 9 July 2015 and was unannounced.

Wheatridge Court is a 30 bedded care home which provides a period of reablement to people who have experienced deterioration in their physical and sensory health. Three beds are available for people who require a short respite break. There were 23 people living in the home at the time of our inspection. The aim of the home is to support people to maximise their level of independence by developing new skills before they return to their own home or alternative accommodation.

The home is purpose built and is divided into five units. Each person has their own bedroom and toilet/sink facility with lockable doors leading in to the unit or into the grounds of the home. People have access to a shared kitchen, dining and bathroom in each unit.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

People who stayed at Wheatridge court had a physical disability and/or a sensory impairment and had been assessed to require a period of rehabilitation to learn new skills while their accommodation needs were resolved. Whilst people felt safe at the home, their ability to explore and gain new life skills was not always fully explored. Relatives felt people were not encouraged to reach their maximum potential and were isolated in their rooms. People told us they had no meaningful purpose to their day. A comprehensive assessment and care plan of people's support needs and goals were not recorded effectively. There risks were not always identified and recorded. Monitoring of people's ability to manage their own medicines was not in place. Staff were caring and supported people to with welfare benefits and to view possible options of accommodation.

Staff felt supported but did not have the opportunity to have regular personal development meetings with their line manager. Records of the development, skills and evaluation of new staff were not in place. Staff were, on the whole, trained and knowledgeable in supporting people with health care needs.

Adequate auditing and monitoring of the quality of the service provided was limited. Relatives told us that communication from the home could improve. The registered manager was knowledgeable about people and the running of the home.

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 safe.

People's risk had not been fully assessed. Care records of people's risk and levels of support in managing their medicines were not comprehensively recorded. People's medicines were not managed effectively.

Staff previous employment history was not always known by the registered manager. People's needs were not always met by suitable numbers of staff.

Requires improvement

Is the service effective?
The service was not always effective.

Most people were involved in the decision to move to Wheatridge Court but this was not always recorded. People were asked to sign a statement of terms and conditions of their care and support once they arrived at the home.

Staff had mainly received sufficient training to carry out their role but had not received regular formal support.

People were not always supported to develop the kitchen skills they required to plan, shop and prepare their meals. The food and fluid intakes for some people who were at risk of not eating and drinking was not monitored and recorded effectively. People's preferences and special diets were not documented.

Requires improvement

Is the service caring?
The service was caring.

People were supported by an established team who knew people well.

People and their relatives were mainly positive about the care and support they received. Communication between all staff and people was caring and compassionate. Staff respected people's dignity and privacy when supporting them with their personal care.

Good

Is the service responsive?
The service was not responsive.

People's care records did not reflect their individual needs, risks and emotional needs.Although some activities were available to people these were not actively promoted.

Opportunities were made available for people and their families to raise concerns.

Requires improvement

Is the service well-led?
This service was not always well- led.

Requires improvement

Summary of findings

Quality assurance systems did not effectively monitor the quality of care and safety of the home.

Relatives felt communications from the home could be improved.

The registered manager was approachable and supported staff. There was a strong sense of team work amongst staff.

Wheatridge Court

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.

This inspection took place on 7 and 9 July 2015 and was unannounced. The inspection was carried out by one inspector. This service was last inspected in November 2013 when it met all the legal requirements and regulations associated with the Health and Social Care Act 2008.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information that we held about the provider and previous inspection reports.

We spent time walking around the home and observing how staff interacted with people.

We spoke with four people, three relatives and three care assistants. We also spoke to the registered manager as well as two senior members of staff.

We looked at the care records of six people and staff files including recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including accident and incident reports.

Requires improvement

Is the service safe?

Our findings

People who stayed at Wheatridge Court were encouraged to be independent in managing their day to day personal activities and medicines. People were consulted and assessed about the level of support they required in the ordering and administering of their prescriptions. However, records of the assessment of their independence levels or desired goals in the management of their medicines were not documented. There were no risk assessments or guidance for staff about the level and type of support people required. Their progress in becoming independent and possible issues on how they would manage their medicines when they moved out of the home was not recorded.

Most people who required support received their medicines in pre-packaged dossette box. Dossette boxes are pre-sealed containers which contain the correct dosage of medicines required at specific times of the day. However, the record charts did not identify which individual medicines had been administered. Therefore there was not a clear record of which individual prescribed medicines had been taken by people.

Whilst people's regular medicines were mainly obtained and managed well, however improvements were needed in the process for people who were prescribed PRN medicines. PRN medicines are medicines that are only given if and when required by the person such as for pain relief. Records relating to when people may require their PRN medicines were not always clear; although staff told us people had the capacity to request their medicines when needed. For example, some people required medicines when they were in pain or became anxious. Indicators of when people may require this type of medicine or possible alternative treatments or strategies to be used before the medicines were administered were not explored or documented.

Some people managed their own medicines independently. They were encouraged to store their medicines in a secure locker in their rooms. Staff were knowledgeable about people's ability to manage their own medicines. However, risks associated with people ordering, obtaining, storing and administering their medicines in line with their prescription was not always documented. For example, the risks had not been identified for one person who self-administered their own medicines but had been known to express suicidal thoughts. Regular reviews of how people managed their medicines in their home were not carried out.

Improvement plans had been put into place when errors in administrating people's medicines were found. However, the registered manager did not carry out regular monitoring checks on the safety of the systems to manage people's medicines. The balance of the stock levels of medicines was not held, which meant that any errors in the stock levels of medicines could not be identified.

Some people were learning to live with a new physical or sensory disability. Others required additional support and guidance to regain their daily living skills. Risks and required support levels had not been thoroughly recorded where people had been assessed as being dependent or have variable abilities in daily living skills. For example, risks assessments for people who were at risk of malnutrition or financial abuse did not provide staff with sufficient guidance on how to manage and support people. There was no clear evidence that people's risks were regularly being monitored and reviewed.

There was an inconsistent approach to the recording of people's risks. Their historical, present and potential risks in light of their support requirements and goals were not clearly identified. It was not clear how people's known risks were being managed. For example, a risk assessment highlighted that one person was known to be at risk of falling; however the potential impact of this risk was not recorded when looking for new accommodation.

Generally good systems were in place for people who had agreed to be supported to manage and store their money. Records showed when people had requested money and their expenditures. However, it was not always recorded when people had chosen to hold on to their change and not return it to their link worker for safe keeping. This meant there was not a clear audit trail of people's money and they were therefore potentially at risk of being financially abused.

People's risk and medicines were not always managed and provided in a safe way. This is breach of Regulation 12, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew people well and had identified and understood their day to day risks and strategies to help reduce the risk

Requires improvement

Is the service safe?

of harm. Where incidents had occurred in the home, the registered manager had carried our risk assessments and implemented strategies to protect people from harm. For example, detailed risk assessments were in place for one person who had returned to the misuse drugs and for another person who was known to become agitated. General risk assessments were in place for staff when dealing with daily management of situations such as dealing with bodily fluids.

Staffing levels were determined by the support and rehabilitation needs of the people who stayed in the home. People told us there was usually enough suitable numbers of staff to support them with their practical needs. However, relatives told us that people's needs were not always met especially in the evenings when the staffing levels were reduced. For example, one relative told us it was difficult to find staff if their family required assistance to go to the toilet in the evening.

People and their relatives were positive about the staff but told us they rarely had time to socialise with them. People said they felt isolated and only saw staff if they came out of their bedrooms into the communal areas or required support at their scheduled time. One person said, "Staff are nice here, but unless I got out there (out of their bedroom), I wouldn't see anybody all day." One person said, "There is staff around. If you have a problem like with your benefits and they can't see you straight away, they tell us and arrange for another time." This was raised with the registered manager who said, "We are here to support and encourage people with their daily living activities. We will support people in socialising but we try to represent what their life will be when they move back into the community."

People were protected from staff who may be unsuitable to care for them. Generally, there were safe recruitment systems in place to ensure that suitable staff were employed to support people. Checking for the criminal history of new staff via the Disclosure Barring Scheme (DBS) and obtaining their references from previous employers was carried out by the head office. However, the registered manager did not always hold records or check with head office that all new staff were suitable to keep people safe and meet their needs. For example, the registered manager had not acquired references of one new staff member or been informed of their previous employment history from head office.

Staff were knowledgeable about recognising the signs of abuse. They had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. The provider's company policy and procedures on safeguarding people was present and accessible to staff. The registered manager and staff also knew how to report or discuss safeguarding concerns. One staff member said, "If I had any concerns that service users were being harmed or abused, I would definitely report it and make sure it was dealt with."

Requires improvement

Is the service effective?

Our findings

Whilst staff told us they felt supported by the senior management team, they had not all received regular supervision in line with the provider's procedures. The registered manager had recently recruited new staff. Some new staff had previously been employed by the provider in other services. A group induction day had been carried out which included looking at the provider's policies; familiarisation of staff utilities and looking at people's care records. However, the training and monitoring of the skills and competencies of new staff were not always recorded in line with the provider's procedures and national guidelines. Supervision notes from the induction days were generic and did not identify new staff training and development needs

People were cared for by staff who had been mainly trained in their role. Staff were knowledgeable and had mainly received training to meet people's diverse needs. They had carried out training considered as mandatory by the provider, such as safeguarding people and health and safety training. The specialist skills and knowledge of link workers within the team had been identified and were used to support all the people in the home. For example, one link worker was knowledgeable about welfare benefits and was able to support people with their entitlements.

A twice yearly team learning day was organised by the registered manager and senior management. The learning day provided staff with training updates, external speakers and staff consultation on new developments within the home.

People's support and reablement needs to maintain a healthy and well balanced diet varied. People were encouraged to be independent in planning, shopping and preparing their meals. One person said, "I decide what I fancy to eat each day and I go out to the local shops and buy it. We have our own space to store food in the cupboards and fridge in the kitchen." Some people had their own small kitchen appliances in their bedrooms such as a microwave and kettle to make small snacks and hot drinks. They had free access to use the shared kitchen and dining area. Staff supported some people who were learning or regaining kitchen skills as part of their reablement programme. However, relatives thought people were not sufficiently prompted and motivated to be more independent with their kitchen skills.

The level of support people required or the progress of their kitchen skills were not always recorded effectively. Records did not clearly identify people's abilities or goals to plan and maintain a nutritional diet. One relative said, "Staff could try and motivate him a bit more in the kitchen. They tried when he first moved in but they don't seem to bother now." Records of people who were dependent on staff to help make their meals did not state their likes, dislikes or allergies.

Staff were aware of people who were at risk of changes in their weight. They had encouraged one person to document their own food intake; however the quality of the food eaten by this person was not logged.

A member of staff went through a 'Statement of terms and conditions/visit form' as part of the moving in process. This included information such as security, complaints procedure and fire risks. People who were asked to sign this form to state they agreed to these conditions. People mainly had the mental capacity to make decisions about their care and treatment. Minutes of meeting indicated people, significant others and other health care professional had been involved in the reviewing of their care and discussing their future. If required, people were supported to access to health care professionals and other specialists. Staff supported them to attend health and social care appointments if families were unavailable. People could choose to register with the local GP surgery or remain with their own doctor.

The registered manager and staff understood there role and legal responsibilities in assessing people if they thought a person lacked mental capacity to make a specific decision. A mental capacity assessment of one person had identified they did not have the capacity to make a specific decision about their future care. A referral was made to an advocate who worked on this person's behalf. A best interest meeting was carried out on behalf of this person, to discuss their accommodation and support options.

People had the freedom to move around and leave the home as they wished and were cared for in the least restrictive way. They were asked to sign in and out of the building so staff were aware of who remained in the home. Strategies and agreements had been put into place for people who may wish to leave the home for extensive periods.

Good

Is the service caring?

Our findings

People were positive about the care and support they received from staff. We received comments such as “They are very nice here. They are a laugh.”; “They treat us very well, I have no complaints” and “Yeah. Staff here are good to me. I like them.”

We observed staff interaction with people throughout the day of our inspection. Staff cared for people respectfully. We saw many warm exchanges between people and staff. One person said, “Yes, they do know me very well, they know when I’m having a strop.” Staff addressed people by their first names in a friendly and respectful way. They knew people well and stopped and chatted with people and asked them about their day. We observed people feeling confident and relaxed amongst staff and asking for their help or about their personal appointments or finances.

Staff were aware of people’s emotional needs and could sense if they were becoming upset or irritated. We heard staff discussing one person’s change in behaviour. They recognised this person was becoming frustrated as information about their potential accommodation was not available. Staff discussed the situation and made further enquires to reassure this person about the progress of their accommodation.

People’s dignity was valued. One person said, “They treat me very well, they are very good. They always knock before they walk in and they speak to me OK.”

People’s privacy was respected. Staff talked to people in a confidential manner if they were amongst other people. For example one staff member discussed booking an appointment with a doctor in a discreet manner with a person. They then informed the person of the pending appointment and reassured them. Information held about people was held in a secure office. They respectfully supported people in the communal kitchen preparing meals and sorting out laundry. People could move freely around their home and could choose where to spend their time.

Staff were able to recognise people’s own unique verbal and non-verbal communication such as their expressions and understand what they wanted. Staff had explored various communication options with one person who could not verbally communicate which helped them communicate their views and wishes. Staff knew people well and knew their likes and dislikes; they were able to support people in making their decisions.

Relatives told us they were welcomed into the home and could join their family at any time. However, one relative said, “Some staff are better than others.” They went on to tell us that some staff are more engaging and help to prompt people. People and relatives told us staff were not always motivational and did not always promote the ethos of becoming more impendent in their skills.

People’s views were sought through meetings and annual surveys. ‘Service user monthly meetings’ gave people the option raise any issues about the running of the home such as kitchen tidiness. People told us they felt staff were friendly and approachable and could always raise any issues with them informally.

Requires improvement

Is the service responsive?

Our findings

People who lived a Wheatridge Court primarily had a physical disability or sensory loss. They had moved into the home from hospital or from their own homes for a period of reablement. The terms and conditions of the home and the type of accommodation and support provided was explained to them. For example, people were made aware of the security procedures, fire drills and their responsibility to provide their own TV licence. People were provided with a set of keys for their room and provided with bedding and food until they settled in and acquired their own belongings and food.

The aim of the home was to support and encourage people to improve their levels of independence and develop new skills. However, the level of reablement and support was not sustained and consistent with people's needs. Relatives and people told us the level of reablement and support was minimal. One relative said, "He has had no proper rehabilitation since he's been here. He is not progressed much at all." Another relative said, "I find I always have chase staff up and ask them to encourage her to do things for herself." However, staffs knew people well and was able to tell us the support requirements of individual people, but this was not reflected in people's care records. Relatives told us most people were expected to become self-sufficient or supported by their families.

People's care plans were not centred on people's support needs or desired reablement goals. Each person had a 'care grid' which provided an overview of the time and support they required each day. A chart was in place which indicated people's levels of independence in their daily living skills. However, in some care plans there was very little information to guide staff on how to support people and their dependency levels. For example, one person who had a right sided weakness had been assessed as 'variable' in their levels of independence to dress themselves. There were no details of how this person should have been supported when they required assistance and how their right sided weakness may affect this task. This person's desired goals to be able to dress themselves or their progress was not recorded. People's progress and care was not always reviewed in line with recommended dates on people's care records.

The home provided short stay breaks for people to allow their carers to have a regular break form their carers.

People and the carers were assessed by the local authority and allocated an amount of time. Carers were able to split the time and book their breaks directly with the home. However people who stayed at the home regularly were not reassessed prior to every stay at the home. Therefore, staff did not always have full understanding of people's needs before they arrived at the home.

Each person had a link worker. A link worker is a named member of staff that was responsible for ensuring people's care needs were met and assist with areas if reablement was required. For example, supporting people to view new accommodation or develop personal skills. Information had been sought from the person, their relatives and other professionals involved in their care which formed part of their plan of care.

People were supported in obtaining the correct welfare benefits and exploring future accommodation options. However records of people's accommodation preferences, access and location requirements were not always documented. Five people who we spoke with had viewed possible housing but were all unclear about the timescales of moving out of Wheatridge Court. For example one person was waiting for a ramp to be built at their front door and another person was waiting to move onto a flat. Whilst there were some records of people's progress in the daily notes and staff communication book, there was no clear indication of their progress in gaining suitable accommodation or involvement with other health care professionals such as occupational therapist.

Daily verbal and written handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach.

There was very little information recorded about people's personal and social backgrounds and what they enjoy to do in their recreational time. Details on how to support people if they became emotionally upset or low in mood was limited. Whilst some risk assessments had been completed for some people, the level of detail and guidance for staff was limited. For example, the risks and management associated with one person who was known to suffer from seizures was not comprehensively recorded.

Requires improvement

Is the service responsive?

People's care records, risk assessments and documents relating to their care and treatment did not reflect their needs. This is breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A large communal lounge area with a television, books and a computer was available for people to socialise in. Opportunities for people to take part in their preferred social interests or education and work opportunities were limited. One relative told us, "I can't complain about the staff, but my relative is not happy there." They went on to tell us they felt that people were very isolated and people who lived there quickly became institutionalised." A person said, "I don't really socialise with the others."

People told us they mainly enjoyed their time at the home but they were bored and had no meaningful purpose to their day other than personal care and household type activities such as shopping or cleaning. However, we were told people would be supported if they expressed a specific interest. For example, one person had expressed an interesting in join a gym. Staff supported this person to research local gyms as well as access and transport options.

People told us there was often limited information and opportunities to take part in activities due to the uncertainty of the location of their future home. The registered manager said, "We do not provide regular activities as this would not be mirrored when the service users go back to their homes." They were encouraged and supported to develop and maintain relationships with people that mattered to them as they would in their own home.

People told us they had no concerns living at Wheatridge Court and felt they could raise any issues with staff and the management team. One person said, "They are very good here. I have no complaints at all." Another person said, "You just need to speak to the staff and they will sort it for you." Relatives also confirmed this and told us they were confident that staff would deal with any issues.

Each bedroom had a 'Service user information file' in their rooms which gave them details about home and other useful contact telephone numbers. The file also contained information about how to raise concerns and make a complaint. People were also encouraged to complete the providers 'We need your feedback' forms which were located in people's bedrooms and on noticeboards around the home.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been two formal complaints since our last inspection and these had been investigated thoroughly and people and their relatives were satisfied with their responses.

Requires improvement

Is the service well-led?

Our findings

The registered manager carried out some monitoring and quality checks of the service. Health and safety inspections at Wheatridge Court had been carried out every six months. More recently the maintenance man and registered manager had carried out a 'walk around' inspection but the details of these audits were not recorded. A care plan audit carried out by the registered manager identified if the correct forms were in place but did not monitor the details of people's care plans. An audit of people's medicines and infection control systems were not in place. A representative from the provider regularly supported the registered manager but no records were in place to evidence the monitoring of the quality of the service by the provider.

Records of effective audits and governance systems were not in place. This is breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Fire safety equipment and systems, electrical appliances and equipment relating to peoples' care were regularly checked and serviced by external companies. People's general accidents and incidents within the home and in the community had been reported and recorded. The registered manager had plans in place to review and analyse any accidents twice a year to identify any patterns or trends.

The registered manager had worked for the provider for several years and was knowledgeable about supporting people with physical and sensory disabilities. The registered manager's role was to ensure that people were supported both physically and emotionally to progress and move to their new homes. We received mixed comments from people and their relatives about the management of the home. People told us they felt the home was well run, however relatives felt communications from the home could improve.

There was a strong sense of team work amongst staff to ensure that people gained the confidence to reach their potential in the home and in the community. The registered manager said, "This is an opportunity for service users to live here to either be supported to adapt to their new circumstances or help to give the support they need to return back home."

People and staff were comfortable around the registered manager. Communication amongst everyone in the home was open and relaxed. The registered manager and deputy managers were always on hand to deal with any day to day problems. Staff told us they felt supported by the registered manager. One staff member said, "The manager and the other staff here are very good and very supportive." Staff meetings were held monthly to give staff the opportunity to discuss any concerns about the progress of people and the running of the home.

The registered manager received support and regular update information from the provider and other managers within the organisation. Information relevant to the services provided was shared and discussed at the countywide managers meetings. The registered manager and staff had developed strong working relationship and links with external health care professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks and those associated with managing people's medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People's care records, risk assessments and documents relating to their care and treatment did not reflect their needs. Records of effective audits and governance systems were not in place.