

Gloucestershire County Council

Wheatridge Court

Inspection report

40 Wheatridge Court
Abbeydale
Gloucester
Gloucestershire
GL4 4AL

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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

This inspection was completed on 15 November 2018 and was unannounced.

Wheatridge Court is a 'care home' and provides a period of re-enablement to people who have experienced deterioration in their physical and sensory health. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Wheatridge Court accommodates 30 people in one adapted building. There were 16 people living at Wheatridge Court at the time of the inspection.

There was a registered manager in post at the service. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run

The previous inspection was completed in October 2017 and the service was rated 'Requires Improvement' overall. At the inspection in October 2017, we found two breaches of the regulations. Risks to people's health and wellbeing were not always assessed and guidance was not available to support staff to keep people safe. We also found that management systems were not always effective to check the quality of the service and, identify and address shortfalls.

At this inspection, we found improvements had been made and the requirements of the regulations had been met. Following this inspection the service has been rated 'Good' overall.

People received safe care and treatment. Staff had been trained in safeguarding and had a good understanding of safeguarding policies and procedures. The administration and management of medicines was safe. There were sufficient numbers of staff working at the service. There was a robust recruitment process to ensure suitable staff were recruited.

Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, themes and trends had been analysed, and action had been taken to ensure people were safe and plans put in place to minimise the risk of re-occurrence.

Staff had received training appropriate to their role. People were supported to access health professionals when required. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities.

People were supported in an individualised way that encouraged them to be as independent as possible. People were given information about the service in ways they wanted to and could understand.

People and their relatives were positive about the care and support they received. They told us staff were caring and kind and they felt safe living in the home. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and could describe what they liked to do and how they liked to be supported.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care. People were supported to engage in activities which were to their personal preferences.

The service was well led. People, staff and relatives spoke positively about the registered manager. Quality assurance checks were in place and identified actions to improve the service. The registered manager sought feedback from people and their relatives to continually improve the service.

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 had improved to safe.

There were sufficient staff to keep people safe.

Medicines were managed safely with people receiving their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

People were kept safe through risks being identified and well managed.

Is the service effective?

Good ●

The service was effective.

Staff received adequate training to be able to do their job effectively.

Staff received regular supervisions and appraisals.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA).

People and relevant professionals were involved in planning their nutritional needs. People's health was monitored and healthcare professionals visited when required to provide an effective service.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People we spoke with told us the staff were caring and kind.

People were supported in an individualised way that encouraged them to be as independent as possible

People and their relatives were involved in planning their care and support.

Is the service responsive?

The service was responsive.

People could express their views about the service and staff acted on these views.

Care plans clearly described how people should be supported. People and their relatives were supported to make choices about their care and support.

There was a robust system in place to manage complaints. All people and staff were confident any complaints would be listened to and taken seriously.

Good ●

Is the service well-led?

The service had improved and was well led.

Staff felt supported and were clear on the visions and values of the service.

Quality monitoring systems were used to further improve the service.

There were positive comments from people, relatives and staff regarding the management team.

Good ●

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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 15 November 2018 and was unannounced. The inspection included looking at records, speaking to people who use the service, talking with staff and phone calls and emails to relatives and health professionals. The inspection was completed by two adult social care inspectors and an Expert by Experience (ExE). An ExE is a person who has had experience of using a service.

We spoke with the registered manager of the service, deputy manager and six members of care staff. We spoke with eight people who used the service. We also spoke with three relatives of people living at the service and two health and social care professionals who have regular contact with the provider.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I am safe here. There are enough staff." Another person said, "I feel safe and well looked after". One relative said, "I have confidence (name of person receiving service) is safe."

At our last comprehensive inspection of the service in October 2017, we found that risks to people's health and wellbeing were not always assessed and staff did not always have sufficient guidance to follow when keeping people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

At this inspection we found improvements had been made and the service met the requirements of this regulation. We found individual risk assessments in people's care and support plans relating to their risk of falls, choking and moving and handling safety. The risk assessments had been regularly reviewed and kept up to date. For example, one person was at risk of malnutrition. Their risk assessment contained clear guidelines for staff on how to support this person. It was evident from reading this person's care records that these measures were proving effective as the person's weight had increased whilst they were living at Wheatridge Court. Where people were accessing the community, risk assessments detailed any potential risks and how staff would support the person to minimise these risks whilst maintaining their independence.

Staff had been provided with safeguarding training and understood how to recognise abuse and report allegations and incidents of abuse. Agencies staff notified when they suspected an incident or event that may constitute abuse; included the local authority, CQC and the police. One staff member said, "All concerns are taken seriously. I am confident people are safe." People were offered external support from agencies such as; the advocacy service or independent mental capacity advocates (IMCA) to support them if required. These are individuals not associated with the service who provide support and representation to people if required.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. Staff told us they had confidence in the registered manager's ability to investigate and respond appropriately to safety concerns. The service had a folder which was a central log for detailing any concerns and there was a system to deal with each one as appropriate. The service could identify areas for improvement and lessons were learnt from each investigation.

There were clear policies and procedures for the safe handling and administration of medicines. Staff administering medicines had been trained to do so. Some people required assistance to take prescribed medicines. Where this was the case, the support the person required was clearly documented in their care plan, with medication administration records maintained and completed. Where people were prescribed medicines 'as required' to help with certain health conditions, clear guidance was in place for staff to follow. Staff had their competence reviewed annually to check they were still managing medicines safely.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and

knowledge to meet their needs. The number of staff needed for each shift was calculated based on the number of people using the service and their presenting needs. People, staff and rotas confirmed there were sufficient numbers of staff on duty. The same staff were consistently used to ensure continuity for people who used the service. Throughout our inspection, we observed a strong staff presence in the service and staff were available at all times to support people.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Records showed us staff had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people.

Staff completed training in infection control and food hygiene. Staff told us they had received appropriate training in their induction and this was useful. The home employed two housekeepers who covered the cleaning duties in the service seven days a week. We found the service was clean and free from odour.

Is the service effective?

Our findings

People said their needs were met. The relatives we spoke with commented that they felt staff were well trained and met the needs of the people using the service.

Staff had been trained to meet people's care and support needs. Staff received a mixture of online e-learning and face to face training. Training records showed staff had received training in core areas such as safeguarding adults, health and safety, manual handling, first aid, food hygiene and fire safety. We saw evidence where staff training was due, they had been booked to attend the next available course. The registered manager told us where people had specialist equipment, they would work closely with Occupational Therapists and Physiotherapists to receive training relevant to that specific piece of equipment. New staff were required to complete the Care Certificate. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high-quality care.

All the staff we spoke with told us they had received good levels of training to enable them to do their job effectively. One person said, "There is a lot of training available and it is good." Another member of staff said, "The training is good and relevant to my role."

The registered manager told us staff received an induction when they first started working for the service. Staff would be required to read the relevant policies and procedures before they worked any shifts. New staff were required to complete shadow shifts. These shifts allowed a new member of staff to work alongside an experienced member of staff whilst they were new to their role. The registered manager told us staff competence would be assessed before they could work alone. The staff we spoke with all confirmed that they had received a good induction.

Staff had received regular supervision. Supervisions are one to one meetings a staff member has with their supervisor. These were recorded and kept in staff files. The staff we spoke with told us they were well supported and they could discuss any issues with the management who were always available.

The Mental Capacity Act (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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Care plans reflected people's ability to consent to receiving personal care and support. At the time of our inspection there was nobody using the service at Wheatridge Court assessed as not having mental capacity to make decisions about their care and support. Staff had received training in the MCA.

People were supported to ensure they had sufficient food and drink. People's care plans detailed what support people needed in relation to their nutritional needs. As the service was a reablement service, all the

people living at Wheatridge Court were supported to prepare their own meals. People told us staff were supportive to people with their shopping and the preparation of meals. One person said, "They (staff) have helped me regain my kitchen confidence and helped me regain my independence in the kitchen." The relatives we spoke with told us they felt people had sufficient food and drink.

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians, specific health professionals such as; occupational therapists and cancer specialist nurses. In each care and support plan, support needs were clearly recorded for staff to follow about attending appointments and specific information for keeping healthy.

The building and gardens were well decorated and maintained to a good standard. Access ways had been adapted to make them accessible to wheelchair users.

Is the service caring?

Our findings

It was evident that people were cared for with compassion and kindness. All the people we spoke with provided positive feedback about the caring nature of the staff. One person said, "My carers are kind and caring." Another person said, "The carers are always polite and respectful towards me." Relatives we spoke with also provided positive feedback about the staff. One relative said "The carers are good. They care very much."

The caring nature of staff was evident during the conversations we had with members of staff. Staff spoke passionately about their role and the people they support. One member of staff said, "It is so rewarding to see the positive impact you have on people's lives." People told us they felt they received a caring service and would recommend it to others.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people and wanted people to regain their independence. Care staff stressed the importance of staff enabling people to be as independent as they could be.

Staff treated people with understanding, kindness, respect and dignity. Staff demonstrated a good understanding of dignity and respect. Staff sought consent from people before they commenced any care tasks and demonstrated how they would ensure people's privacy was always maintained when supporting them with personal care. Staff told us it was very important to listen to people and respect their choices. This was also evident in care files. For example, there was an emphasis throughout people's care files for staff to give choice to people at all times.

The registered manager told us people, their representatives and professionals involved in their care were provided with opportunities to discuss their care needs when they were planning their care. We were told this was done during the initial assessment and then through regular meetings with the person and their families once their service had commenced. People told us they were involved in planning their care and support. We saw information about personal preferences, and people's likes and dislikes in their care plans. Relatives we spoke with told us they were consulted in relation to the care planning of people using the service.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us there was good communication from care staff and management who would provide regular updates regarding their loved one's care.

Staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. There was an up to date equality and diversity policy in place which clearly detailed how the service would treat people and staff equally regardless of personal beliefs or backgrounds.

The registered manager told us family and friends of people living in at Wheatridge Court could visit at any time. People and their relatives confirmed that there were no restrictions on visiting. One relative commented on how they could visit their family member as much as they wanted and there were never any restrictions on when they could visit.

Is the service responsive?

Our findings

Each person had a care plan and a structure to record and review information. These care plans contained good levels of detail and were person centred. Each care plan detailed individual likes, dislikes and preferences in relation to their care. We found the care plans contained clear guidelines for staff to follow. Care plans had clear goals and outcomes for people in order to enable staff to support people to reach their desired outcomes and regain a level of independence. It was evident staff were providing support to people in line with their care plan. For example, one person's care plan required staff to only provide verbal prompts during meal preparation. We observed the staff member providing verbal guidance but allowing the person to complete the physical tasks independently. Another person told us how staff had initially provided full support with their personal care. However, as their level of independence increased, staff were now providing less support. The person told us how this had increased their confidence of being able to return home.

There was evidence of people's needs and care plans being reviewed regularly. It was evident from the care files we looked at that people, their relatives and other health and social care professionals were involved in developing and reviewing their care plan as required. Relatives told us they were invited to participate in reviews and felt their opinions were considered when planning care. The registered manager told us people's care would be reviewed on a regular basis throughout their time at Wheatridge Court to enable staff to gauge people's progress and provide the best possible support to people .

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, people's care files contained a list of emergency contacts for staff to notify. The registered manager told us they would share people's care needs with paramedics and hospital staff so people could continue receiving person centred care.

The people we spoke with indicated that they were happy with the staff that supported them and felt they could raise any concerns they had. One person said, "I can speak to the manager or staff if I have any issues.

People had the option to socialise in the home's large communal area or in the small lounges/dining rooms of each unit. We spoke to people about their social and recreational time at Wheatridge Court. Most people told us they were happy to spend time in their own bedrooms and carry out their own individual activities and hobbies which they enjoyed. However, some people told us there were limited opportunities for them take part in activities or socially engage with others during their stay at the home. We discussed this with the registered manager who explained that they tried to support people who had specific hobbies and who wanted to continue to carry them out when they moved from the home. The registered manager told us the ethos of the service was to try to mirror people's life at home and as a result people were supported to engage in activities that they expressed a preference to do so. For example, one person wanted to regain their independence of going into town . We saw in their care plan how this had been recorded and the plans in place to support the person.

As the service was providing a reablement service and did not provide any long-term care, nobody at the time of the inspection was receiving end of life care. The registered manager told us that due to the nature of the service, a person would not be admitted if they required a high level of care. The registered manager said that where people's health deteriorated whilst they were at Wheatridge Court, they would receive the appropriate support from other health professionals and be supported to move to a service which could meet their increased level of need.

The service had a process of managing and responding to concerns and complaints. A complaints policy had been developed which clearly detailed the responsibility of the service and how complaints would be responded to. The registered manager demonstrated a good understanding of the complaints policy and could outline how they would respond to a complaint. Where concerns had been raised, we saw that these had been managed appropriately. For example, access issues to individual flats had been reviewed and improved following security concerns.

Is the service well-led?

Our findings

At our last comprehensive inspection of the service in October 2017, we found that management systems were not always effective to check the quality of the service and, identify and address shortfalls. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

At this inspection, we found improvements had been made and the requirements of the regulation were being met. Quality assurance systems were in place to monitor the quality of service being delivered. These consisted of a schedule of audits including health and safety, record keeping and care plans. We saw that where issues had been identified, appropriate action had been taken to address the shortfalls. For example, one medicines audit had identified that a member of staff had miscounted stock levels. These concerns were discussed during staff meetings and the staff member involved had received further training around medicines.

The registered manager told us people using the service were provided with questionnaires regarding their experience of the service. The registered manager told us the feedback would be used to further improve the service. We looked at a sample of these questionnaires and found the feedback from people was positive.

There was a registered manager in post at Wheatridge Court. A registered manager is a person who has registered with 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 and associated regulations about how the service is run.

The service had a positive culture that was person centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. Throughout our inspection, we found the registered manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high-quality service was provided, care staff were well supported and managed, and the service promoted in the best possible light.

We discussed the value base of the service with the registered manager and staff. The registered manager and staff told us Wheatridge Court was based around providing person centred care to people and, supporting people to regain and maximise their independence. People told us they received good care and support when they wanted it and were encouraged to be as independent as possible. This showed the vision and values of the service were being achieved.

People and relatives spoke positively about the leadership and management of the service. Comments included; "I can speak to them (manager) whenever I need to". Staff also spoke positively about the leadership and management of the service. The staff described the registered manager as 'being a part of the team' and 'very hands on'.

The manager had a clear contingency plan to manage the home in emergency situations. This was robust

and the plans in place ensured a continuation of the service with minimal disruption to the care of people.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service could learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.