Interhaze Limited

Wheatsheaf Court Care Home

Inspection report

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Northamptonshire
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Ratings

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

Overall summary

This unannounced inspection took place on 10 September 2015. Wheatsheaf Court Care Home provides nursing care for up to 52 older people, some of whom are living with dementia. On the day of our inspection 29 people were living at the home.

There was a registered manager in post at the time of our inspection. 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.

The arrangements to manage medicines safely required to be strengthened as staff were unable to explain why there was a variation in the number of medicines available for some people.

For those people that required frequent re positioning or moving to prevent the development of pressure related

Summary of findings

conditions, we noted that the records to confirm that staff had carried out this aspect of care had not been written in a timely way so we could not be assured that this aspect of care had taken place.

The service was flexible and responsive to people's individual needs and preferences, Staff used creative ways to increase people's sense of well-being and quality of life. People were supported by staff that knew how individual people wished their care to be given.

There were procedures in place to assess people's ability to make decisions about their care and support. Care plans were in place detailing how people wished to be supported and where possible people were involved in making decisions about their care.

There were robust and effective recruitment processes in place so that people were supported by staff of a suitable character.

Staffing numbers were sufficient to meet the needs of the people who used the service. Staff received regular training. Staff were knowledgeable about their roles and responsibilities and had the skills, knowledge and experience required to support people with their care and meet their needs.

People told us they felt safe, and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about their responsibilities to safeguard people.

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

There was a suitable complaints system in place, complaints were responded to promptly.

Management audits were in place to monitor the quality of the service, and improvements had been made when required in a timely way. People and family members were encouraged to feedback about the quality of the service and changes were made as a result of this.

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?

Requires improvement

The service was mostly safe.

People were not always assured that they received their medicines when they needed them as some people had surplus medicines that could not be explained. Therefore we could not be assured that people had received all of their medicine.

People's records did not contain information about the arrangements that staff had taken to mitigate against the risks of people acquiring pressure related conditions. Therefore we were unable to confirm that people had been re positioned when they needed to be.

Staff were clear on their roles and responsibilities to safeguard people and action had been taken when needed.

People felt safe and comfortable in the home.

Appropriate recruitment practices were in place which ensured that only people of good character were employed by the service.

People's care requirements were regularly reviewed to ensure that the care provided was in keeping with people's current needs.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to carry out their role and appropriate training was provided and refreshed.

Regular supervision and appraisal systems were in place for staff.

People had sufficient to eat and drink to maintain a balanced diet. Dietary advice and guidance was sourced and followed by staff.

People had access to healthcare services to assess and receive on-going healthcare support which met their needs.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported to make choices about their care and staff were respectful of their decisions.

Summary of findings

Staff were confident in their knowledge of people's care requirements and carried these out with kindness, compassion at the correct pace to meet people's needs

People's dignity and privacy were respected and upheld by the staff.

Is the service responsive?

Good

The service was responsive.

The service was flexible and responsive to people's individual needs and preferences,

Staff took time to get to know people's hobbies and interests and these were actively encouraged and supported in groups and on an individual basis.

People's care plans were individualised and had been completed with the involvement of people and family members.

The provider sought the views of people and had made changes as a result of this.

There was a complaints process in place and concerns were dealt with promptly and thoroughly.

Is the service well-led?

Good

The service was well led.

The service has a registered manager in post.

Quality assurance systems were in place and improvements to the service had been made as a result of these.

Audits had been completed by the manager to check that the service was delivering quality care to people. Action plans were in place which ensured that any required improvements had been completed.

Staff and relatives had confidence in the management of the service.

Wheatsheaf Court Care Home

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 reviewed the information we hold about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider and the local authority safeguarding team. We also reviewed the reports completed by the quality monitoring team following their visits.

This inspection took place on 10 September 2015 and was unannounced. The inspection team consisted of two Inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. For example dementia care. We spoke with people who lived at the home and also to their family members. We did this so we could obtain their views about the quality of care provided at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us

During our inspection we spoke with nine relatives of people who lived at the home and eight care staff including the registered manager, clinical lead, and activities coordinator. We also looked at records and charts relating to three people, and four staff recruitment records.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and the arrangements for managing complaints.

Requires improvement

Is the service safe?

Our findings

People's records did not contain information about the arrangements that staff had taken to mitigate against the risks of people acquiring pressure related conditions. People that were not able to move or change their position while seated required to be're positioned' or receive pressure relieving care. One member of staff said that everyone in the high dependency lounge had a repositioning chart and should be moved every two to three hours. We looked at the repositioning chart's and saw that there were no records to show when people had been repositioned or given pressure relieving care for up to five hours. Staff said that people had been repositioned but they had not had the time to complete the paperwork to record this. Therefore we were unable to conclude whether people had received care that was safe and would prevent them from developing pressure related conditions.

People were not always assured that they received their medicines when they needed them. When we checked the amount of medicines held in the home against some of the medication administration chart we found that two people had more tablets than they should have. One person had eight extra tablets and another person had an additional three tablets. The staff we spoke with were not able to explain why there were extra tablets and we were not able to determine if people had received all their prescribed medicine. When we observed staff we noted that they had good interactions with people, asking them how they wanted to take their medicine and ensuring that they had sufficient fluid and were not rushed when taking their medicines. One person who required a daily use of an inhaler was supported and given advice to ensure it was effective and being used appropriately.

People told us that they felt safe and relatives said that they had no concerns about the safety of their family members. Relatives we spoke to said "I haven't seen anything amiss when I visit my mum on a regular basis." One person said "Just knowing they're around makes me feel safe and I like that people can't just walk in the front door."

Arrangements were in place to ensure people's safety. Each person had a detailed plan in case of the need to be evacuated in an emergency. We noted that the plans were up to date with people's mobility status and detailed the number of staff required to assist them. The provider had also made arrangements with another home that could provide emergency accommodation if required. Arrangements were in place to monitor the safety of the home as regular checks had been undertaken to ensure that fire fighting and fire detection systems were in good working order

People were protected from harm as staff had a good understanding of safeguarding, the different types of abuse and their responsibility to report any suspicions of abuse immediately. The service had a safeguarding policy and safeguarding procedures were prominently on display around the home for staff to refer to. The registered manager had a good knowledge of the safeguarding procedures and had made safeguarding referrals when necessary. Staff had received training and refresher training to update their knowledge and were confident in the procedure to follow.

People's care requirements were regularly reviewed to ensure that the care provided was in keeping with people's current needs. People that were at risk of falls or developing pressure ulcers had risk assessments in place and these had been reviewed on a monthly basis to ensure that the care was correctly provided to people. People who required equipment such as pressure relieving mattresses or cushions had these in place; we saw that the pressure of the equipment was set at the correct levels for each person according to the person's weight.

People were protected against the employment of unsuitable staff as the staff recruitment processes were robust and consistently applied. Records we looked at confirmed that the necessary recruitment checks had taken place before staff were employed to work at the home. Of the four staff files we looked at we saw that all of the required checks had been completed which ensured that people were of good character.

We observed that here were sufficient staff on duty to meet people's needs. The manager told us that they currently have two vacancies and that the service relies on agency staff to cover sickness. On the day of the inspection no agency staff were on duty. Some staff said they felt there were enough staff on duty and others said that they felt that if they had more staff they could spend more time talking to people. One member of staff said "To be honest, we could use more people on the dementia unit – it would improve the quality of service." One person said that when they press the call bell staff come quickly. Another person

Requires improvement

Is the service safe?

who spent most of their time in their bedroom told us they did not feel there was enough staff as they always had to wait for staff – usually about 5-15 minutes after pressing the call bell and when they do come they always have to go to the next person quite quickly. We observed that call bells were responded to promptly during our inspection. We also noted that although the service was very busy during the inspection, people's needs were responded to promptly and people were not rushed when they were assisted to move or when being supported to walk using walking frames.

Good

Is the service effective?

Our findings

Staff had a good level of knowledge and skills to look after people. The provider and manager had identified the need to strengthen the staff training programmes in place and had appointed a training manager to deliver this across all the homes owned by the provider. The training plan that was in place demonstrated that training relevant to the care needs of people such as dementia care and tissue viability had taken place. Staff we spoke with said that the training had been useful as it had been class based rather than via a computer and they said they had learned more through discussion with other staff. Staff also said "What I learned has helped me to provide better care as I understand more about dementia now." The staff we spoke with had received training which enabled them to appropriately carry out people's care such as catheter care. Staff training was on-going and arrangements were in place for staff to access training at other homes if they had missed a training session at the service.

All new staff had an induction and shadowed experienced staff until they were confident in their knowledge of people's needs and the use of equipment to move people. Staff were able to demonstrate the correct procedure for the safe use of a hoist. We observed two members of staff when they were using a hoist to move people. We noted that they safely moved people and ensured they were comfortable and re-assurance was given throughout the process.

There was a system of supervision and appraisal in place for staff. Some supervision meeting had taken place in a group setting so that the manager could address certain topics such as fire safety with all the staff. Staff we spoke with also said that as they worked closely with the manager they were also able to discuss any important issues with them in-between their next planned supervision meetings. The manager also used supervision meetings to address gaps in staff's knowledge and to provide additional training and support

The provider had a policy for staff to follow with regards to the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). The manager and clinical lead had received training which enabled them to understand their responsibilities and what actions to take when it had been necessary to deprive or restrict people's liberty. We saw that capacity assessments had taken place for example when it was necessary for three people to have their medicines 'covertly' hidden in their food or drink. Wherever possible family members had been consulted and best interest meetings had been held which ensured that people were cared for in line with current legislation. Relatives we spoke with confirmed that they had been involved in the best interest meetings when their family member had not the capacity to make decisions for themselves.

People were supported to have sufficient food and drink. People were assessed via a malnutrition screening tool (MUST) for risks associated with not eating and drinking enough. For those people that were at risk, food and fluid charts demonstrated that people were eating and drinking well. The cook had a list of people's requirements such as people's likes and dislikes, pureed foods and foods suitable for people with diabetes. When new people came to live at the home a list of any allergies, preferences and dislikes was sent to the kitchen to inform the cook. Staff were knowledgeable about people's food preferences. One member of staff said "[name] likes to have Weetabix and warm milk in the evening."

We observed people enjoying their main meal and we noted that people had been provided with a choice of two main courses from which to make a choice. Where people required support to ensure they had sufficient to eat and drink we noted that staff were patient and encouraging people to have enough to eat and drink. People that had changing needs had been referred to relevant healthcare professionals such as a speech and language therapist or a dietitian for advice about nutrition and foods that were safe for that person to eat, for example if they required a 'blended' diet if they had difficulties with chewing and swallowing foods.

People were supported to maintain good health. We observed that staff were prompt in contacting health care professionals to assess people if they had become unwell. Relatives also said that the staff kept them well informed if their family member required antibiotics or to feedback from health related appointments. Referrals had been made to GPs and dietitians if there had been any concern about loss of weight. We saw that the guidance from healthcare professionals had been incorporated into people's plans of care and followed by staff.

Good

Is the service effective?

People's health requirements were regularly monitored. We noted that people had monthly recordings such as blood pressure and weight's. People also received care from podiatrists, opticians and dentists which ensured that all their health needs were kept under regular review.

Good

Is the service caring?

Our findings

People were looked after by staff that developed positive caring relationships with them. People told us that the staff were very kind. One person said "They are always doing little things that matter." Another person said "We do have good laughs- especially with the carers." One member of staff said that they came in on their day off to take people out into town as they knew that they would enjoy this. We saw that staff chatted to people and there was a relaxed and happy atmosphere in the lounge. When one person became unsettled staff immediately approached and distracted them by discussing their past interests and soon they became more settled and happy.

We saw that when staff needed to carry out a procedure such as using a hoist to move people they did so in a way that ensured that the person was spoken to and re assured throughout each stage of the movements. We observed staff using a hoist to help move one person from their chair. Throughout the process staff provided constant reassurance to the person and maintained eye contact to help keep them calm. Staff explained at all times what was happening and what the person needed to do. Staff offered reassuring hand strokes which the person found comforting.

People were supported by family and staff which enabled them to carry out their religious beliefs. Services were held and people had the opportunity to receive communion within the home. One staff member said that one person often went to church and was supported to do this by their family or by a member of staff.

People were assured that their care was based upon their individual requirements as they had been encouraged to express their views. Four people we spoke with described their care as excellent or very good. Some of the people also said they were not sure if they had been involved in planning their care, however, they assumed that their relatives had done so on their behalf. Four of the relatives we spoke with all said they had been involved in the planning and making decisions about their relatives care. One relative said "We worked with the staff so that they know how [name] likes things to be done. "

People were able to make choices in their day to day decisions. We noted that some people had chosen to remain in bed for a bit longer in the morning and have their breakfast at a slightly later time as they were feeling tired. Staff facilitated this and we saw them being provided with a breakfast of their choice later on. Another person said that they were able to choose where they wanted to spend some time. For example one person said that they liked to be on their own and staff respected that, but that staff helped them to go to the lounge for bingo. When one member of staff left one person's bedroom we heard them ask for their preference with the bedroom door and whether the person wanted it open or closed.

Staff encouraged people who could not verbally communicate to make choices. For example one member of staff explained that to help people to choose their clothes they offered different items of clothing and looked for a nonverbal response such as a smile to decide what they will wear.

People were treated with dignity and respect and their personal preferences were known by the staff. We saw that staff knocked on people's doors before gaining their permission to enter. Staff said that they ensured that when they were providing any personal care they ensured the door was closed and put a sign on the door stating 'do not disturb' outside . One person said that "The staff always made sure the door is closed when I go to the toilet or when they are getting me out of bed." Confidentiality was upheld by staff as conversations about peoples care requirements were completed in a professional way. Handovers between staff were held in a separate room so that information could not be overheard by people or their relatives.

Relatives were encouraged to visit at any time and they were made to feel welcomed by the staff. One relative said "The atmosphere is really positive and welcoming." Staff knew people's family members well and they all interacted in a positive and friendly way. One relative said "I visit regularly and the staff are really caring." We observed good quality and compassionate care in the interactions between staff and people. We noted that one member of staff asked a person if they would like a blanket and then spent some time making sure it was covering them exactly how and where the person wanted it to. Staff ensured they spoke to one person next to their ear so they were not shouting. One person said "The staff are kind I've got no arguments about that."

Good

Is the service responsive?

Our findings

People and their relatives were involved in the assessment of their needs before they were admitted to the home. For example people were able to say what time they liked to go to bed in the evening or rise in the morning. When people were unable to talk to staff about their choices then family members were asked about the person's history, likes and dislikes in order to develop a plan of care that would reflect their person choices and meet their needs. Staff also said that the assessment was very important as they may need to obtain equipment such as a specific standing aid or make a referral to a healthcare professional before people were admitted to the home. For example one relative said that their family member had been unable to walk and needed hoisting. "This changed when [name] arrived at the home and started having physio. Now [name] is safe and they can use the walking frame that the home organised."

The assessments led to the development of individual care plans which had been regularly reviewed to ensure they were always up to date to reflect people's changing needs. Staff said that they knew how people liked to have their care provided but that on some mornings they knew to offer a change of routine when people were feeling tired.

Staff spent time with people and their relatives to find out people's likes and dislikes. One member of staff said " We like to find out what are people's histories, hobbies and passions, and then we can provide materials such as knitting, painting or information about transport i.e. cars that we know people enjoy." We saw people in the process of completing a painting, and noted that their art work had been displayed within the home. The staff we spoke with had a good knowledge of each person and how to support them to enable them to do the things they wanted to do.

The activities co-ordinator was knowledgeable of and responded to each person's individual's needs. They also told us they used people's life histories to help influence people's activities but the activities were constantly reviewed and changed on the day if people were not enjoying them. We could see people's moods change when they became engaged with one of the activities. For example one person was given a hand and nail massage which they seemed to enjoy and another person was supported to look at a book and talk about Germany. This person became visibly happy and was interested in the book that they had been provided with. The activities co-ordinator said that they completed life stories with the help of people and their family members and this helped to understand what their past and current interests were so that these could still be enjoyed.

People were able to express their views in the way they wanted to be supported and this was known by staff. One person said "I like to have my breakfast first and then my medication and the staff know this." Another person said "I have got the support I need, I want to be independent so staff just watch and follow me when I walk to the bathroom."

People and relatives were actively encouraged to give their views and raise concerns or complaints. The home had a complaints policy prominently displayed on notice boards within the home. Relatives said that they knew who to speak to if they wished to raise a concern. The manager said that they had good lines of communication with relatives and family members and any issues were resolved as quickly as possible. For example one relative said that their family member had felt claustrophobic in one of the rooms, this was discussed with the staff and they were promptly moved to a different room with larger windows. We also noted that the results of recent relative's survey showed that relatives had confirmed that they knew how to raise a complaint. The manager also acted upon feedback to improve the service. Changes had been made to enable people to have a separate dining area in which to enjoy their main meals, and areas of the home had been re decorated.

Good

Is the service well-led?

Our findings

Staff were happy in their work and said that they were pleased with the changes that the manager had introduced such as the re decoration of the home and they had confidence in the way the service was managed. The service had good visible leadership from the clinical lead and the manager. Staff said the manager is "really good." Other staff also said "The manager is getting more support now so that changes are happening to make it a better home." The manager had identified a personal need to develop more managerial skills and this was supported by the director of the company. The manager arranged to spend three weeks working alongside a more experienced manager. "This helped me to bring back ideas to improve the home." We were shown some of the changes that had been made as a result of this, and plans for further developments.

Staff had the opportunity to discuss the service and raise issues with the manager during informal day to day conversations and formal staff meetings. Comments made by staff were acted upon by the manager. For example such as the requirements for more linen and this had been promptly addressed. However staff said that they never had to wait until a meeting was arranged as they could always talk to the manager and bring things to their attention. One member of staff said they found the staff meetings useful as they were updated about any changes to the service. Staff also said they were praised for their work and felt like a team. Staff also said that they felt that the manager listened to feedback and was fair and approachable. Staff understood the philosophy of the service and how they can contribute towards this by delivering good care to people. One member of staff told us how much they loved working at Wheatsheaf Court. They told us 'It's more than just a job.'

There was a whistle blowing policy in place at the home. Some of the staff did not know what the term whistleblowing meant but they all said that they understood the principles and if they had any concerns they would ring the Care Quality Commission.

Quality monitoring of the service was in place. We looked at a variety of the audits that had been completed on a monthly basis such as falls, accidents and the safety and cleanliness of the environment. We also noted that audits to monitor people's care records and medicines were also in place with action for staff to take if required to improve any areas. We noted that all of the audits had a corresponding action plan to track progress of any outstanding issues. Records were well kept and there was a robust governance system in place to continuously monitor the quality of the service.

We found there were systems in place to ensure that incidents were recorded and reported correctly and any safeguarding issues were notified immediately and acted upon. The manager was clear on their responsibilities to notify us and we had received notifications in line with the regulations.

The manager saw concerns and complaints as part of driving improvement. While there were no active complaints within the complaints folder the manager said that most concerns can usually be addressed straight away and are resolved to the satisfaction of the concerned person. People and their relatives were encouraged to provide feedback on the service. The results of the recent survey contained comments such as "Home from home and a warm welcome always greets you." Where there had been any negative comments the manager told us that they had responded on an individual basis and had made some changes for example the re decoration of a bedroom. They also said that they had 'an open door policy' and relatives often came to talk with them.