

Richard Whitehouse

Wheathills House

Inspection report

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Date of inspection visit:
05 October 2020

Date of publication:
10 November 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Wheathills House Residential Home is a residential care home that was providing personal and nursing care to 20 people aged 65 and over at the time of the inspection. The home is situated in a rural location with extensive grounds for people to use. People have single occupancy bedrooms and the home has been designed to enable people to move around independently. Due to the location of the home there is limited access to public transport or local amenities.

People's experience of using this service and what we found

Quality audits were completed although these were not always effective to identify where improvements were needed.

Infection control procedures were in place and there had been no outbreaks of COVID 19 in the home. However, further improvements were needed to ensure PPE was worn safely and used to prevent transmission of infection. There was a designated area for relatives to visit people safely.

People's care plans generally included information that gave staff information on how to support people. Further information was needed to support people with complex needs and to record care interventions.

Relatives felt people received the care and support they wanted. Staff hours were assessed in accordance with a dependency tool which calculated the number of hours of support people needed. Staffing will need to be kept under review to ensure people remain safe and people receive support when this is needed.

People's medicines were managed safely, and audits were completed to ensure people received their medicines.

There were good communication systems to ensure relatives were kept informed about people's well-being and current restrictions during the coronavirus pandemic. The provider worked in partnership with health care professionals to ensure people continued to receive the care they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (Published July 2019) and there were multiple breaches of regulation. At this inspection we found improvements had been made although the provider was in breach of one regulation. The service remains rated required improvement.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-

led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wheathills House on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Wheathills House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out this inspection.

Service and service type

Wheathills House Residential Home is a residential care home that accommodates up to 30 older adults who may be living with dementia. There is currently a condition on the provider's registration to restrict admissions to the home. There were 20 people using the service at the time of this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager is also the provider of the service and we have referred to them as the provider throughout the report.

Notice of inspection

We gave the provider a short period of notice of our inspection to ensure we could carry out our inspection and follow the provider's infection control policy.

What we did before the inspection

Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events

which the provider is required to send us. We had not requested a provider information return (PIR) to be submitted to us at this time. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

We reviewed the information sent to us by the provider for assessing people's needs to help us assess risk, as required within their conditions of registration. We spoke with the local authority and two health care professionals regarding the support people received. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and two staff, and we reviewed a range of records. The records included five care plans, medicine records, staff recruitment and a variety of records relating to the management of the service including care audits and infection control procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. We spoke with three relatives and two further members of staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. However, improvements are still needed to ensure people's safety.

- Where people needed a specialised diet due to the risk of choking, guidance had now been sought from health professionals to ensure food was prepared safely to reduce risk. Staff understood how to prepare the food and drink and adapted equipment was available to support people to retain their independence.
- Further improvements were still needed to ensure that where people had complex needs, clear guidance was available to demonstrate how they needed to be supported to stay safe.
- People were supported to change position throughout the day to reduce the risk of skin damage and health professionals told us the staff understood how to reduce risk. However, there were no records of the positioning and when they were assisted, to ensure this met the agreed care plan.
- Some people needed support to move or rise from a seated position and equipment was used to support people safely. We saw staff were courteous and guided people with compassion when they helped them to move. Risk assessments recorded how staff should assist people to move and photographs had been taken to show where people liked to place their hands safely on equipment to help them feel secure and safe.
- Some people needed specialist equipment to sit comfortably and safely. A health care professional told us the provider had been responsive and provided a new chair for one person who needed to have their legs raised.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. However, improvements were still needed to ensure people's safety

- People's medicines were managed safely, and staff had received training to ensure people received their medicines at the right time.
- Medicines records were completed when people were seen taking their medicines and there were protocols in place for medicines prescribed on an as required basis.
- The management team had an audit system to help ensure safe administration and storage of medicines was reviewed.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were suitable numbers of staff on duty. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18. However, improvements were still needed to ensure people's safety.

- Relatives and visiting professionals felt there were enough staff to provide people with the support they wanted.
- The staff were available to support people. People in the main lounge were involved a discussion regarding nature, identify plants and trees and discussing autumnal changes. We heard a lively discussion with people laughing and sharing experiences.
- Where people sat in the small lounge, staff visited them often to check on their welfare.
- Staff responded promptly to call bells and they felt they had sufficient opportunities to support people and spend time with them.
- However, at night time, only two staff were available to provide any support. Some people may need assistance to move or support with continence. This meant when people received support there were no other staff available to provide assistance in the home for other people. Some people had sensor mats to alert staff to any movement to reduce risk and staff felt people received safe support and they were available when people needed them. The provider completed a dependency tool and was confident that the staffing provided met people's current needs.
- People had an assessment to record the assistance they needed to evacuate in the event of a fire. We saw this did not always match the support they needed, and this may impact on the number of staff needed through the night.
- When new staff were recruited to the service, necessary checks were completed to ensure staff suitable to work with people who used the service.

Preventing and controlling infection

- There had been no outbreaks of COVID 19 in the home and we were assured that the provider was accessing testing for people using the service and staff.
- Staff had received training and understood the need to protect people from the risk of infection.
- The staff had access to personal protective equipment (PPE) and we saw they wore masks, aprons and gloves to limit the risk of infection. However, we were not assured that all staff were using PPE effectively and safely. We saw some staff touched their mask and touched surfaces around the home, which meant there was a risk of contamination onto these services. PPE was not always taken off and then disposed of safely and in line with current guidelines.
- We were not assured that the provider's infection prevention and control policy was up to date to ensure this met current guidelines. We have signposted the provider to resources to develop their approach.
- An area had been designed for visitors and there were masks and hand gel for people to use. Visitors were

required to complete a health check prior to visiting the home. We were assured that the provider was preventing visitors from catching and spreading infections.

- When people were admitted into the home, they spent fourteen days in self-isolation and staff provided support in their bedroom.

Learning lessons when things go wrong

- The registered manager had reflected on where improvements were needed and developed an action plan. We saw improvements had been made and the registered manager had plans in place for further improvements within the service.

Systems and processes to safeguard people from the risk of abuse

- Relatives felt people were safe and were supported by staff to keep well. Staff had received training about how to safeguard people from harm and understood how to identify signs of potential abuse and knew how to report this to help to protect people from future harm.
- Where potential harm had occurred, we saw the registered manager had liaised with the local safeguarding team to ensure investigations had been completed in a timely manner.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we identified that improvements were needed to ensure effective quality assurance systems were in place. We found further improvements were still needed.

- Quality assurance audits were completed on care records; however, these were not always effective. The audits had not identified that care records had not been reviewed to include information about how to safely evacuate people and whether records were completed regarding care needed throughout the day.
- Where people had complex needs, behavioural charts were completed to record what had happened and any consequence, although it had not been identified that the care plan needed to be reviewed to ensure this included information about how to provide the necessary support.
- Infection control audits were completed, although these had not identified PPE was not always been used or disposed of safely after use.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives felt the service was managed well; they knew who the staff were and who they could talk to if they wanted. They told us there was good communication from the provider and staff in the home and felt confident that staff cared about their relative and wanted to ensure they received effective care. One relative said, "I think [Name] is safe here and I have peace of mind."
- Staff and relatives felt the registered manager and deputy manager were visible and always available to provide them with support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had informed the CQC of significant events in a timely way which meant we could check that

appropriate action had been taken.

- Requests for admissions to the service had been made to comply with conditions of registrations. Where additional information was needed, this was provided to ensure we could review whether people were suitable to move into the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were opportunities for people who used the service and relatives to share their views about the quality of the service provided. Relatives told us the provider and staff had kept them informed about their relatives when they were not able to visit, due to the restrictions of coronavirus.
- Due to social distancing, team meetings had not been conducted, although staff informed us they had opportunities to talk with senior staff individually to discuss any concerns or for personal development.
- Prior to the coronavirus pandemic, surveys had been sent to people, relatives, and other stakeholders to gather feedback about the quality of the service provided. We saw that people had responded positively and were satisfied with the care they received.

Continuous learning and improving care

- Relatives and health care professionals were positive about the changes made within the service and told us the staff and management team listened to what they said. One health care professional told us, "There's been a lot of change over the past two years which has been very positive for people."

Working in partnership with others

- The registered manager and staff worked closely with health care professionals to ensure people received health care where this was needed. One health professional reported people received good care and staff were responsive and completed necessary care between their visits, which meant people had positive outcomes and improved health.
- The registered manager had begun to work with the local authority to ensure they were working in accordance with people's needs and obligations and agree a commissioning contract.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not been established and operated effectively to ensure the quality of the service was assessed, monitored and improved.