

Barchester Healthcare Homes Limited

Wheatlands

Inspection report

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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 took place on 8 September 2016 and was unannounced.

Wheatlands is registered to provide accommodation with personal care to a maximum of 53 people. There were 36 people living at the home on the day of our inspection. Some people occupied double rooms which were used as single occupancy. Due to this the home was considered full when 46 people were accommodated there. People were cared for on two units, the Corris unit and the Ellis unit which predominantly provides care for people with dementia.

A registered manager was in post and was present during 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.

People felt safe living at Wheatlands and felt safe when staff supported them. Staff had received training in how to protect people from any abuse, discrimination and avoidable harm. They understood the action they would need to take if these occurred. Risks to people and the environment had been identified and assessed. Staff followed the plans which were in place and helped to reduce these risks.

Relationships between people, their relatives and staff were positive, caring and respectful with plenty of smiles and laughter. Everyone was relaxed and comfortable in each other's company. People felt they mattered and felt listened to when expressing their choices and wishes.

People were supported and spoken with in a dignified and respectful manner. Staff showed warmth and affection when caring for people. Staff respected people's privacy and encouraged their independence whilst keeping them safe. People were given the time they needed to understand, respond and communicate with others.

People were supported to be involved in conversations and interests that meant something to them. Staff encouraged and supported people to reminisce and identify how they wanted to spend their time. Staff knew the people they supported and what was important to them. People were cared for as an individual and staff responded to changes in people's needs to make sure these were met.

People received the care and support they wanted and felt staff respected and knew their preferences in how they wanted their care delivered. Staff understood people's care needs and how to support them effectively. They were provided with training to ensure they had the skills and knowledge to effectively meet these needs.

People were involved in making decisions and giving consent to their own care. When people could not make their own decisions their rights were protected. Where decisions were made on people's behalf these

were made in their best interests.

Staff supported people to maintain a healthy balanced diet and supported them to make their own choices about what they wanted to eat and drink. People's routine health needs were met and referrals were made quickly when people needed other healthcare support or staff were worried about a person's health.

The provider had introduced a new programme to enhance dementia care. This had improved and enhanced the wellbeing of people who lived at the home.

People were happy with the care and support they received and gave positive comments about the staff and management at the home.

The culture at Wheatlands was positive, warm and friendly. People were involved in what happened at the home which included the recruitment of new staff. Staff were proud to work at the home and were passionate about delivering care that responded to people's individual needs.

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 was safe.

People were supported by staff who had received training to protect them from harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. Staff were available to respond to and meet people's needs safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet and understand their needs. Staff respected people's right to make their own decisions and supported them to do so. People were supported to eat and drink enough and access healthcare from other professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they were familiar with and had opportunity to build positive relationships with. People were kept involved in their own care and treatment and staff treated people with compassion, kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care and support was tailored to each person's individual needs and responded to any changes in these needs. People were supported to spend their time how they wanted to and to follow their own hobbies and interests. People were encouraged to give feedback on the care they received and complaints were investigated and dealt with in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

People were involved in what happened within the home and felt their opinions mattered. Staff were motivated and proud to work at the home and wanted to provide the best care they could. Systems were in place that monitored the quality of the service provided and action was taken when improvements were

identified.

Wheatlands

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 8 September 2016 and was unannounced.

The inspection team consisted of two inspectors and one 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.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with 10 people who lived at the home and three relatives. We spoke with eight staff which included the registered manager, deputy manager, team leaders and care staff. We viewed four records which related to consent, people's medicines, the assessment of risk and people's needs. We also viewed records which related to staff training and recruitment and the management of the home.

We observed people's care and support in the communal areas of the home and how staff interacted with people.

Is the service safe?

Our findings

People felt safe living at Wheatlands and with the staff that cared for them. They told us having staff around them not only gave them company but also a sense of security and reassurance. One person said, "I could never be this safe in my old home as much as I loved it." People were able to lock their rooms if they wanted to and told us they would speak with staff if they had any concerns about their safety. Staff understood how to protect people from any danger, harm or abuse that could occur and what they had to do if they had concerns. They were aware of safeguarding procedures and how to raise concerns. Managers were aware of their responsibilities and reported and took advice about safeguarding concerns from the local authority.

People were protected from risks that were associated with their care, medical conditions and the environment. Some people had reduced mobility or could become anxious and confused with others or the environment. Where people had been identified as being at risk these risks were managed in a positive manner. This minimised the impact of any restrictions on their freedom and independence but still ensured their safety. People told us they were involved in discussions about their safety in relation to them pursuing their hobbies, lifestyle choices and accessing the local community. One relative told us about their family member who had experienced a lot of falls before they came to live at the home. They told us this person had not had any falls in the year they had been at the home. They said, "Staff keep them safe but they still get out and about on trips and to the shops, so can still be a bit independent. But, they are never alone for long, not properly alone. You always see plenty of staff around. They are very safe. I feel so relieved that they are safe here now."

Staff understood how to support people safely and followed risk assessments which were in place. One person was at risk of becoming anxious which could have an impact on other people at the home. We saw that when this person became anxious staff responded in line with their risk assessment. This helped to calm the person and divert their attention from what had made them anxious. The deputy manager told us that people were supported to keep safe and risk assessments were completed to ensure staff could facilitate this. They told us that one person was at risk of falls and walked with a walking frame. This person enjoyed a weekly visit to the village to meet friends at the church. The deputy manager said, "Either a relative goes with them or one of us will go. There is never a question about there not being enough staff. We are here to help our residents lead independent and safe lives for as long as possible."

People were supported by sufficient numbers of staff to safely meet their needs. People told us that staff were always around the home and they did not have to wait to get support when they needed it. One person said, "There's always someone around to help me if I want them. If I ring my buzzer when I'm listening to music in my room or it's night time they are here in a flash." Another person said, "Yes, there are always enough staff, even at the weekend." Staff told us they considered there were enough staff to meet people's needs at all times. They told us about the dependency tool the registered manager used to help determine staffing levels. This tool was completed by senior staff and gave detail on people's care needs and how much support they needed. The registered manager told us they analysed this information on a regular basis to ensure staffing levels were sufficient to meet people's needs safely.

Staff confirmed they had not started working at the home before the provider had completed employment checks on them. They told us the provider completed checks on their employment background, their character and their identity. These checks helped to ensure staff were suitable to work with people at the home.

People received their medicines in a safe manner and when they needed them. They confirmed that staff gave them their prescribed medicine when they were meant to have it. One person said, "They give me my tablets twice a day, usually in the morning and at tea time. They give me them in a plastic pot. They tell me what they are for. Some are for my heart, and other things. Yes I get a drink. Sometimes they get stuck you know but the girls wait until I've had them." Some people took medicines only when they needed them, for example for pain relief. One person told us, "I have some tablets for pain if I get it. If I ask for them the girls give them to me straight away. Even in the night." We saw when staff supported people with taking their medicine they spoke with them about the medicine and told them what it was. Staff made sure people had a drink to take and waited with them whilst they took their medicine. Staff spoke quietly and calmly whilst supporting people. They gave encouragement and did not rush the person in taking their medicine. Staff who administered medicines had received training in the safe management and storage of medicines and had their competency monitored and assessed by managers on a regular basis.

Is the service effective?

Our findings

People were cared for by staff who had the skills and knowledge required to support them effectively. People and relatives we spoke with all agreed that staff were well trained and understood how to look after them. One person said, "There are always enough staff and they know how to help me. As far as I know they do a lot of training." One relative said, "I am certain they are well trained. They couldn't do this job otherwise. I'm in no doubt about that."

Staff were able to access training and had the support they needed to carry out their roles. Staff told us about the training they had completed and that they felt it was tailored to their specific roles. One staff member told us they had requested training to help them support people who were receiving end of life care. They told us this had been organised for them. Another staff member told us their role was to support people with their hobbies and interests. They had completed training through a national association to help them support people effectively. All staff received one to one time with their line manager on a regular basis. They told us this was an opportunity to get feedback on their practice and talk about their training or any concerns they had. They felt these meetings were important in making them feel supported. New staff completed a structured training programme where they were supported by experienced staff. One new staff member told us they had a mentor who had supported them since they started working at the home. They were being supported to complete their care certificate. The care certificate is a set of standards that social care and health workers must adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

Staff understood how their training benefitted the people they supported. One staff member told us that as part of their training they had practiced moving other staff with moving and handling equipment. They said, "When it came to doing it for real it makes you realise how they [people] feel. The training makes sure I'm safe as well as the residents." The deputy manager was also the home's trainer. They told us they worked alongside staff to observe their practice. By doing this they then could identify any gaps or individual needs in training. They told us they could then ensure staff skills and knowledge met people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that people were supported to give their consent and make their own decisions about their day to day care. Staff asked people's permission before completing any activity with or for them. We saw people's capacity had been considered in accordance with the MCA and the MCA code of practice. The team leader in the Ellis unit told us they had been trained to complete capacity assessments and told us they worked with the local authority to ensure decisions made on people's behalf were in their best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The deputy manager confirmed that 10 people who used the service were subject to a Deprivation of Liberty. A further nine applications had been submitted to the local authority and were waiting to be authorised. The registered manager told us that they monitored the status of these applications regularly. We saw that people's risk assessments identified plans to ensure people's safety whilst these applications were being processed. Staff we spoke with were aware of people's DoL authorisations and why they were needed to protect people's safety.

People were supported to eat and drink enough and encouraged to maintain a well-balanced diet. We saw systems were in place so staff were able to recognise when people were experiencing problems with eating and drinking, had lost weight or were at risk of malnutrition. We found one person had recently lost weight. This person had been referred to their doctor and speech and language therapist for assessment. By working together with other professionals a plan was implemented and this person's weight started to increase. Staff told us when this person did not like the pureed food they were given they were offered homemade smoothies instead which they enjoyed. Staff told us that if any person does not like any food on offer then they will always work with the chef to ensure their preferences are met and they receive food they enjoy.

People told us they enjoyed the food they received, had good choices of meals and they had a choice of where to eat their meals. They also told us they could change their minds if they wanted. One person said, "You can do what you like and eat what you fancy all the time there are no restrictions here. Sometimes it's like being in a five star hotel. The food is beautiful. We have a lot of choices. It is even better now we have the new chef. He's very imaginative but it was always tasty and there is a good variety." We saw people were offered plenty of choices at lunchtime which included a wide choice of soft and alcoholic drinks. Throughout our visit people had access to drinks and snacks and fruit was available in the communal areas of the home. One person said, "We have some really lovely food. Beautiful just beautiful. I have what I want and do just as I please. Sometimes I eat in my room, sometimes the dining room. I do what I like. If I want a snack later as well and am a bit peckish at suppertime I just let the girls [staff] know. You can have anything at any time."

People were supported to maintain good health and had timely access to healthcare services when needed. People told us that they had regular check-ups with their doctor, dentist, optician and chiropodist. Three people also told us that staff took them to hospital appointments if needed. One person said, "Oh yes they will get the doctor if they need to if I'm a bit off colour or something. They take me for my hospital check-ups when it comes around. They are very good." During our visit we saw two people from the Ellis unit were taken separately to their dentist by staff. We saw the loss of staff did not impact on the care people received for those who remained on the unit.

Is the service caring?

Our findings

People and relatives consistently praised the caring approach staff had. They all told us they considered staff to be kind, caring and considerate in their approach. They all felt they had positive relationships with the staff which they valued. We saw one staff member talk with a person about their trip out with a relative that morning. The staff member took the time to sit alongside the person and talk about where they had been and what they had done. This person told us they felt the staff knew them and that they were respectful and caring. They said, "Life couldn't be any better for me. To be here with these wonderful people [staff] who treat me so kindly and with such love is all I want and need. I could not have a better life thank you." These thoughts were echoed by relatives we spoke with. One said, "I can't thank the staff enough. They have changed my life and [person's name] life. There are always plenty of staff and they treat [person's name] like a real person." Another relative said, "It's super here, the best I've seen. Staff are first class. They are kind and considerate, not just to [person's name] but to everyone."

We saw staff knew the people they cared for well and showed exceptional understanding and concern for people's well-being. One person said, "The girls are wonderful. Yes, of course they are respectful. They treat me as if I'm really special and so kind to me. If I'm a bit down they sit with me in my room for a chat. They make me feel better every time and they tell me they are always here for me." Staff told us about the support and reassurance they gave to one particular person in ensuring they had company and ate enough whilst their family member was in hospital. Staff spoke with compassion as they described the care and attention they gave to this person and the importance of making them feel valued.

Staff took care to make sure communication and contact with people was meaningful and had a positive impact on them. We saw staff hold one person's hand for reassurance. Their care plan stated that this person liked this. We saw another staff member gently reassure a person when they expressed a wish to leave the home. The staff member spoke with the person in a calm and reassuring way which calmed them visibly. At the end of the communication the person hugged the staff member. This person told us staff were always asking if they were alright and we saw this was the case. They said, "It could be a miserable place but it's not. We always have a laugh." We saw kind and caring interaction from a staff member who gently woke one person for their lunch. They gently touched the person's hand and reassured them that they would help them to the table if they wanted to go. They spoke with them appropriately and were patient in waiting for the person to wake up fully and make their decision.

People, relatives and staff greeted each other warmly. All staff, whatever their role, stopped and chatted with people as they passed them around the home. We saw and heard plenty of laughter and friendly chatter throughout our visit. One person said, "You can have a laugh here." They were seen engaging in friendly chat with other people and staff as they walked past. Everyone stopped and spoke with this person and they told us they liked this interaction. Another person told us the staff were nice and they got on with everyone at the home. They said, "It's just like being at home" and that staff were "just like friends". Staff addressed people respectfully and along with people's names being used we heard staff address people as ladies, gentlemen and sir. The registered manager told us they wanted the home to be a friendly environment where people felt comfortable and valued. They said, "We treat everyone with respect and how I would want my own

parents treated."

People were supported to be involved in and express their own views about their care. They told us they were always offered choices and kept informed of what was happening when staff supported them. One person said, "You couldn't ask for better care, better food or better choices, anywhere." One relative told us that staff offered their family member the menu to make their meal choice from even though they would not remember what choice they had made. They said, "I think it's more important for [person's name] to be treated as they would have been before they developed dementia. They are a very proud person. I like the fact that [person's name] is treated with importance and respect here. It would be important to them if they could tell you that."

People were supported to make their own choices about their daily support and care throughout our visit. We saw that people were given choices and involved in making decisions about what they wanted to do with their time. One person told us that they were always offered choices which made them feel in control of what happened to them. We saw one person chose to sit in an armchair and have their meal there and this was facilitated with no fuss. People were shown plated meals to help them make their choice of what they would like to eat. Staff offered discreet support to people in a way which showed respect to them and did not single them out.

Staff understood the importance of supporting people to exercise choice. One staff member said, "Even though a resident may have limited capacity they still have to be involved in what happens. We support people to make choices. We ask them what they want, give them options. We will accommodate their wishes." One staff member told us that they considered the needs and personalities of the people who already lived on Ellis unit when looking to assess potential new people. This was to ensure a positive mix of people. It was apparent that people had made friends and some people spent time together while sitting and eating.

One person had been able to bring their cat with them when they came to live at the home. Staff had recognised the importance of the cat to the person and supported them to look after it. In order to do this the person's bedroom was next to an outside door. The cat also had their own care plan so staff were aware of and able to support this person to look after their cat.

People's privacy and dignity was maintained and respected by staff. When staff spoke with people about personal matters this was done discreetly and quietly. Staff knocked on people's bedroom and toilet doors and announced who they were before they entered; asking "Is it okay for me to come in?" Throughout the home there were plenty of communal areas where people were able to spend their time. Some of these also served as quieter and more private areas for people and their visitors to meet. Relatives told us they felt welcomed by staff and were able to make their own drinks in a café area of the home. One relative said, "We can make a drink ourselves whenever we want. The girls are always bringing drinks anyway but the relatives have a café area where we can make one or get a cake or snack. It's just a great place here. I would never have imagined it would be like this."

People were encouraged and supported by staff to maintain their independence. We saw staff supported people to do things for themselves and to retain control over how much they did. At lunchtime staff gave discreet help only when needed and agreed. One person had a shed within the grounds of the home where they liked to spend their time. They said, "I have a shed up the back. They [staff] pop up now and again if I've been up here for a while to check I'm ok and safe. I'm alright you know but its good of them to check." The deputy manager told us, "Several of our residents spend some of their time during the day out of the home, whatever the weather. They like to get out and about doing their own thing and we encourage and support

them to do that, either with support from staff or just by verbal encouragement."

Is the service responsive?

Our findings

People consistently gave us positive feedback about the care and support they received. They told us that staff supported them and provided their care the way they wanted it. One person said, "They [staff] are just amazing. Nothing's too much trouble for them. They are golden." People and relatives referred to staff as "wonderful", "amazing" and "brilliant".

Staff demonstrated they were able to provide care and support that was centred on the people they supported. They clearly knew people as individuals and knew their preferences and life histories. We heard one staff member facilitate a conversation between two people after they had shared they both enjoyed dancing. We saw one staff member speak in Spanish with one person who greeted them back in Spanish. The staff member told us this person's first language was not Spanish but they had spoken it when they were younger. When this person's dementia affected their memory they reverted back to it as they had when they were younger. By using it at other times it was hoped that the person would know they could communicate with at least one person at the times when they spoke Spanish.

People told us that staff were available when they needed them and that they responded to their needs quickly. One person said, "There is always plenty of staff around. Nothing is ever any trouble for them. If I'm in my room the girls are always popping in. If I'm sitting out here doing my knitting they will stop and chat on the way. They see how I am and what I'm doing. The staff are amazing here."

The home had recently been part of a pilot group to trial Barchester's new 10-60-6 programme to enhance dementia care and was awarded accreditation in May 2016. The new programme is designed to enhance the person-centred care delivered and improve the well-being of individuals living with dementia in a care setting.

One staff member told us that the 10-60-6 programme looked at people first and not their dementia. They told us that as a result of the programme they had made changes which had positively impacted on the people who lived at the home. They had seen people engage and become more responsive through improving the environment. We saw that throughout the home there were themed areas for people to interact with. Most of these areas were in the Ellis unit where we saw cribs, dolls and baby clothes. Hats, scarves and tactile items of clothing were seen on coat stands along with tactile wall hangings. One area had pictures and items associated with the sea side, another area had a musical theme and other areas included gardening and sewing items. Throughout the day we saw people used these areas and interacted and engaged with these items. We saw one person sat in an area which had been designed to replicate a comfortable lounge. The registered manager told us this person preferred to spend their time in this area. This was because it reminded them of their home as it was smaller and cosier than the main lounge.

We saw that staff responded positively and encouraged people to reminisce. We heard one person comment on the sheep they could see and that a member of their family used to have sheep. They went on to chat with one of the staff and was encouraged to reminisce about these times they remembered. One staff member said, "Some of them have led very full lives and we'll sit and talk with them and look at

photographs with them and it is really interesting to hear these things." People were also invited to attend a 'memory café' within the home. This was run by a local charity which was led by volunteers and encouraged people to socialise and reminisce with others. This took place in the home's rainbow café where people and visitors were able to socialise and make their own drinks away from the communal lounges.

We saw people had personal books titled, 'my memories'. These had been developed to give social information about the person and were focused solely on the person as an individual and what was important to them. They included pictures and information about people's past history, their likes and dislikes, hobbies and family. These were kept in people's rooms so that staff and visitors could refer to them and initiate conversations with them.

We saw staff were quick to respond to changes in people's emotional and behavioural needs throughout our visit. We saw staff were alert to the change in tone, volume and challenge in one person's voice. A staff member sat alongside the person and asked if they wanted a walk to collect their newspaper and then have a cup of tea. This person had their attention diverted by the conversation and the situation was quickly defused by the staff member's actions. Staff used gentle touch and quiet words when people became anxious. They demonstrated an understanding of each person as an individual and their different personalities

People were involved in reviewing their care and support needs to ensure it responded to their changing needs. One person said, "We are having a meeting soon. You know, one of those reviews. We do them from time to time to make sure nothing has changed and I am still happy. My son comes as well." Another person told us about how staff had supported them when their health had deteriorated. In order to ensure this person got the rest they needed staff had arranged for the person to move rooms. They said, "They are brilliant. If it wasn't for them I don't think I'd still be around with my problems. It's because of them that I get to rest and relax ..."

We saw staff responded to identified changes in people's needs in a timely manner. One staff member showed us the assessment tool used to assess people's pain. This enabled staff to identify people's well-being, depression and pain levels. Staff looked at how people's medicines and health could affect these scores and then took action based on the assessment. We saw this had been used with great effect for one person whose well-being improved due to timely intervention from staff who contacted their doctor. We also saw that where staff monitored one person's increase in falls they were able to establish a pattern to when these occurred. Due to the responsiveness of staff they were able to ensure this person received the one to one support they needed.

People were supported to spend their time how they wanted to. One person said, "I like to go out as much as I can, either into the village or on the trips they organise here. We go out once or twice a month. We went on a boat trip last month and to Dudmaston Hall." Another person said, "I go into the village to meet up with old friends and do a bit of shopping if I fancy." One staff member said, "Some residents prefer to spend time alone, relax and spend time in their rooms. It's their choice. We ask them what they would be doing if they were in their own homes and then start to talk about whether they want to do these things here. It's very much led by them."

One person told us they had plenty of opportunity to take part in social events around the home. They said, "There are lots of things to do here, whatever you like. We have entertainers, we have a lady who plays the flute for us and the ukulele and does the rainbow club (Forget-me-not café) once a week. We do board games, jigsaws, baking, you name it, it goes on here. One man does gardening and helps with plants. We have parties and musical movement. You can opt in or out. You are free to do as much or as little 'in house'

as you want."

The activities co-ordinator told us they tailored events and interests to each person's needs. They spoke about looking at people's life histories, what they used to enjoy and how they could incorporate these into their everyday life now. They said, "Group activities are not for everyone so we monitor what suits each resident and their engagement with activities. We then can work with them to improve their confidence, if needed, to come and get involved." They told us about one person who was shy when they first came to live at the home but they were passionate about the items they collected. Staff had encouraged them to share and talk about this at small "group get togethers". The activities co-ordinator said, "We encourage their interests and hobbies through groups. We found they were proud [of their collection] and wanted to show off what they have collected."

On the day of our visit we saw people engaged in many different pursuits. We saw people, for example, reading, drawing, talking with each other and staff or knitting. There was a variety of daily newspapers around the home, magazines and jigsaws in progress. People were able to sit quietly or take part in what happened around the home and we saw staff respected people's preferences with regards to this. There was an active and happy atmosphere throughout the home and in the different communal areas. One person said, "I go to church each week. . . .I can still get there but for those that can't do that we have the vicar coming in. That's very good too. It means we can still do the things we like to do with our religion." Staff told us about 'domestic Wednesday' where people got involved in dusting, folding napkins or polishing. On the day of our visit the morning event was exercise to music. Most people joined in with this and as the session progressed more people were motivated to do the exercises. One relative told us their family member did not like to join in with music sessions which took place but they liked to listen. We saw this person involved in the exercise session and they told us afterwards that they had enjoyed it.

People and their relatives were encouraged to give their opinions about the care they received and to raise any concerns or complaints. People told us there were regular meetings and they saw the registered manager often so had opportunities to speak. One person said, "[The staff] talk to us and they send us questionnaires about what we like and what we don't, every year in fact. We have big meetings but there's nothing at all to moan about here. We just make plans and talk about food and going out. If I wasn't happy about something though I'd say so." They went on to tell us about the individual meetings they had with staff every few months. They told us this was to look at their care and if anything had changed. They finished by saying, "There's lots of opportunities to put things right if it need to be. It's lovely here though. I have no worries at all."

People and relatives told us they were confident any feedback or concerns would be dealt with appropriately. One person said, "It's good here. I have no complaints." People told us that if they did have any issues they would speak directly with the managers or a member of staff. The registered manager told us they had created a social event for one day a month. This was dedicated time where they were available solely for the people who lived at the home. They stressed that this was not 'formal' but was time that people knew they could spend with the registered manager, chat and give their feedback about the service. We saw complaints received were recorded, investigated and resolved. The registered manager told us that where possible lessons would be learnt from feedback and complaints received. Any necessary and appropriate information would be communicated to staff as needed to keep them aware of any issues which affected them. Where needed the registered manager offered mediation support to complainants to help resolve any issues.

Is the service well-led?

Our findings

People were involved in what happened at the home. They told us they felt they had a voice and had a say in how the home was run. One person spoke about the importance of being included in what happened at the home. They said, "It's good to get together and talk about things we'd like to do and about the menu. I like to take part. It makes me feel as if I am helping those that can't speak up as much. There's nothing to complain about at all, but I would if I had to. The meetings are about trips, events and birthday planning." People told us they saw the registered manager around the home and that they would stop and chat with them. The registered manager told us they tried to walk around the home each day. They said, "It's important to be able to sit down and talk with them [people]. What we do is all about making their life better."

People were encouraged to take part in the recruitment process of new staff. We spoke with one person who had recently interviewed a new staff member. They said, "When we had a resident's meeting we were asked if anyone wanted to help to decide who our next member of staff would be. I jumped at the chance. After all, we are the best judges." We also spoke with the staff member this person had interviewed. They told us, "It gave me more confidence when I first started as I had already met them. They helped me by introducing me to the other residents. I felt I had already started building a relationship." The deputy manager told us it was important that people had a say in who cared for them. They said, "They're [people] ultimately our boss, they are the ones who are receiving the care. The staff member comes in and already knows some of the residents so they have started building relationships. How better than this can we show person centred care than residents choosing who delivers their care." They told us the idea was bought back from the provider's conference where they looked at how staff could empower people to be more involved within the homes.

All staff we spoke with gave us a clear message that they considered Wheatlands was the home of the people who lived there and that it was not the provider's home. They spoke and behaved with pride and enthusiasm and told us they worked for the benefit of the people they supported. We found a welcoming and friendly atmosphere throughout our visit. Staff were keen to tell us about the home and the people they supported. One staff member said, "I always do my best for them and I go home happy because I know I have." One staff member told us that most staff had worked at the home for a number of years. They told us this helped to create a sense of homeliness as people and staff knew each other well.

Staff felt valued by managers and the provider. They told us they were able to make suggestions for improvements and felt listened to. Staff had felt part of the recent dementia care pilot and the improvements which had been made within the home. Staff told us they felt supported by colleagues and managers and always felt they could discuss ideas or concerns freely. One staff said, "The [registered] manager sorts out any problems. We all work well as a team and we always know what is happening with the residents or around the home."

The registered manager told us they felt supported in their role and that the provider listened to them. They worked closely with managers from the provider's other homes and had quality and support visits from the provider's regional and divisional directors and their own line manager. Staff were clear on their roles and

responsibilities within the home. They told us they felt supported and motivated by the managers at the home to provide the best care they could. Resources were available to develop and drive improvement within the staff team. One staff member told us the registered manager "saw my potential" and had supported them to access training to develop their role.

The registered manager understood their regulatory responsibilities and had submitted statutory notifications to us as required. However, we found they had not notified us of one incident where there were concerns for a person's safety and welfare. The registered manager confirmed that although they had made the appropriate referral to the local authority regarding this safeguarding concern they had failed to notify us. The registered manager acknowledged this was an oversight and they had not done this. They provided us with further information after our visit.

We saw that information gained from assessment and monitoring of the care provided was used to make improvements and benefit the people who lived at the home. Regular quality checks were completed by staff and managers on areas such as medicines, documentation and the environment. Senior managers from the company completed their own checks on the quality of the service people received at the home. Feedback was given from these quality checks and action plans developed to make any necessary improvements. The provider had identified issues about the storage and auditing of medicines and had stated the actions that were to be taken. The registered manager delegated these actions to specific staff who had responsibility to ensure the actions were completed. We saw the registered manager had confirmed these actions were completed and the identified issues were rectified. Accidents and incidents were analysed for any patterns or trends and results of investigations used as a learning tool where needed. Results from internal investigations and quality checks were fed back to the provider regularly so they had an overview of how the service performed. This meant they had the assurance that systems in place were working effectively.