

Richard Whitehouse

Wheathills House

Inspection report

Brun Lane
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Date of inspection visit:
22 June 2021

Date of publication:
22 July 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Wheathills House is a residential care home that was providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The home is 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

New governance systems including quality audits had been introduced to monitor the service and identify improvements. The provider recognised where further improvements could be made to ensure greater oversight of the service. Feedback from people, their relatives, staff and healthcare professionals were positive about the care in the home.

People felt safe and told us staff looked after them well. The staff worked well together and understood how to support people in accordance with their care plans and risk assessments. Relatives told us the registered manager and the staff team were very caring and responsive to people's needs.

People's safety and welfare was monitored. There was an overview of accidents and incidents and these were reviewed to help ensure there was not a reoccurrence. Medicines were stored and administered individually and were managed safely. Staffing levels had been reviewed to meet people's needs and staff felt they could support people effectively and were available when people needed them.

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

Rating at last inspection

The last rating for this service was rated requires improvement (Published 12 December 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 5 October 2020 and a breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance in the home.

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, Caring 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 is requires improvement. This is based on the findings at 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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was 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 is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with the registered manager, care manager, administrative manager, three care staff and two auxiliary staff. We reviewed a range of records including five people's care records, management of infection control and COVID-19 testing arrangements, recruitments records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from two relatives and two health care professionals.

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 now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and were protected from avoidable harm and abuse. Staff were trained in safeguarding and knew how to recognise and report any concerns to ensure people were protected.
- The provider recorded incidents, accidents and concerns and investigated these. Actions and outcomes were established and communicated with staff to improve the service provided.

Assessing risk, safety monitoring and management

- People had individual risk assessments and staff knew how to keep people safe. For example, where people were at risk of choking this was recorded in their care plan with guidance to support staff to provide safe care. Information was available from health care professionals to ensure their food and drink was suitably prepared to reduce risk.
- Relatives felt people were safe living at in the home. One relative reported that the staff ensured people were well cared for and nothing was too much trouble them.
- Staff were aware of how to support people to maintain or improve skin integrity. People were supported to reposition and pressure relieving equipment was in place and checked.
- Bedrails were fitted correctly and routinely checked for safety.

Staffing and recruitment

- The provider had reviewed the staffing to ensure staff were available when they were needed. We saw there were sufficient staff on duty to meet people's needs and to enable people to enjoy social activities. People did not have to wait for staff to respond when they needed assistance.
- Recruitment systems were in place to recruit staff who were suitable to work with people. Staff worked under supervision for two weeks and we saw they did not work alone.
- The provider recognised that staffing would need to change as occupancy levels increased to maintain people's agreed level of support.
- People and their relatives were pleased with the professionalism of the staff at the service.

Using medicines safely

- People now had individual medicine cabinets in their bedroom and medicines were administered individually to people.
- Staff who were responsible for administering medicines, had received training and understood their responsibilities.
- We observed safe practices in the administration, storage and recording of medicines and checks were completed to ensure people received their medicines as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed to ensure trends and patterns were identified and where improvements could be made to keep people safe.
- The provider had implemented a new electronic care planning and audit system in the home to support the development of the service.
- Staff felt the management team kept them informed and they had enough information to carry out their roles well.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had developed positive and caring relationships with staff and were relaxed and comfortable with them. Staff interacted with people in a warm and caring manner, listening to what they had to say and taking action. When people moved around the home, we heard staff ask which blanket they preferred to have and what possessions they wanted to take with them.
- Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances. We saw they used this, to provide personalised care and support that met their individual needs. One relative reported the staff were always polite and nothing was too much trouble and were helpful.
- When people were supported to eat, staff spoke with them and ensured this was carried out in a dignified manner.
- The home was warm and welcoming. People's individual spaces were personalised with many items that had been brought in from their home such as cushions and pictures. The provider was decorating the home and new carpet and flooring was being installed. People spoke positively about the home and felt comfortable and safe.

Supporting people to express their views and be involved in making decisions about their care

- New care plans had been developed with people and included information on how they should be supported with their diet, to maintain their skin integrity and supported to move.
- Care records showed people's views and wishes were taken into account and used to inform their individual care.
- Staff encouraged people to make day to day choices in the way they received their care and people's choices were respected. We saw how staff supported people with choices such as their meals and drinks, where they spent their time and the activities they participated in.
- People and relatives felt staff listened and supported them to make choices about their care, daily and future care arrangements.

Respecting and promoting people's privacy, dignity and independence

- We saw during mealtimes; individual meals could be prepared, and some people chose to have three different meals for breakfast. The staff were patient and provided support to people where needed but also encouraged people to retain their independence.
- Staff interacted with people in a positive, respectful, caring manner and knew how to communicate with

people in the way they understood.

- Staff respected people's privacy. This included knocking on people's doors and waiting for a response before entering. Dignity was respected by staff being sensitive and discreet when supporting people with personal care.

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.

At our last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm and was a breach of Regulation 17 (Good Governance) 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 17, however further improvements were still needed in some areas.

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

- Recruitment procedures were in place, however, the timeliness of carrying out risk assessments and ensuring all necessary records were obtained required improvements, to ensure these were in place prior to working in the service.
- Quality audits were completed to identify where improvements were needed. However, these could be reviewed further to ensure these identified specific information. For example, which infection control products to be used in different areas and suitable for the task and if any as required medicines needed to be reviewed when administered these had been administered daily.
- There were a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as safety checks on bedrails, inspection of the call bell system, and fire checks.
- Care plans were reviewed to reflect how people wanted to receive their care. This included daily records of when people needed support to reposition or monitoring people's diet and drinks. Medicines were reviewed and consideration was being given to a daily audit to ensure any errors were quickly identified.

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

- The registered manager and staff knew people well and people were happy with the support they received. One relative told us the staff were professional and caring, engaged people with activities and they were extremely happy to receive a service there.
- Staff were positive about the support and guidance from senior staff. They told us they were available to provide support and guidance and were approachable.

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

- People who used the service and their relatives told us that they would be confident to raise any concerns

with the registered manager. There had been no recent concerns and complaints.

- The registered manager had informed us of significant events in a timely way which meant we could check that suitable action had been taken.

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

- People and relatives felt the registered manager was approachable and provided them with information about the service and significant events.
- Staff felt they could talk to the management team at any time and could share ideas or concerns.

Continuous learning and improving care

- The registered manager had identified improvements had been needed. They had implemented new care planning systems to ensure care records reflected people's support and risk assessments were completed.
- The registered manager was enthusiastic to embrace new methods of working including electronic systems to support medicines management.

Working in partnership with others

- Health care professionals were consulted where concerns were identified, and additional support provided for people to ensure they remained well.
- Staff followed health care professional's instructions when providing people's care and provided necessary feedback.
- The management team was open to feedback and wanted to use this to improve and develop the service further.