

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Wheatley Lane

21-25 Wheatley Lane, Lee Mount, Halifax, HX3
5HN

Tel: 01422320986

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Bridgewood Trust Limited
Registered Manager	Ms. Beverley Mary Rattray
Overview of the service	Wheatley lane comprises of three small houses which are linked by a shared garden. Care staff provide support mainly to people in two of the houses. Due the high level of independence of people living at Wheatley Lane, staff presence is not required all the time.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We met four people who lived at Wheatley Lane and they told us they were well looked after. They were happy to show us around the home, particularly their bedrooms which were personalised to their individual taste. The home was clean and had a welcoming atmosphere.

We spoke with two support workers who told us Wheatley Lane was a nice place to work. They explained to us the care and support they provided and it was evident they knew people well. We observed positive interaction between the support workers and people living at Wheatley Lane.

We looked at the care records of two people and it showed they were involved in decisions about their care and the running of the home. When risks to people's health and welfare were identified, we saw risk assessments detailing how to reduce the risk and what to do if the risk became an incident.

We saw appropriate arrangements were made to ensure people were protected from unsafe and inappropriate care. This included reviews of care plans to ensure they were up to date and health and safety checks of the environment.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We looked at the care records of two people who used the service and spoke with four people who used the service. We found that people could express their views and were involved in making decisions about their care and treatment.

The two care records we looked at were person centred and care was planned in a way which gave the person opportunities to manage their own care and treatment. For example, we saw that one person was supported to self medicate. We also saw from the minutes of care review meetings that people using the service took part in their care review. We saw they were asked their views about the care and support provided and were given the opportunity to set goals.

The home had made changes to the sleeping arrangements for staff which affected the accommodation arrangements of one person. We saw a meeting was held with this person to ask their views about the proposed changes and the person was able to express their views and make specific requests. We spoke with one support worker who told us they respected the requests made by this person which were in relation to their privacy. They told us, "It's their home."

The care plans also showed people were involved in a range of activities which promoted their community involvement and independence. For example, we saw that one person used the bus to access most of the activities they were involved in. One person we spoke with confirmed they were engaged in various activities such as cooking classes. On the day of our inspection, people were getting ready to go out for the evening and meet friends.

One person told us they felt involved in their care decisions. They also told us regular house meetings were held where they could contribute to the running of the home. We looked at the minutes of these meetings and saw they were held at least every four months. The minutes showed people were actively involved in discussing issues affecting their care.

On the day of our inspection, we observed staff interacting with people in a polite and friendly manner. It was evident they had positive relationship with the people living at Wheatley Lane.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at the care records of two people who lived at Wheatley Lane and could see care was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that risks relating to people's health and wellbeing were identified. The risk assessments provided detailed information on how to reduce the level of risk and, what to do if the risk became an incident. For example, we saw risks assessments were in place for when people were assessed as being able to be at home on their own. We discussed a recent incident with a care worker. From their explanation of the event we were satisfied staff had taken the appropriate action and followed the information written in the person's risk assessment and care plan.

We saw from the care records that people had access to other healthcare professionals such as dentists, chiropodists and opticians. A care worker told us about specific treatment a person was due to have and how they had been involved in helping the person understand the treatment which was planned. They told us how they had requested specific information in a style which was appropriate to the person. The person using the service showed us this information and said they understood the treatment they were going to have.

We looked around two of the houses and saw information to help people with their care needs was displayed in an appropriate format which met their communication needs. For example, there were photographs of the person participating in the activity to remind them what equipment they needed. Two people spoke to us about the photographs and what they meant to them. It was clear they understood the reason for having them displayed.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink.

We spoke with one person who told us they could choose what to eat. We observed support workers preparing the evening meal and involving people in this activity. We saw that support workers checked the temperature of food prior to serving it to ensure it was cooked. We also saw on display care staff's certificates in food hygiene.

The two care sets of care records we looked at contained information about people's dietary needs. It showed consideration was given to nutrition and people were encouraged to eat a healthy balanced diet.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We looked at the infection prevention and control information held within the home and saw there were effective systems in place to reduce the risk and spread of infection. For example, we saw the temperature of water was checked in order to ensure it was maintained at the appropriate temperature for reducing the risk of legionella bacteria. The frequency of temperature checks by staff corresponded with what was written in the infection control policy. We also saw external contractors had visited the home every three months to clean and de-scale shower heads. Again, this is important to reduce the risk of legionella bacteria.

We saw the lead for infection control at the home had recently completed the NHS infection control self assessment and no areas of concern were identified. We also saw staff were kept up to date with issues relating to infection control as regular meetings were held with the infection control lead for the provider.

We looked around the premises and saw they were clean. People using the service were also aware of measures to reduce the risk and spread of infection. For example, one person showed us the different coloured buckets which were used when cleaning the bathroom and kitchen floor.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with two support workers who told us Wheatley Lane was a nice place to work. They told us they had frequent supervision and were able to discuss any concerns with the manager. They told us they received regular training and development.

We looked at minutes of staff meetings and saw they were held every three months. The minutes showed staff were able to contribute to the running of the home, were kept up to date about changes and developments within the organisation and within the social care industry.

We looked at the personnel files of three support workers and saw evidence of staff supervision at least every other month. We also saw a training matrix within each file which showed what training they had completed and when further updates were due. Training included emergency first aid, health and safety, safeguarding and medication administration. We also saw support workers had been assessed as competent in their role and saw they had been assessed in supporting people to take their medication.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We looked at documentation which showed how the provider regularly monitored the quality of the services provided. We saw monthly quality monitoring checks were carried out by the senior management team from the Bridgewood Trust. This included checks on care plans, medication, health and safety and staff training. We saw a copy of the most recent report which had been given to the registered manager and no concerns had been identified.

We also saw the manager completed a monthly report for the operations manager. This provided information about any incidents or events that affected people living at Wheatley Lane. It included appointments people had attended and any problems or issues which needed to be brought to the provider's attention.

We saw regular meetings were held with people living Well Wheatley lane and were asked their thoughts on running the home. Two people also told us they could raise concerns or issues at any time with staff. We looked at the minutes from the meetings held every three months in 2012 and saw people had contributed to ideas about activities and events and had also put forward their maintenance requests.

We looked at a range of documentation which showed the provider assessed and managed risks relating to health and safety of the environment and people living at Wheatley Lane. For example, we saw a fire evacuation plan which identified how to support people in the evacuation of the home if there was a fire. We also saw evidence of servicing and inspecting of fire safety equipment such as fire alarms, fire extinguishers and emergency lighting. We saw fire drills within the home had taken place.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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