

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ 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 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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Requirements relating to workers	11
Records	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 3 February 2014, 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 saw evidence from the records we looked at that people's consent had been sought. We found that the people who used the service were involved in their care planning and received personalised care and support.

We spoke with five people who lived at Wheatley Lane and two staff. We also observed how staff cared for people.

We looked at care plans for the people who lived there. They covered a range of needs and had been reviewed regularly to ensure that staff had up to date information. There were also detailed assessments about the person's health so that staff could support people to keep healthy and well. All the staff we spoke with had knowledge of the needs of the people who lived there.

People who lived there were supported to make choices around the care they received. A staff member told us: "It's not about what staff want to do. It's about what people who live here want."

The home had a safeguarding adults procedure that complied with all of the relevant legislation and good practice guidelines. Staff understood their responsibilities to protect people from harm.

Staff we spoke with were happy to work for the service and told us "I'm happy here." and "We are a good team." We saw evidence that the provider operated an effective recruitment process to ensure that only suitably qualified, skilled and experienced people were employed at the service.

We saw that accurate records were kept and that these were stored securely.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People who lived at Wheatley Lane had been given the opportunity to discuss their care and support needs, and make choices about their stay. We saw from the records we looked at that people had given their consent for this to be carried out. For those unable to give their consent, this was sought from a person who had sufficient knowledge about them and the support they needed. This ensured that they only received the care, support and treatment that they had agreed to.

The staff we spoke with demonstrated knowledge of consent and what to do if they were unable to gain consent. This meant that where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Staff told us that support had been obtained if people had been unable to consent to their care or where decisions needed to be made on their behalf.

A member of staff told us that there was no person in residence at the home who was the subject of a Deprivation of Liberty Safeguards (DoLS) assessment. DoLS ensure that there are systems in place so that if a person lacks the capacity to consent to their care or treatment, their freedom is not restricted more than necessary, and any restriction is in their best interests.

The staff we spoke with told us, "The people here have capacity for day to day decisions. They can let us know what they want." This meant that people were not at risk of being excluded from making decisions for which they were mentally capable on a day to day basis.

We spoke with the registered manager via the telephone during our inspection. They told us, "People can make day to day decisions, and we are very good at asking people for their consent. But, if it involved a complex decision, we would hold a best interest meeting, and involve families and social workers – If staff were unsure about someone's capacity, they would ask either myself or the senior on duty."

The staff we spoke with all confirmed that if they were concerned about a person's capacity, then they would inform their manager. The staff we spoke with told us that they had received training in the Mental Capacity Act 2005 (MCA).

During our inspection we observed staff asking people for their consent before supporting them in any activity. We saw evidence from the records we looked at that people's consent had been sought.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

Reasons for our judgement

During our inspection on 3 February 2014, we saw that staff interacted well with people who used the service and responded appropriately to their needs. We spoke with five people who lived at Wheatley Lane. Those people who were able to talk with us told us that they had been involved in planning their care and that they helped to write their plans. We saw that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan and in a way that ensured people's safety and welfare.

The staff we spoke told us they had supported the people in the home for many years. They told us that they knew the people's mannerisms and behaviours which enabled them to understand the person's day to day needs. We observed staff giving care in an unhurried way. We observed that staff interacted in a kind and respectful manner.

We looked at the care plans and saw that they were well organised, the information was clear and there was sufficient detail to ensure staff were able to provide care consistently. They included specific information regarding the level of support people wanted and required and information which related to people's long term conditions which affected their general health, well-being and safety.

The care plans contained information about the person's likes, dislikes and preferences as well as their support needs. The detailed information ensured staff were knowledgeable about people's specific needs, the way they communicated and what input staff needed to provide.

We saw that care plans were reviewed and updated to reflect any change to individual needs. We saw that people had a range of risk assessments in place that detailed what measures were in place to reduce any identified risks.

Care plans indicated that a range of external health and social care professionals were involved with people who used the service. This ensured that staff had up to date information about people's care and support needs, and the people who lived there would continue to have their individual needs met.

The staff we spoke with had knowledge of the needs of the people who lived there. We saw that staff helped and supported people. Staff told us that the amount of support that a person required was always based on an individual's needs. We asked staff about some of the health needs of the people living there. What staff told us matched what was in people's care records.

The staff told us, "People's individual plans are drawn from the pre-assessment initially. But the plans are built up over time by reviewing people's care." These included assessments of people's eating and drinking needs, daily routines and personal hygiene.

The staff demonstrated how the home's care planning system was used to ensure that assessments and care plans identified people's specific needs and risks to people's wellbeing. For example, we saw that some plans contained behavioural support plans.

We saw that people's records contained risk assessments. These included plans for supporting people in the home; and when 'out and about' in the community. This meant that the risk of people receiving inappropriate care and treatment was reduced because the home was assessing people's needs, and planning appropriate care to meet people's identified needs.

We noted that people's care had been reviewed regularly. We saw that people had been involved in their care reviews. We saw that people's care records included information about whether people were able to make decisions and the kind of decisions they could make independently.

During our visit we spoke briefly with the people who lived at the home. They told us that they were involved in how their care was provided. We asked them how staff maintained their privacy and dignity. They told us that staff knocked before entering their room.

We saw that people were treated as individuals with patience and respect. People we spoke with told us that "Staff are nice, I like all the staff. They also said that they got on well with them and the other people who lived there. Two people showed us their rooms which were personalised and decorated in a way they wanted.

A person told us, "I get to choose what I would like to eat." A member of staff told us, "We try to get people to do as much as they can for themselves." A person told us, "I like washing, and I make my own bed."

We asked staff about the home's procedures in the event of emergencies or situations that could lead to disruptions in services. The home had an emergency plan. This included: the telephone numbers for utilities providers in the event of a disruption to services; the location of the home's mains supplies of electricity gas, and water; G.P lists; hospital contact details; and the contact details for the local authority emergency planning unit. The plan also contained the procedures in the event of missing people.

This meant that people who lived at the home had received care and support that met their needs.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke to staff who told us about their responsibilities and action they needed to take if they were concerned about the safety of people living at the home. The provider had policies and procedures which provided staff with clear guidance about the action they needed to take if concerns were identified. The staff we spoke with were confident in reporting any allegations of abuse appropriately. There had not been any safeguarding referrals made since our last inspection.

The staff we spoke with confirmed that they had received training in safeguarding vulnerable adults. Incorporated into the training was information in relation to the Mental Capacity Act 2005.

The registered provider had developed a range of internal policies and procedures to provide guidance to staff on safeguarding vulnerable adults and whistle blowing.

A copy of the local authority's adult protection procedure was also available for reference.

The people living at Wheatley Lane were observed to be relaxed in their home environment and in the company of the staff team.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We found that the provider operated an effective and robust recruitment procedure. We looked at records to review the employment files for staff members in order to check that information satisfied the relevant requirements.

We looked at selection of the records and saw that a copy of staff's proof of identity, their application form, which included their employment history, and their interview records were kept on file. The records also showed us that people had been subject to checks with the Criminal Records Bureau, now carried out by the Disclosure and Barring Service.

We saw that references had been obtained and health clearances were completed to ensure that people were of good character and fit for work.

We did not speak with people who were living at Wheatley Lane directly about requirements relating to workers. However, we saw that there was good interaction between the staff and people who lived in the home. This showed us that staff had the skills to communicate well with people who lived at Wheatley Lane.

We saw from records that there was a comprehensive induction process for staff new to their role. Staff we spoke with confirmed they had received thorough induction training in essential areas, including for example safeguarding, health and safety and first aid.

We saw evidence of appropriate probationary procedures, appraisal and supervision processes. We also saw that concerns about performance and conduct were dealt with through suitable procedures

There were effective recruitment and selection processes in place as staff personal records showed that they had been subject to appropriate and necessary checks prior to being employed by the service. This meant that the provider had taken appropriate steps to make sure people were safe and their health and welfare needs were met by staff who were suitably qualified, skilled and experienced and received appropriate training to enable them to fulfil their role.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We saw that people's records were organised in such a way as to ensure ease of use. They were systematically laid out to aid staff in accessing information quickly. Care plans were clear and written in an unambiguous way and were regularly updated and signed. People's personal records, including medical records, were accurate and fit for purpose. They had detailed care plans and assessments of risks, tailored to their specific needs, which were regularly reviewed and updated where appropriate.

Records used by the provider were accurate and up to date. Accidents occurring in the home had been recorded. This enabled the registered manager to monitor frequency and identify any recurring patterns.

Records were kept securely and could be located promptly when needed. People we spoke with told us they were confident that records about them were held securely and treated confidentially.

Staff records and other records relevant to the management of the services were also accurate and fit for purpose. We noted that staff records contained relevant details relating to their employment, induction, on-going training and supervision.

We saw that there were records relating to the maintenance and upkeep of the building and equipment and of appropriate health and safety checks.

People's personal information was retained in a confidential manner in order to protect those living at the home.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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