

## Barchester Healthcare Homes Limited

# Wheatlands

### Inspection report

Southfield Road  
Much Wenlock  
Shropshire  
TF13 6AT

Tel: 01952728497

Website: [www.barchester.com](http://www.barchester.com)

Date of inspection visit:  
23 November 2022

Date of publication:  
16 December 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Wheatlands is a residential care home providing accommodation and personal care to a maximum of 53 people. The home currently uses double bedrooms for single occupancy which means they take a maximum of 46 people. At the time of the inspection, 45 people were using the service. Accommodation is provided in one adapted building consisting of two units.

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

People felt safe living at the home and with the staff who supported them. The provider's staff recruitment procedures helped to protect people from harm. Staff had been trained and knew how and when to report any concerns about people's well-being. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the provider's policies and procedures supported this practice. Risks to people were assessed and there were plans in place to mitigate risks. People received their medicines when they needed them from staff who were trained and competent. The provider followed best practice in relation to infection control and prevention and management of risks relating to COVID-19.

The views of people were sought and valued. There were effective systems to monitor and improve the quality of the service provided. The provider worked in partnership with other professionals to ensure good outcomes for people. Staff morale was good and staff told us they felt well supported. Staff received the supervision and support needed to carry out their role effectively. The provider was aware of legal requirements and of their responsibility to be open and honest when things go wrong.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19 July 2019).

### Why we inspected

We received concerns in relation to the general care and welfare of people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Wheatlands on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Wheatlands

## 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 Health and Social Care Act 2008.

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

The inspection was carried out by three inspectors.

#### Service and service type

Wheatlands is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Wheatlands is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a manager in post who had submitted an application to register with us.

#### Notice of inspection

The inspection was unannounced.

### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed 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 and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

### During the inspection

We spoke with 8 people who lived at the home and 3 relatives. We spoke with 7 members of staff which included the regional director, manager, maintenance staff, senior care and care staff. We looked at 4 care plans and medication administration records. We looked at staff training records, 2 staff recruitment files and records relating to health and safety and the management of the home.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people were regularly assessed and there were plans in place to help mitigate risks. This included risks associated with people's mobility, nutrition and hydration and skin integrity.
- Staff demonstrated a good understanding of how to manage people's risks and keep them safe. For example, where people's skin integrity was at risk, appropriate pressure relieving equipment was in place.
- Where people experienced episodes of distress, their care plans guided staff how to safely support the person and mitigate any risks or further distress.
- There were systems in place to ensure people were protected from the risk of fire. Fire detection and alarm systems were checked each week, staff received training in fire safety and a fire risk assessment was in place.
- Each person had a personal evacuation plan which detailed the support they needed should they need to be evacuated in the event of an emergency.
- There were regular checks on the environment and equipment used by people. Equipment had been regularly serviced to ensure they remained safe for people to use.

### Using medicines safely

- People received their medicines from staff who were trained and deemed competent to carry out the task.
- There was a clear audit trail of medicines held at the home. Records of medicines received, administered and disposed of were maintained.
- When people were prescribed medicines 'when required' there were person-centred protocols available to guide staff when to administer people their medicines.
- Medicines were securely stored at temperatures within the manufacturer's guidelines.

### Staffing and recruitment

- We observed a good staff presence and people did not have to wait long for assistance. Staff were also seen spending quality time with people. A relative said, "The staff are really caring. They have time to interact with [relative] and keep them occupied."
- People were protected from the risk of harm because the provider followed safe recruitment procedures.
- References and a Disclosure and Barring Service (DBS) check were obtained before staff started working at the home. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and with the staff who supported them. One person said, "It's lovely here and the staff are lovely too." The relatives we spoke with told us their loved ones were safe and well cared for.
- Staff knew how to recognise and report any signs of abuse and they were confident action would be taken to keep people safe.
- The manager understood when and how to inform us and the local authority of reportable incidents that occurred in the home and we saw they worked in partnership with other professionals to help keep people safe.

#### Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- We heard staff asking people for their consent before assisting them and offering people choices about how and where to spend their day.
- Staff, and the management team, followed best practice when assessing people's capacity to make decisions. Staff knew what to do to ensure any decisions made were in the best interests of the person concerned.
- The provider submitted appropriate DoLS applications, when necessary, to ensure people had appropriate legal authorisations in place.
- The provider had oversight of which people were subject to a DoLS authorisation, whether there were any conditions and when they were due to expire.

#### 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.

#### Visiting in care homes

- The provider's approach to visiting followed the latest government guidance.

#### Learning lessons when things go wrong



- Records of any accidents or incidents were maintained and were regularly reviewed. This helped to identify any trends.
- Where things went wrong, the manager explored the reasons and took steps to reduce the risk of it happening again. For example, additional staff were put in place to monitor a person who experienced periods of distress and could pose a risk to others.
- There was a culture of learning from accidents and incidents which was shared with staff.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- There were effective quality monitoring systems in place. These included checks of people's care plans and medicines. The provider completed regular quality checks on the environment and made changes or improvements where needed.
- The provider completed regular spot checks including out of hours visits. This was matched against a set of standards set by the provider. When improvements were identified these were addressed in a timely way. For example, one person's care plan was updated to account for their recent change in health.
- The management team had oversight of people's health as part of their clinical audits. This included, but was not limited to, reviews of weights, skin integrity and mobility.

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

- Staff told us they felt supported by their peers and the management team. One member of staff said, "[Name of manager] is very approachable and supportive. We have a great team."
- Staff morale was good and there was a happy and relaxed atmosphere in the home.
- There were regular meetings for staff to seek their views and provide updates and information about current guidance and health and safety matters.
- There was a clear staffing structure in place and staff understood their role and responsibilities.
- Staff training, skills and competence were regularly monitored through supervisions, appraisals and regular refresher training.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the home within required timescales.
- The ratings of our previous inspection had been clearly displayed in the home and on the provider's website in accordance with the law.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff completed an annual survey where they could comment on the quality of care provided. Results of the last survey had been positive.
- Following feedback from surveys, the management team produced a 'You said, we did' information sheet

for people and relatives. This gave information about what action had been taken as a result of comments received. For example, additional quizzes and exercises had been introduced following people's comments.

- The manager had established positive relationships with people's relatives and ensured they were kept up to date about their loved one's well-being where appropriate. Relatives were supported to visit people when they wanted.
- People's protected characteristics such as religion and sexuality were discussed with them and recorded in their plan of care. One person was provided with a Mediterranean diet to meet their cultural needs and preferences.

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

- The registered manager had informed professionals when concerns about people had been identified. They had also communicated with people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for the people. These included the local authority, GP's, and specialist health professionals.
- A visiting healthcare professional told us, "They [staff] are really good. They are very proactive and will contact us if they have any concerns and always follow any advice given."