Care Quality Commission

Care Uk Community Partnerships Ltd

Whitby Dene

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

Overall summary

The inspection took place on 29 September 2015 and 1 October 2015 and was unannounced.

The last inspection of the service was on 27 January 2015 where we identified breaches in the Regulations. These related to safe care and treatment of people, management of medicines, consent to care and treatment, respecting and involving people and good governance. The provider wrote to us with an action plan telling is how they would make the necessary improvements.

Whitby Dene is a care home that provides accommodation and care for up to 60 people. The accommodation is divided over two floors. The ground floor accommodates 30 people who are living with the experience of dementia and the first floor accommodates 30 older people. At the time of our inspection 54 people were living at the home. There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider had taken action to reduce risks to people's safety and wellbeing. There were clear up to date risk assessments and the staff had received training to ensure they followed safe practices.

People received their medicines in a safe way.

There were appropriate safeguarding procedures and the staff were aware of and followed these.

There were enough staff employed to meet people's needs. The staff recruitment procedures were designed to make sure staff were suitable.

People had consented to their care and treatment and this had been recorded.

The staff received the training and support they needed to care for people.

People's nutritional needs were met.

People were supported to stay healthy and saw healthcare professionals as needed.

The staff were kind, polite and caring. People said they had good relationships with the staff.

People's privacy and dignity was respected.

People's needs had been assessed and care was planned to meet these individual needs.

There was a range of organised social activities and people were supported to take part in these.

People knew how to make a complaint and felt the provider listened to and acted on concerns.

The provider undertook a range of audits and checks on the service. There had been improvements to the service since the last inspection and new audits had been introduced to maintain these improvements.

The provider was working with other professionals to improve their understanding and support of people who had dementia.

Summary of findings

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.

The provider had taken action to reduce risks to people's safety and wellbeing. There were clear up to date risk assessments and the staff had received training to ensure they followed safe practices.

People received their medicines in a safe way.

There were appropriate safeguarding procedures and the staff were aware of and followed these.

There were enough staff employed to meet people's needs. The staff recruitment procedures were designed to make sure staff were suitable.

Good

Is the service effective?
The service was effective.

People had consented to their care and treatment and this had been recorded.

The staff received the training and support they needed to care for people.

People's nutritional needs were met.

People were supported to stay healthy and saw healthcare professionals as needed.

Good

Is the service caring?
The service was caring.

The staff were kind, polite and caring. People said they had good relationships with the staff.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and care was planned to meet these individual needs.

There was a range of organised social activities and people were supported to take part in these.

People knew how to make a complaint and felt the provider listened to and acted on concerns.

Good

Is the service well-led?
The service was well-led.

The provider undertook a range of audits and checks on the service. There had been improvements to the service since the last inspection and new audits had been introduced to maintain these improvements.

The provider was working with other professionals to improve their understanding and support of people who had dementia.

Good

Whitby Dene

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 checked 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.

The inspection took place on 29 September 2015 and 1 October 2015 and was unannounced.

The inspection team on 29 September 2015 consisted of two inspectors and an 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. The expert-by-experience on this inspection had personal experience of using health and social care services. They had also taken part in voluntary work, chairing a safeguarding group and advising local authorities about health and social care. The visit on 1 October 2015 was conducted by a pharmacy inspector who looked at how medicines were managed at the service.

Before the inspection we looked at all the information we held on the provider, including notifications of significant events and safeguarding alerts.

During the inspection we spoke with 16 people who lived at the home and six visitors, including one visiting healthcare professional. We also spoke with the registered manager, deputy manager, team leaders, care assistants, activities coordinator, domestic and catering staff who were on duty.

Some people living at the home had dementia and could not tell us about their experiences, so we observed how they were being cared for and how the staff supported them. We looked at the environment and equipment used, we looked at the care records for six people living at the home, the staff recruitment records for three members of staff, staff training and supervision records, records of the provider's own audits, records of accidents, incidents and complaints. We also looked at how medicines were managed and the records relating to this.

Good

Is the service safe?

Our findings

At the inspection of 27 January 2015 we found that the provider had not taken steps to protect people against the risks of unsafe care and treatment. In particular we found that the staff supporting people to eat their meals did so in a way which put them at risk of choking. At the inspection on 29 September 2015 we found that improvements had been made.

The manager told us that all staff had received training and supervision about how to support people at mealtimes. The manager and deputy manager observed mealtime practices and reported on any areas where the staff were not supporting people safely. We saw from these reports that they had responded to this by speaking with the staff, retraining where needed and taking further action if needed. The manager told us that all staff, including senior staff, managers and domestic staff, were involved in supporting people during mealtimes. He said that this ensured that the staff were not rushed and had time to support each person safely.

On the day of our inspection we observed people being supported at lunch time, and with drinks and snacks throughout the day. The staff supported people in a safe way, making sure their individual needs were met and that they were able to eat at a pace which they felt comfortable with.

At our inspection of 27 January 2015 we found people were not always supported to receive their medicines in a safe way. In particular people were not always receiving their medicines as prescribed. Also some records of medicine administration were not accurate. Assessments, including the risk of administering some medicines covertly (without the person's knowledge), the assessments for people who administered their own medicines and the use of high risk medicines (such as antipsychotic medicines) were not complete, accurate or approved by designated healthcare professionals.

At the inspection of 1 October 2015 we found that improvements had been made. Medicine administration records were up to date and people had received their prescribed medicines. Information about administration was clear, although in two cases the staff had not recorded why people had refused a specific medicine. Where people were on anticoagulant medicines the staff had updated information about test results which could impact on the dosage of these. We also found the staff had completed risk assessments relating to medicines and these were updated and reviewed. There were protocols in place for people who wished to administer their own medicines, although no one at the home was doing this at the time of our inspection.

Medicines were stored safely and all medicines were recorded and accounted for. Medicines had been disposed of appropriately and there were procedures for doing this. The temperatures of medicine storage were checked regularly, including fridge temperatures. Controlled drugs were stored in their own secure area and records of these were accurate and up to date.

Medicine care plans had been introduced since the last inspection. These included the name of each medicine, what it was for and the common side effects to look out for. The staff demonstrated a good knowledge of these. There was also a profile on each person, which included details of any allergies and a photograph. One person was prescribed a medicated patch which required rotation. There was a written record to ensure that this was administered safely and as prescribed.

Good practice dementia guidelines (from the Alzheimers Society) were signposted inside the MAR folder. This gave the staff better information about medicines commonly prescribed to people with dementia and the effects of these. The staff had a good understanding of these medicines.

The staff had clear protocols for PRN (as required) medicines telling them when each medicine needed to be administered. These were up to date with the exception of one, where the deputy manager explained the person had recently had a change of prescribed medicines.

We observed the staff administering medicines. They did this appropriately, explaining what they were doing and seeking consent. However, they were not allocated protected time for administering medicines and we observed they were distracted on several occasions by the staff and people living at the home who required their attention. This increased the risk of errors being made.

One person was administered medicines covertly. Assessments of their capacity had been made and recorded. The decision to administer this was had been agreed by the doctor and pharmacist.

Good

Is the service safe?

The manager and deputy manager carried out weekly audits of medicines which had identified areas of concern. These had been rectified and led to staff discussions about good practice and additional training where needed. The staff responsible for administering medicines had been trained and their competency to do this had been assessed.

People and their relatives told us they felt safe at the home. Some of the things they said were, ''Mother sometimes rolls out of bed onto the spongy floor covering. The Manager or a member of staff always phones to let me know Mother has had a fall'', ''If I want to go downstairs, a nurse comes with me. Staff answer the call bell and I usually get help quickly'' and ''Yes, I feel safe, my room feels safe. I walk on my frame and sometimes staff walk with me.''

We observed the staff responding to incidents where people might be at risk. For example, we saw a person get up and start to walk across the room without their walking frame. The staff immediately reminded the person, going up to them with their frame and making sure they were safe. In another incident two people became agitated and the staff responded appropriately by supporting them to feel calm and making sure they did not hurt themselves or others.

The provider had an appropriate procedure for safeguarding adults. The staff were aware of this and were able to tell us what they would do if they suspected someone was being abused or at risk of abuse. The staff told us they had received regular training about this. Where there had been allegations of abuse, the provider had reported these to the Care Quality Commission and the local safeguarding authority. There was evidence that the manager had worked with the safeguarding authority to investigate allegations. There was evidence that action had been taken following these to ensure people were safe. The manager was able to tell us about recent safeguarding alerts and the action taken at the home. Information about safeguarding was available for people who lived at the home and their visitors.

Senior staff carried out pre-admission assessments for people which included details of any risks to their wellbeing. There were also detailed risk assessments for each area of risk, such as moving safely around the home, nutritional risks and skin integrity. The assessments included actions the staff needed to take to minimise these risks and keep people safe. Assessments were reviewed and updated monthly and we saw records of these. Where people required specific equipment to keep them safe, for example mats on the floor to minimise the chance of injury should they fall from the bed, an assessment was in place to say why this was needed.

The staff recorded all accidents and incidents. These included details of what and how the accident happened, the action taken immediately afterwards and also regular updates with progress of any injury.

There were enough staff on duty to meet people's needs. The staff were deployed appropriately and as needed. For example, additional staff were available to help with meal time because the provider had assessed that more staff were needed at this time of the day. The care staff were supported by team leaders, the deputy manager and manager. The team leaders and deputy manager worked alongside care staff supporting people, and we saw examples of this. Some of the staff said that they felt there were not enough people on duty when there was short notice staff sickness or other absence. However, the manager told us that this was not a regular occurrence and that cover was provided as needed. On the day of our visit people's needs were met in a calm and unhurried way. People told us they did not have to wait for staff and their needs were attended to promptly, during the day and night. The staff wore uniforms and name badges which denoted their role.

The provider had appropriate procedures for the recruitment of staff. These included checks on their identity, work experience, references and a disclosure and barring check, which identified any criminal record. We saw that the provider had interviewed all staff and that records relating to their recruitment were accurate and up to date. The provider had recorded information about any gaps in staff employment histories.

The building was clean and well maintained. There were records to show that checks on the equipment and environment took place regularly. There was an up to date fire risk assessment and evacuation plan. Certificates to show electrical, gas and water safety were in place. Risk assessments were in place regarding the building and equipment.

We observed that the call bells cords in two bathrooms had been tied around a hand rail making them difficult to access if someone fell on the floor. A cord in a third toilet

Good

Is the service safe?

was short and also could not be reached by someone lying on the floor. We spoke with the manager about this. They immediately rectified the situation and told us they would speak with all staff to remind them of the importance that these cords were fully accessible at all times.

Good

Is the service effective?

Our findings

At the inspection of 27 January 2015 we found the provider had not always ensured that people had consented to their care and treatment.

At the inspection of 29 September 2015 we found improvements had been made. The staff had assessed people's capacity to make specific decisions and these assessments had been recorded. People who had capacity were asked to read and sign their care plans and consent to photographs being taken. People confirmed that the staff had discussed their care with them. Some people told us they had chosen not to sign but had consented to their care. Some people had requested relatives sign on their behalf, and this was recorded. The staff asked people for their consent regarding the care they gave throughout the inspection visit, for example administering medicines, supporting someone to move safely and when supporting people at mealtimes. People told us they were able to make choices about their care. The relatives we spoke with told us they had been given copies of care plans and had opportunities to request changes to these.

However, the staff had not always clearly recorded the discussions and consent relating to Do Not Attempt Resuscitation (DNAR) documents. These were in place where it had been agreed that the staff should not attempt to prolong someone's life if they stopped breathing. However, the documents did not always contain information about how and why the decision had been reached and had not always been signed by the relevant person (the person themselves or their representative). These documents were only in place for some people, not everyone. End of life care plans were also in place for these people and consent to these had been agreed as part of the care plan. We spoke with the manager about the DNAR documents. He said that these decisions had only been made where it had been agreed by the person, or if they lacked capacity, by their representative. The manager said that he would review all the documents and make sure decisions and consent were clearly recorded.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The manager was aware of his responsibilities under this legislation. The staff had carried out assessments of people's capacity and these were recorded. Where people were unable to consent and their liberty had been restricted the provider had ensured this decision had been made by a group of their representatives in their best interest. For example, the access to the front door in order to leave the home was controlled by a digital number lock. Where people had been assessed as at risk if they left the home without support, an application under DoLS had been made to the local authority. We saw copies of the requests for authorisation and the manager had kept the person's next of kin and CQC informed of these applications.

Some of the staff could tell us about the Mental Capacity Act 2005. The manager had arranged for all staff to have training in this and we saw evidence that the training was taking place the week after our inspection.

People told us they thought the staff were suitably skilled and trained. One person said, ''the staff seem to know what they are doing and what I need.'' The staff said that the provider gave them a good induction into the home and regular training as needed. We spoke with some staff who had been employed shortly before the inspection, they told us they shadowed experienced staff and had the information and training they needed. Two of the staff we spoke with had been promoted within the home. They told us they were given the support and training they needed to take on new roles. The staff demonstrated a good understanding of the training they had undertaken and told us this was informative. The provider monitored when training needed to be renewed. The staff told us the training they had received included supporting people to eat and drink, dementia awareness, health and safety, infection control, moving and handling, safeguarding adults. Records of staff training were clear and up to date and we saw evidence of competency assessments and training in staff files.

The staff told us they were supported. They said that had regular individual and team meetings with their manager and had opportunities for informal support. We saw that the manager monitored when each member of staff had a formal supervision meeting, although half of the staff had not had a recorded individual meeting in the preceding three months. The manager told us these meetings had been arranged to take place shortly after the inspection. None of the staff had received an annual appraisal in 2015.

Good

Is the service effective?

Some of them said that they would like the opportunity to discuss their career development. The manager told us appraisal meetings were planned and said that he would ensure these included opportunities for the staff to discuss their own development and career.

Areas of the building had been decorated and furnished to provide some interactive features. These included reminiscence rooms, textured area of wall and murals. However, some of these features were looking worn and some did not meet the needs of the people who were living there. The manager told us that they had met with dementia care specialists to ask for advice on the best layout and design of the environment. They had some allocated funds to redesign part of the environment and the manager told us they were looking at how best to meet people's needs when planning the changes. We noted that the positioning of some information for people was high up on walls and did not always present in an easy to read or understand format. The manager told us that they would look at repositioning information to make it clearer and more accessible for people. There was a kitchen area for people living at the home, which the staff told us was used when people wanted to make cakes or baking. However, this was not suitable for people who could not stand, or stand for long.

People told us their nutritional needs were met. The staff had carried out regular assessments of people's nutritional needs and these were updated with changes. People were regularly weighed. Where people had an identified nutritional or dietary need this was clearly recorded and they had input from appropriate healthcare professionals. Meals were freshly prepared and varied. The catering staff were able to tell us about people's different needs and diets. They spent time talking to people, supporting them and observing meal times in order to get feedback to improve meals. We observed that people were offered choices at mealtimes, were able to take their time and were offered alternatives. However, not all tables were laid with condiments and some people were not offered a choice of drinks. The staff monitored how much people ate and drank, where they had been assessed as at risk of malnutrition.

People's healthcare needs had been assessed and recorded. People told us they could see the doctor regularly and other healthcare professionals as needed. One person told us, ''I've had the dentist, optician and Doctor since I've been here. Yes, the Chiropodist comes and the Nurse to do my dressing.'' Another person said, ''If I did want to see the Doctor, I'd ask and I think he'd come.''

We saw that care records indicated when people had seen healthcare professionals and the outcome of these consultations. There was evidence that the staff responded quickly when someone's health needs changed by requesting the healthcare support they needed. We spoke with a visiting nurse who regularly attended the home. She told us that the staff were very responsive to changes in people's needs. She said that the staff followed her instructions and guidance when needed.

Good

Is the service caring?

Our findings

At the inspection of 27 January 2015 some staff did not treat people with respect.

At the inspection of 29 September 2015 we saw that improvements had been made in this area. The staff had received training, guidance and supervision about how to treat people with dignity and respect. The manager and deputy manager spent time observing practice on a regular basis so they could identify when this was not happening.

People told us the staff were kind and caring. Some of the things they said were, ''They look after me nicely'', ''the staff seem to care about me'', ''they are kind and compassionate'', ''I feel comfortable and they look after me'', ''the staff always help me'', ''they make sure I am clean and have clean clothes'', "The staff are quite good although they tend to say "What do you want?" rather than "What would you like?" and ''they are friendly, I chose to come here because I knew friends here who were happy.'' One visitor told us, "The staff are very good here, they encourage her to eat and she's always clean and well looked after. We're invited to meetings and events and they always get in touch if there's any problems."

The staff spoke fondly about the people they were caring for. Some of them said they did not have enough time to sit and talk with people and would like more opportunities to do this. One person who lived at the home said, ''Staff do listen but there's not much time for talking. They see something needs doing, and they go.'' On the day of our inspection we saw that the staff spent time sitting and talking with some people, however others did not have much interaction and some people were seen dozing or sitting alone for quite a long time without someone talking to them.

People told us their privacy and dignity was respected. We observed the staff respected people, knocked on their bedroom doors and addressed them by their preferred names. The staff allowed people to take their time, checked on their wellbeing and comfort and listened to what people said to them.

We observed the staff being patient and gently touching people's hands or shoulders to offer them comfort. The staff complimented people, for example we heard one member of staff say, ''Your hair looks lovely, your daughter will think how nice you look when she comes.'' They responded appropriately when someone was unwell. Visitors confirmed this was always the case.

People were appropriately dressed and had clean hair and nails. One person told us, ''Laundry is always returned clean and folded nicely. I like to look nice.'' We observed that the staff had helped people to colour coordinate their outfits and nails. The staff offered people blankets and jumpers if they appeared cold or uncomfortable.

One visitor told us they did not feel there was enough support for families and staff to deal with their feelings when someone was dying or passed away. We spoke with the manager about this. He said that the staff did offer a lot of support to relatives and considered them ''part of the home and our work.'' He said that he would consider how better support could be offered when people were bereaved. We saw a number of cards and letters the staff had received complimenting them on the care of loved ones, including care at the end of people's lives.

Good

Is the service responsive?

Our findings

People's needs had been assessed when they moved to the service. Care plans had been developed to show how these needs should be met. They were regularly reviewed and updated by team leaders. Care plans were computerised and paper copies printed off. The care staff told us they did not always have time to read people's care plans and did not always know what these said. However, they were able to describe different people's needs, wishes and likes. They demonstrated a good awareness of these and worked as a team to make sure needs were met. Where specific needs required monitoring, such as changes in someone's mood, food and fluid intake and skin care, the staff carried out this monitoring and recorded it. The staff made daily care notes to indicate how people had been and how their needs were met. These reflected the care which had been planned.

Not everyone could remember being involved in planning their care or having their needs assessed. However, people felt confident that plans reflected what they needed and told us that they could request changes to their care if they wanted. One visitor said, ''We are regularly in touch with the Manager and staff so we get an update frequently.''

The home employed two activity coordinators and there was a plan of organised social activities including trips to places of interest and meals out. Some people told us they liked these activities and others told us they liked to organise their own time. Some people on the first floor felt there was not always enough to do. Some of the things people said were, ''I like people so I sit here (the lounge) and I hope I find some-one to talk to me'', ''There's nothing to do here. Sometimes there's a quiz. I hardly ever go out, only with my family if they have time'' and ''There could be more activities, if there aren't activities, they could have things like adult colouring books, as the pictures on show are mainly for children.''

One of the activities coordinators told us that they felt the care staff did not always offer alternatives, such as small quiet activities, for people to take part in when they did not want to attend a larger organised activity.

The staff on the ground floor spent time supporting some people to pursue individual activities, such as quizzes, knitting and word games.

People told us their visitors were made welcome and able to visit whenever they wanted.

There was an appropriate complaints procedure and people told us they knew how to make a complaint or what to do if they were unhappy about something. People felt their concerns were responded to. One person said, "I can always talk to (the manager) if I want to complain about anything." We looked at the record of complaints and saw that these had been investigated and the provider had taken appropriate action and responded to the complainant.

Good

Is the service well-led?

Our findings

At the inspection of 27 January 2015 we found that the provider had not always identified and managed the risks to people's health, safety and wellbeing.

At the inspection of 29 September 2015 we found improvements had been made. The provider had a range of audits and checks which had identified areas of risk and these had been appropriately managed. For example, the provider had introduced new audits of the way in which medicines were managed and regarding people's mealtime experience. They had recorded these audits and we saw they had taken action where they identified concerns or risk.

People who lived at the home and staff spoke positively about the manager. They said that he regularly visited them and spent time talking to them. There was a positive atmosphere and people appeared relaxed. People told us they were able to request changes and felt these were responded to when they spoke with the manager.

The manager had been in post for three years, before this he managed another service and had experience working as a carer. The manager told us the organisation and his line manager were supportive.

The manager was involved with a number of local strategies and groups looking at dementia care, including one run by the local authority and one by the local hospital. He told us this was beneficial for the home as he could represent the service and also gain information and guidance from others about good practice. He said that from these groups they had developed some ideas for improving care at the home and the environment.

The provider carried out a number of audits on the service, including about care, the environment, records and staffing. These were recorded and included clear action plans where things needed improvement.