Mrs Jacqueline Anne Bernard

WhiteHorse Care - Brownhills

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on the 27 November 2018. At our last inspection in December 2015 the service was rated as good. At this inspection, we judged the home as 'requires improvement'.

Whitehorse Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Whitehorse Care accommodates up to eight people with learning disabilities in one adapted building. There were seven people living at the home at the time of our inspection visit.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the provider did not have robust systems in place to safeguard people from the risk of harm or abuse and therefore we could not be assured people were consistently safe. Whilst staff understood the importance of recording any accidents or incidents there was no oversight by the provideron patterns and trends and how to reduce the risk of these incidents from happening in the future. There were sufficient numbers of staff to meet people's needs and the provider had a system in place to recruit staff safely. People's medicines were managed safely. People were protected from the risk of infection and cross contamination because staff members were provided with sufficient personal protective equipment.

We found people did not always have their rights upheld in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards People were supported by staff who had undergone induction training and who knew them well. People were supported to access healthcare services in the community. People received care from staff that had the knowledge about their individual nutritional needs. People's nutritional needs had been assessed and people had food that they enjoyed.

People were supported by staff who were often caring but this was not consistent and embedded into the service. People's dignity was not always respected. People were encouraged to maintain their independence and received regular visits from family and friends.

People and their families were not always involved in care reviews. People's cultural and religious beliefs were respected. The service had looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). People were encouraged and enabled to take part in activities and hobbies that interested them.

The provider had failed to send in statutory notifications as required by law. There were no robust systems

and processes in place to effectively assess, monitor and improve the quality of the service provided. Staff felt supported by the Registered Manager. The provider worked with other agencies to support the well-being of the people living at Whitehorse Care.

During this inspection we identified three breaches of the Health and Social Care Act 2008 and You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not always protected from the risk of harm or abuse.

People were supported by sufficient numbers of staff.

People were protected from the risk of infection and cross contamination.

People were supported by staff to take their medicines safely and as prescribed by the GP

Is the service effective?

Requires Improvement

The service was not consistently effective.

People did not have their rights upheld in line with the Mental Capacity Act 2005 (MCA).

People were deprived of their liberty without lawful authority

People were supported to eat and drink enough and staff supported them to access a variety of healthcare services to promote their day to day health and wellbeing.

People received care from staff that had the knowledge they required to do their job.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Whilst we received positive feedback from people and their families about the care and kindness of care staff, people did not always receive respectful and responsive care

People's dignity was not always respected.

People were encouraged to maintain their independence.

People received regular visits from family and friends.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

People were not involved in reviews of their care

People received person centred care

People's cultural and religious beliefs were respected.

People had access to information in a format they could understand.

People took part in regular activities.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had failed to send in statutory notifications as required by law.

There were no robust systems and processes in place to effectively assess, monitor and improve the quality of the service provided.
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Feedback from people had been sought but had not been used to inform practice or drive forward improvements.

Staff felt supported by the management.

WhiteHorse Care - Brownhills

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 was planned to check 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.

This unannounced comprehensive inspection took place on the 27 November 2018. The inspection team consisted of two inspectors.

As part of the inspection process we looked at information we already held about the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed other information we held about the service to aid with our inspection planning. This included past inspection reports.

We also contacted other health and social care organisations such as representatives from the local authority contracts and quality team and Healthwatch to ask their views about the service provided. Their views helped us in the planning of our inspection and the judgements we made. 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 the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

During our inspection we spoke with two people and five relatives. We spoke with the registered manager, one senior and four support workers on the day of the inspection. We looked at the care records for three

people to see how their care was planned. We also looked at three staff recruitment files, medication records for two people and audit records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in December 2015 we rated the registered provider as 'Good' in this key question. At this inspection we rated this key question as Requires Improvement.

People were not always protected from the risk of harm at the service. Whilst incidents and injuries to people had been recorded there was no evidence of follow up action or reporting to the local authority. For example, one person had alleged another person had inflicted an injury upon them but no investigation had taken place to see what had happened and how to prevent it from happening in the future. People told us they felt safe living at the home. One person said they were not scared of anything. A family member told us, "I have complete faith in them [staff]." Staff we spoke with recognised the signs of potential abuse and could tell us who they needed to report their concerns to. One member of staff said, "If I witnessed absue I would report it to the manager." Whilst people and their families felt safe at Whitehorse, and staff knew who to report concerns to, the registered manger was not investigating and escalating reports of alleged abuse which had been recorded by staff and so we could not be sure that the appropriate action had been taken to protect people.

This was a breach of Regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's risks had been identified but there were not always risk management plans to guide staff. For example, risk assessments detailing how to move a person safely were missing on the day of inspection and the Registered Manager was unable to locate these risk assessments. However, we did observe people being moved safely on the day of inspection. After the inspection we received records of people's evacuation plans from the provider and noted that these did not contain sufficient detail to keep people safe from risks in the event of an emergency evacuation Staff had received training in moving and handling people correctly and were able to demonstrate safe practices. A member of staff told us, " I always tell them [the person] when I am going to hoist and tell them what I am going to do next." Another member of staff told us "it is important to read the risk assessment." People's risks were managed safely in relation to their food and drink and staff knew which people needed their food presented to them in a specific way, for example one person required thickener to be added to their fluid to make it easier to swallow.

There were sufficient numbers of staff to meet people's needs. We observed staff attending to people's needs in a timely manner. For example, one person became upset and a member of staff went over to them straight away and reassured them and started an activity with them. A staff member told us, "We have enough staff." We looked at the systems the provider had in place to ensure staff were recruited safely. We saw pre-employment checks were completed including identification checks, references and Disclosure and Barring Service (DBS) checks. The DBS helps providers reduce the risk of employing unsuitable staff from working with people who use care services. This meant people were supported by staff that were suitable to work in adult social care.

People's medicines were managed safely and there was a medication policy in place. medication

administration records were filled out correctly. People who required their medicines as and when needed received their medication safely. Staff were trained in safe medication handling and we observed evidence of competency checks for staff administering medication. One member of staff told us, "I have a meds observation every six months and I can follow the medication record chart easily. I feel confident with meds." The medication was stored safely in a locked cabinet and medication that needed to be stored in the fridge was also locked away safely. The temperature of the fridge was checked regularly and we saw evidence of this.

The home was clean and had a pleasant environment. People we observed were clean and dressed well. Staff were trained in infection control. There was evidence of personal protective equipment (PPE) around the home including gloves and hand sanitisers. One member of staff told us, "We have always got PPE, we never run out. It is important to wash hands and wear gloves. I support people to wash their hands if they sneeze or cough." The home had a food hygiene rating of 5. A food hygiene rating of 5 is the top rating and means that standards are very good.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in December 2015 we rated the registered provider as Good in this key question. At this inspection, we have rated the registered provider as Requires Improvement.

People's consent was not always sought. 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 Act 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. During this inspection we looked to see if the service was working within the legal framework of the MCA. Where people are unable to make decisions about their care the service should apply the MCA and follow a best interest's process. We found the service did not always follow MCA guidelines. For example, we saw two care plans where people were using bedrails. There was no best interests decision made for these people who may lack capacity to make the decision to consent to bedrails being used. Staff had a general understanding of the principles of the MCA but this was not followed consistently in practice.

Family members we spoke with told us they had not been involved in any decision making to determine whether their relative lacked mental capacity to make decisions relating to their health and welfare. For example, the provider told us one person's family had made decisions on the person's behalf without that person being involved in any best interests discussions. There was no evidence of a Power of Attorney for the family to be legally entitled to make that decision on the person's behalf. A POA is a legal document that allows someone to make decisions for a person, or act on their behalf, if they are no longer able to make their own decisions. There was no best interests decision made to decide whether this was in the best interests of the person or indeed whether they lacked the capacity to make this decision for themselves. This meant that the person's right to make a decision whether wise or unwise was not respected.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The Registered Manager did not have a comprehensive understanding of the legislation in relation to DoLS. Staff did not consistently know or understand what DoLS was and what it meant for people.

We found people were subject to restrictions of their liberty without the legal safeguards in place. The regulations state people must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority. People were restricted from going out alone but no applications for DOLS had been submitted. This meant that people who were unable to make all of their own decisions were not protected by ensuring restrictions were proportionate and legally authorised. One staff member told us "[Person] is restricted to go out as they are not safe." Another staff member said, "[Person] can abscond so

there is a lock on the front door." The Registered Manager confirmed they had made no applications to restrict people of their liberty.

People's choices were respected and consent was sought. One person showed us their bedroom and told us, "I love my quilt, I picked this." We observed one member of staff gain consent by asking a person if they could close their curtains. One staff member told us, "It is important to give people choice, ask what they want and it is important to verbally ask people consent." A staff member also described how they would use gestures for people who were non verbal. A health professional commented in their feedback, "Service users are given choice and approach staff confidently." People were supported to communicate effectively through use of easy read formats and pictures. Staff told us how they used gestures and facial expressions to understand the person. The registered manager had implemented the use of Makaton. Makaton is a language programme designed to provide a means of communication to people who cannot communicate by speaking.

People were supported by staff who had completed the provider induction programme and who also received on-going training and development. Staff who were new to the service completed an induction to the home and had the opportunity to shadow more experienced staff members. Care staff were given training specific to peoples' needs. For example, staff had just completed training on introduction to swallowing to support people with choking risks. A family member told us, "I find them [the staff] really informative and helpful." A health professional commented, "The staff are very helpful and informative, they know their service users well." Staff received regular supervisions from the Registered Manager.

People were given encouraged to eat a healthy diet and were given choice on what they would like to eat. One person told us, "I make myself drinks and get crisps and yoghurts." They went on to say, "I like the food and enjoy the choice." There were daily menus displayed in the kitchen with plenty of options to chose from. Staff told us people could have something different from the menu if they so wished. We observed a member of staff going round to each person individually and asking them what they would like for tea. People with more complex nutritional needs had risk assessments in place and staff were aware of what dietary requirements people had and who needed support. People were encouraged to eat a healthy diet and we observed weight monitoring charts for people that were updated monthly to support people to stay healthy.

People were supported to access healthcare services in the community. A family member told us, "They [the staff] bring up whether the person has been to the dentist or doctor." A staff member told us, "I took [person] to the dentist to have sedation for a filling." We observed communication and confirmation of appointments from health professionals in peoples' files and hospital passports. Hospital passports are used to share information with relevant health professionals.

Requires Improvement

Is the service caring?

Our findings

At our last inspection in December 2015 we rated the registered provider as Good in this key question. At this inspection, we have rated the registered provider as requires improvement.

People's engagement with staff varied. Some interaction between staff and people was not very positive and staff did not always listen to people and respect their choices. For example, we saw one member of staff speak to a person in an abrupt manner and wave their finger in their face as if telling them off. The member of staff refused the person a snack even though the person had told them they would like something to eat. When we asked the registered manager about this we were told that they would stop this person from eating because she ate too much. This person was not on any special diet and was not overweight so should have been able to make their own choice if they wished to eat or not. People and their families told us they liked the staff. One person said, "I like all the staff, they don't shout." A family member commented, "I can speak to anyone there, they are all polite and friendly." Another relative told us, "Staff are very pleasant, very friendly, on the ball." We observed some good interaction between staff and people. A member of staff told us, "They [the people] are like your own family." Feedback from a health professional stated, "The Service Users always appear well looked after and are very well cared for." Staff members we observed chatted easily with people and encouraged them with activities. For example, one person sat with a member of staff colouring in.

People's privacy and dignity was not always respected. For example, we found personal details of one person in the main dining area which could be viewed publicly. Family we spoke with were very happy with how staff engaged with people. One family member said, "I couldn't criticise anything, they are all polite." A staff member told us, "People have rights to do what they want to do, have privacy and sit in their rooms." We observed that people could choose to stay in their room and their choice was respected by staff. For example, one person wanted to sit in their room and listen to their music.

People were encouraged to maintain their independence. For example, we saw one person was encouraged to help wash up. One person told us, "I do my own lunch box." One member of staff told us how they supported two people to maintain friendships that were important to them. Another staff member explained how they encouraged independence for people. They told us, " They [people] put own tea bags in, spread their own sandwiches."

People had regular visits from friends and family. One person told us, "My mum and dad come and visit me here, I enjoy that." Family members told us how they could visit whenever they liked. The registered manager told us that there were no restrictions on when family could visit.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in December 2015 we rated the registered provider as Good in this key question. At this inspection, we have rated the registered provider as requires improvement.

People received personalised from staff that knew them well. For example, we observed one person had bought a colouring book and crayons as they enjoyed colouring and a staff member had take the person to buy the book and crayons and then sat with them to colour in. The registered manager told us people were involved in interviewing any new staff. They were able to sit in on the interview and ask the perspective member of staff questions. This meant that people's views were being considered when deciding who should provide their care. However, people were not always involved in reviews of their care. For example, we saw one care review that only the manager had attended. One family member told us they had been invited to a care review but were not able to attend whilst another relative told us, "[Name of person] hasn't had one [a review] for quite a while. We commented to the registered manager we hadn't had a review for a while but the registered manager said we don't do formal reviews anymore unless there is a change. We asked to sit down for a review in the new year to keep up to speed." Not involving people in their care reviews meant that their current choices and needs would not be accurately reflected in their care. There was information available to people about advocacy services if needed.

People's characteristcs were protected under the Equality Act. People's reglious and cultural needs were detailed in their care plans. Staff told us how one person enjoyed going to church and that staff would accompany them each Sunday morning. One staff member told us, "I feel comfortable in the work place, not discriminated." One staff member said, "We are all treated equally." Staff were knowledgeable about discrimination.

The service had looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The provider made information regarding the service available in different formats to meet people's needs, for example large print. We saw that people's care plans contained information about their communication needs. The registered manager had used easy read versions of policies to make it easy for people to understand. For example, they had a document displayed on the office door in easy read format telling people how they could make a complaint.

People were enabled to take part in activities they enjoyed and we saw that some people attended day centres. One person had just come back from a shopping trip. Another person told us, "I am going out in the day, [staff member] is taking me to the library on Friday to find out how to grow my own plants. I'm very excited." Staff had recently arranged a halloween party for people and were in the process of arranging a Christmas jumper party. A member of staff told us, "We are all about the residents' choices and what they would like to do." We observed a diary for people which showed planned activities for each person.

The Provider had a complaints policy in place. At the time of our inspection there had been no complaints in the last 12 months. People were given information in an easy to read format to inform them how to make a complaint. Family members knew who to talk to if they had a complaint. One relative told us, I have no complaints, no problem at all." A senior member of staff told us, "people know they can come to me, there is a complaints policy on the door."

Although no one was in receipt of end of life care, we did not find any records of end of life care plans. This meant that peoples choices, wishes and beliefs may not be respected at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in December 2015 we rated the registered provider as Good in this key question. At this inspection, we have rated the registered provider as requires improvement.

Organisations registered with the Care Quality Commission (CQC) have a legal responsibility to notify us about certain events and incidents that have taken place. A statutory notification is a notice informing CQC of significant events and is required by law. During the inspection we became aware of two incidents causing serious injury to people which had happened this year and had not been reported to CQC as required by law. The registered manager had not advised CQC of one of the serious injuries as they was not clear as to what constituted a serious injury. The registered manager told us they thought they had informed us of the second serious injury but could not find the appropriate notification form and CQC had not received any such notification. The registered manager had informed the local authority of the second serious injury.

This meant the provider was in breach of Regulation 18, (Registration) Regulations 2009 (Notifications of other incidents).

Since our inspection the provider has sent in two notifications of serious injury as required by law.

We found the provider did not have robust systems in place to safeguard people from the risk of harm and abuseand therefore we could not be assured people were safe. For example, we found incident chartsrecorded where people had received injuries but the provider had taken no action to investigate these, escalate to relevant agencies or ensure lessons were learnt. Whilst staff understood the importance of recording any accidents or incidents there was no oversight by the provider on patterns and trends and how to reduce the risk of these injuries from happening in future.

The provider's Governance and oversight systems had failed to ensure they were effectively working in line with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. There were no effective systems, processes or records in place for decisions taken in relation to care and treatment of Service Users. The provider's systems and processes had failed to ensure principles of MCA/DoLS had been followed when service users lacked capacity to make specific decisions which meant service users rights were not always upheld and protected.

The provider had failed to ensure accurate and complete records had been maintained in respect of each person using the service. For example, risk assessments were missing on the day of inspection to tell staff how to safely move a specific individual. Whilst regular staff knew how to move people safely any new or agency staff would need to have this information available to them.. Governance and oversight systems had failed to ensure you were mitigating risks to service users in relation to emergency procedures. Staff did not have sufficient information to support service users safely and your systems had failed to identify this issue. For example, two Personal Emergency Evacuation Plans (PEEPS) we sampled did not have suffient detail in them to inform staff how to safely evacuate a person from the premises in an emergency situation. Both

plans we sampled stated, "[person] needs support." This meant people were potentially at risk of harm in an emergency.

We found that the provider had not used peoples' feedback to make improvements to the quality of the service people received. We found no evidence to show that issues raised by people who used the service had been acted upon. This did not enable people to influence and have their say on how the service is run.

This meant the provider was in in breach of Regulation 17 (Good governance).

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff told us they felt supported by the registered manager. One member of staff described the registered manager as, "a great manager and very easy to talk to." Staff told us they had regular supervisions. The Registered Manager told us it was important to upskill staff and they were looking into courses at a local college. The Registered Manager told us they completed the same training as the staff to improve their knowledge.

Records we saw showed the management team worked with other agencies to support the well-being of the people living at Whitehorse Care. We saw examples of communication between the service and health professionals in the community.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Injuries to people had not been fully investigated or referred to the local authority or to CQC.

The enforcement action we took:

We issued a Notice of Proposal

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was no oversight of reported allegations of abuse and injury. Risk assessments did not always contain sufficient information to guide staff on how to mitigate risks safely. The service was not working within the guidelines of MCA and DOLS.

The enforcement action we took:

We issued a notice of proposal