

Derbyshire County Council

Whitestones Care Home

Inspection report

139 Manchester Road
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High Peak
Derbyshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Whitestones Care Home is a residential home providing accommodation and personal care for up to 41 people. The service provides support to people who have a physical disability, sensory impairment, dementia or mental health. At the time of the inspection there were 21 people using the service.

The accommodation was all on 1 floor, with communal lounge and dining areas. People had access to secure outdoor space.

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

Medicines were not always safely managed. Where people took medicines 'as and when required' there was a lack of guidance for staff to know how and when to support people to take these and reasons for the medicines being given were not always recorded.

The provider had not always explored how people would prefer to be cared for at the end of their lives. Complaints were not always reviewed for lessons to be learnt.

There were enough staff to support people and checks were made on their suitability to work in the service. People were protected from the risk of abuse. Staff understood their responsibilities and appropriate referrals were made. People were protected from the risk of infection and were able to have visitors as appropriate.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 February 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

Whitestones Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to good governance. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Whitestones Care Home

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 completed by 2 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.

Service and service type

Whitestones Care Home 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. Whitestones Care Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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. 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 used all this information to plan our inspection.

During the inspection

We spoke with 8 people that used the service and 8 relatives about their experience of the care provided. We spoke with 10 members of staff including a service manager, peripatetic unit manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included care records for 4 people and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 Requires Improvement. The rating for this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough suitably qualified, skilled and experienced staff deployed effectively to maintain people's safety and well-being. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- There were enough staff on duty to meet people's needs. People did not wait for staff to support them.
- One relative told us, "I'm very pleased with the carers."
- Staff were recruited safely. Records showed pre-employment checks and a Disclosure Barring Service (DBS) were undertaken prior to staff starting employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager sought assurance that agency staff had been subject to the same checks. This meant they could be confident that agency staff were trained and of good character.

Using medicines safely

- Medicines were not always safely managed.
- Where people received medicines as and when required (PRN) there was no guidance for staff to know how and when to support people to take these medicines. This included medicines prescribed to manage people's behaviours, treat medical conditions and provide pain relief.
- The reason people were being given PRN medicines was not recorded. This meant that people were at risk of deteriorating health as their symptoms could not be reviewed by health care professionals.
- Where people were prescribed daily medicines, they were supported to take these appropriately.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse.
- The provider had systems and processes to recognise potential signs of abuse. Referrals to safeguarding professionals were made appropriately.
- Where people had accidents and incidents there were reviews and guidance to prevent the same thing from happening again.

- Staff understood how to raise any concerns with the registered manager. Staff were confident the registered manager would act on any concerns raised. One staff member told us, "If I had any concerns I would go to the manager."

Assessing risk, safety monitoring and management

- The provider ensured that risks to people's safety were assessed and reviewed. There was guidance for staff to follow about how to keep people safe.
- People using the service felt safe. One person told us, "I have lived here a while and feel safe."
- There were clear plans in place, so staff knew how to keep people safe in emergency situations.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

- Relatives and friends were able to visit people in the home without restriction, this was kept under review, the manager told us visitors only needed to wear a mask. We saw relatives calling in during the inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Peoples needs were assessed, and clear guidance was in place to enable staff to support them.
- People had access to a range of health professionals and nurses to ensure people were supported effectively with their conditions.
- Relatives felt they were kept informed about people's needs. One relative told us they were, "Very happy with communication" from the staff and registered manager.

Staff support: induction, training, skills and experience

- Staff were trained effectively to meet the needs of people in the home. Staff had the skills and knowledge they needed to support people.
- Staff felt supported in their role and completed induction training when they started. Staff also completed annual refresher training.
- The induction training was in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- One staff member told us, "The induction covered everything I needed to do. It is my first care role, so fantastic really especially considering the pandemic".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have food and drinks of their choice.
- The chef kept a record of foods that people had tried and not liked as well as their preferred choices, this meant people were happy with food choices available.
- We observed staff responding to people's needs in the dining room, one person asked for a specific sauce and staff were quick to locate some from the kitchen.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider maintained close working relationships with other agencies. This meant they referred people to healthcare professionals in a timely manner and followed any advice given.
- Peoples health needs were considered and reviewed.
- Systems to refer people were in place and the manager told us people had regular reviews involving the

GP surgery.

Adapting service, design, decoration to meet people's needs

- Peoples bedrooms were decorated and personalised in a way they chose. People had decorated their rooms with their own personal belongings.
- There was a choice of communal areas for people to access which included a bar area and tearoom. The manager told us areas had been used in the summer to provide a variety of soft drinks and ice-lollies during the hot weather.
- There were garden areas for people to enjoy which could be accessed directly from their bedrooms.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the MCA. People were supported to make their own decisions, where people were subject to DoLS, conditions were known by staff.
- Staff understood how to support people to make their own choices.
- People's ability to make their own choices was assessed. Where staff made decisions in people's best interests these were documented. Relatives were given opportunities to be involved.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring.
- Staff addressed people by their preferred name and seemed to know them well. They were polite and friendly when supporting people. We observed people were comfortable in the company of staff and actively engaged in conversations.
- One relative told us, "[Staff] were very helpful if [relative] needed support" another relative told us, "Carers would call [relative] by their first name and had a good rapport with them."
- Staff knew and respected people's cultural beliefs and life choices.
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. This meant they provided care in the way the person preferred.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in decisions, care planning and delivery.
- One relative told us they had been contacted to make appropriate decisions for their relation and this was in line with the legal authorisations the person had.
- The staff supported people with decision making. People and relatives [where legally authorised to do so] had consented to their care and were at the centre of developing care plans.
- Relatives were supported to act as advocates for people. Copies of legal authorisations had been sought to ensure staff knew where relatives could make decisions for people.

Respecting and promoting people's privacy, dignity and independence

- The provider made sure that staff understood people's personal requirements for privacy and dignity.
- Staff supported people to undertake tasks around the home to maintain their independence. One relative said, "[Staff] always say my [relation] likes to help."
- People's bedroom doors were closed for privacy when required. We observed staff discreetly discussing people's personal care and gaining consent.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Improving care quality in response to complaints or concerns

- Complaints had not always been investigated or responded to in line with the providers policy.
- Since the last inspection, 1 relative complaint had been escalated to and upheld by the local government ombudsman. There was no record of a root cause analysis or lessons learned in response to this.
- Two relatives told us they had complained that some of their relations belongings had been lost and they had not received a response.
- We reviewed a complaint that had been received more recently and saw this was handled in line with the providers policy.

End of life care and support

- People were not always supported to express how they would like to be cared for if they were to approach the end of their life.
- The information in peoples care plans concentrated on peoples wishes for after they had died, rather than information about how they wished to be supported before they died. This was identified at the last inspection and the provider had failed to ensure improvements were implemented.
- The manager told us they were making improvements to include more individualised information within people's care plans about care at the end of a person's life.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care.
- People were respected as individuals, their personal likes, dislikes and cultural beliefs were promoted.
- One staff member told us how they adapted their approach to meet people's needs. This included encouraging people to engage in different ways and offering choices.
- Where people were known to behave in ways that others may find challenging, there was detailed guidance for staff to follow to support people in ways that respected their choices and ensured others were not negatively affected.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was working in line with the AIS.
- Pictorial signage was used throughout the home. This supported people living with dementia navigate their way around the building and see what food choices were available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People took part in activities which they enjoyed.
- One relative told us their relation was supported to do art activities and listen to music. Another relative told us their relation enjoyed spending time at the bar area. A different relative told us their relation had enjoyed a trip out to get Christmas cards.
- Staff told us friends and relatives could visit the home freely. Relatives also confirmed this.

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 Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to implement systems and processes to assess, monitor and improve the safety of the service provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

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

- Governance processes were not always operated effectively to identify where improvements may be required.
- Audits of medicine records had failed to recognise the unsafe medicine practices reported on in the safe domain of this report.
- The process for reviewing people's daily care records was informal. This involved senior care staff looking at records as they started their shift. This meant there was a risk of not identifying where people had not received appropriate support.
- The registered manager had failed to implement improvements in end of life care planning since the last inspection.
- The provider had failed to ensure that complaints were always handled in line with their policy.
- Staff had not always received supervisions in line with the provider's policy. This meant that areas where staff may have needed to improve were not identified.
- Some staff had transferred from another of the provider's care homes. Training records for these staff were not available to the registered manager. This meant the registered manager could not be assured of their competence.

The provider had failed to ensure governance processes were always operated effectively to assess, monitor and improve the quality and safety of the care provided. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other audits, such as infection prevention and control and health and safety were completed effectively.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People were achieving good outcomes from their care.
- Relatives told us they were happy with the care their relations received. One relative said, "I am happy with the way things are." Another relative told us, "I think the home is good how it is."
- Relatives told us they felt able to openly speak with the manager. One relative told us, "[Registered Manager] is open and approachable, and the Deputy would step in when required."
- Staff feedback about the leadership of the home was mixed. One staff member told us, "Sometimes it feels like concerns are brushed away. ... Sometimes the manager is approachable, but only at certain times." Another staff member told us the registered manager is, "Very approachable."

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 provider had met the duty of candour and was open and honest with people and their families.
- The provider is legally required to notify us when certain incidents occur. The manager understood how and when to notify us and sent in notifications appropriately.
- The provider displayed the previous inspection ratings poster in the home in a prominent position, so people and visitors had access to it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged with people and staff. People were supported as individuals and protected from discrimination.
- The registered manager ensured staff were kept informed of any changes in the service. Staff meetings had taken place and important information was regularly shared with the team.

Continuous learning and improving care

- The provider was committed to learning and improvement.
- The provider had recognised some improvements were required in the service. They had developed an action plan and put support in place for the registered manager.

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 17 HSCA RA Regulations 2014 Good governance We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

The enforcement action we took:

We issued the provider with a warning notice