Four Seasons (Bamford) Limited

# Whittington Care Home

## Inspection report

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Old Whittington
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Tel: 01246260906

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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 |

# Summary of findings

## Overall summary

Whittington Care Home is a residential care home and provides care to 48 older people with a range of age related conditions including dementia.

At the last inspection, the service was rated as 'good'.

At this inspection we found the service remained 'good'.

Whittington Care Home is registered to care for 48 older people. At the time of the inspection there were 47 people living there.

People were kept safe by staff who knew how to mitigate risk and to provide safe care. They also knew how to respond should they suspect abuse. There was sufficient staff on duty to meet people's needs and wishes in a timely manner.

Medicines were stored and administered safely. Staff had clear information on medicines and were able to explain to people why they needed to take them.

Staff were trained to meet people's needs and care was delivered in a kindly manner. People's rights were protected because staff knew and followed the requirements of the Mental Capacity Act. Where appropriate people's mental capacity was established and the principles of the MCA were followed when people lacked the mental capacity to make specific decisions. Deprivation of Liberty safeguards were used appropriately.

People's heath was promoted through good nutrition and people had access to health and social care professionals to ensure their on-going mental and physical health.

People were cared for by staff who knew them and cared for them in a manner that promoted their dignity and independence. Staff were kind and compassionate. Staff got people's consent to care before care was provided.

People's physical and mental health care needs were assessed and care plans were drawn up and reviewed on a regular basis. This was done to guide staff on how to best care for people. Where possible people or their representatives were involved in the planning of care. People's social needs were considered and people had the opportunity to partake in activities such as gardening and quizzes. Those people who were not able to partake in these activates spent some time with staff. A hairdresser visited the service regularly.

There was a complaints system in place. People were aware of this and how to use it. The service had received many compliments. Visitors were welcome to freely visit the service.

The service was well led. There was an established workforce and staff turnover was low. The registered

manager was available to people, staff and visitors and spent part of the day talking with people and staff. This enabled them to be aware of people's changing needs and staff's development. People confirmed they found the registered manager easy to talk with and said they were available should they be needed. No one we spoke with had any concerns or worries about the service.

Staff received regular supervision and were positive about how they were managed.

Systems were in place to review and where necessary improve the service. Accidents and incidents were monitored and where appropriate actions to reduce risks were taken.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains 'good'. | **Good** |
| **Is the service effective?**<br>The service remains 'good'. | **Good** |
| **Is the service caring?**<br>The service remains 'good'. | **Good** |
| **Is the service responsive?**<br>The service remains 'good'. | **Good** |
| **Is the service well-led?**<br>The service remains 'good'. | **Good** |

# Whittington Care Home

**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.

This inspection took place on 18 and 20 July 2017 and the first day was unannounced. The inspection team consisted of two inspectors, a specialist advisor and an expert by experience. It was completed on the second day by two inspectors.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events that the provider is required to send us by law. We looked at the report from the previous inspection held in February 2015. Also before the inspection visit we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 18 people using the service, nine relatives, the regional manager and the registered manager, the deputy manager, two senior carers and one carer.

We reviewed staff rotas and management records relating to incidents and accidents, training and staff recruitment information.

Not everyone who used the service could fully communicate with us and so we also completed a Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

# Is the service safe?

## Our findings

People who used the service and their relatives told us the service was safe. One person said, "They [staff] are all just lovely. Nothing is too much trouble for them. They help me to get about." Another person said, "I know I had a fall but I can't remember what happened. I can be a bit clumsy, but they looked after me so well." One relative said, "This is a lovely place. I had real reservations about [relative] coming here but I visit virtually every day and it's fine." Another said, "[Relative] did have a couple of falls but it was a long time ago and they took her to hospital. She was alright but it was just as a precaution. They are brilliant staff."

We saw and people told us, there was enough staff to respond to their needs. A relative told us, "[Relative] has never complained about having to wait for help and I've never seen them leave [relative] for a long time." A second relative told us, "There is enough staff and there is never a problem. Everyone could do with another pair of hands at times of course."

The provider had processes in place to keep people safe. Staff were trained on this and they knew how to respond to any concerns relating to possible abuse. We saw information on how to contact the local authority safeguarding team was clearly displayed if anyone was concerned about people's safety or were concerned about any potential harm or abuse. Staff we spoke with were aware of this process and assured us they would have no hesitation in reporting concerns should it be necessary.

Staff followed people's comprehensive risk assessments. These were drawn up to mitigate risk to people and to assist staff to deliver safe care. Areas of risk assessment covered assisting people to move safely, maintaining skin integrity and nutrition.

The risk assessments gave staff directions on how to reduce risk such as the use of hoists to ensure people's safety while staff assisted them to move. Risk was managed in a manner that promoted people's independence. Accidents and incidents were recorded and monitored so risk were understood and where possible actions were taken to reduce this risk. For example ensuring people had safe footwear and the appropriate equipment to assist them to move safely such as walking frames. We saw people were further protected through the use of crash mats and some people had their beds lowered to ensure the risk from falls was reduced.

We reviewed the systems in place in relation to the administration of medicines and found they were managed in a safe manner which met with current guidance. Where issues were identified they were addressed as a matter of urgency. For example, on the first inspection visit the medicines trolley had been left unattended. The nurse was still in the room, but should have locked the trolley when unattended. This had been addressed on the second day of the inspection visit.

People received their medicines as prescribed and accurate records were maintained of the medicines when they were administered. There were protocols in place to instruct staff when and how to administer 'as required' medicines. 'As required' medicines are prescribed to be given when they are needed rather than at regular intervals. For example, for the relief of people's pain or anxiety. Medicines were stored safely.

People were protected from unsafe or unsuitable staff working in the service because the provider had systems in place to ensure staff were recruited safely. Staff records showed pre-employment checks were carried out before staff began working at the service. Proof of identity and criminal record checks with the Disclosure and Barring Service (DBS) took place. This meant people and relatives could be confident staff had been screened as to their suitability to care for vulnerable people.

Good

# Is the service effective?

## Our findings

The provider had systems in place to ensure staff were trained to meet people's needs. Our observations, conversations with staff and people supported this. One person told us, "They [staff] are very good. They will always have a chat with me. I've been doing planting in the garden. I love to be in the garden." Another person said, "I have no complaints." A relative told us, "The staff here are really good and visitors are made very welcome. I can come any time, whenever I want. It's an open door policy and I come and help [relative] to eat."

Staff told us they received appropriate training which gave them the skills and confidence to carry out their roles and responsibilities. Training was on-going, a staff member said, "[Manager's name] likes us to have high standards and has ensured we receive the training, so we have no excuses. As well as the usual training we can go on any training." Another said, "There is training we have to do as well as the training we want to do. I last did all my mandatory training and we covered caring for people with diabetes." A review of records supported this.

Staff felt listened to and supported by the management team and were able to give examples such as the manager working alongside them regularly for support and guidance. Staff told us they received supervision on a regular basis. Supervision is recognised as a process to share success as well as identify areas for improvement and personal development.

The 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. People can only be deprived of their liberty so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked and found the service was working within the principles of the MCA, and any conditions and authorisations to deprive a person of their liberty were being met.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff continued to work within the principles of the Mental Capacity Act 2005 (MCA) code of practice. They respected people's decisions and ensured they consented to the care provided where they were able to. When people did not have the capacity to consent, 'best interests' decisions were made on their behalf. Records showed the manager had applied to the local authority for authorisation to deprive a person of their liberty when required to maintain their safety.

Through our observations and from talking with the registered manager we found the service continued to

meet the requirements of the DoLS. Staff confirmed they had received training in MCA and DoLS and recognised the importance of following the Acts.

The provider continued to promote people's nutrition. We saw people enjoyed their lunch. One person told us, "I've no complaints about the food. There's usually two choices at lunchtime and usually I like both." Another person said, "I like the food. It's very good and you can have as much as you like and whatever you like if they've got it."

People's nutritional needs were recognised and met. For example, one person had a digestive condition that meant they had to have special food. They told us, and records supported their dietary needs were met.

Where identified, people's nutrition was monitored. This included recording the amount of food and liquid taken. The paperwork was completed, however there were not any information on the optimum amounts to be taken. The registered manager resolved to address this as a matter of urgency.

People had access to health care professionals when it was necessary. One person told us, "Of course I can see my GP whenever I like." We saw records to support referrals had been made to appropriate health care professionals when specialist advice was needed; for example, referrals to the speech and language therapist had been made.

Good

# Is the service caring?

## Our findings

People continued to be cared for by kind, caring and compassionate staff who knew their needs and wishes. The staff cared for people in a manner that promoted their dignity and independence. One person said, "While it's so hot I like to sleep with just a sheet over my lower body and sometimes with the door open. The sheet slips occasionally when I'm asleep and staff come and cover me again and close the door. They are so careful and quiet that they don't even disturb me." A relative said, "They understand [relative] here and cater for [relative] needs."

People told us staff always got their permission before starting care. One person said, "Yes although they know what I want, they always ask."

Care had been taken to ensure people looked their best. A hairdresser called to the service on a regular basis and we saw people took a pride in their appearance and staff encouraged this.

Staff ensured people were cared for in a calm, relaxed manner. They created a calm, relaxed atmosphere by smiling and chatting with people in an unhurried manner, giving people time to reflect on questions before expecting an answer.

We saw staff had good communication skills and took time and care to ensure they knew people's wishes and needs. There was a relaxed relationship between staff and people.

Staff respected people's right to privacy and dignity by knocking on doors prior to entering and checking if everything was alright. When people were assisted to move staff did this with respect and we saw staff ensured people were ready to move and they allowed people to set the pace of movement. We saw staff encourage people to be independent in eating and walking for as long as possible but were there to assist should it be needed.

Good

# Is the service responsive?

## Our findings

People told us their needs were recognised and responded to. As well as meeting people's health needs the provider was aware of the need for stimulation and social inclusion. A person told us, "We like a bit of fun and we have a laugh." A relative told us, "The activities co-ordinator is really good. [Staff member] brings lots of things in for the residents." Another relative said, "There are regular relatives meetings and I try to get to them. Attendance is variable from a couple of people up to half a dozen. I like to be involved and know what the manager's plans are."

People continued to have their needs recognised and met because the provider had involved them or their representatives in drawing up their care plans. We saw and relatives told us they were involved in care planning. The care plans were signed to indicate people's involvement. Care plans were personalised to identify and meet people's needs and wishes. Where possible care plans included photographs of people and identified other people who were important to them. Where possible there was a personal history to assist staff to offer better care. Staff were also involved in care planning and said they felt their knowledge of people was used in care planning so people received the care they wanted and needed.

Care plans were reviewed on a regular basis and updated when necessary. They gave staff clear and precise directions on how to care for people and how they wanted their care delivered. For example, one person required staff to stay with them. This was well documented and gave staff clear directions on how to care for them.

People were offered stimulation and there was dedicated staff to ensure people were occupied and had the opportunity to pursue hobbies such as gardening. We saw staff had time to spend with people and we saw staff and people chat and laugh together.

People were consulted on how the service was managed and run. This was done through meetings where people decided on outings and menu planning and how to spend special occasions such as festivals, bank holidays, Easter and Christmas.

The provider continued to listen to people through the complaints procedure. There were no outstanding complaints. One relative told us, "The manager is usually about and I recently had to bring up a problem. This was sorted straight away."

We saw the service received many compliments from families of people who had used the service.

Good

# Is the service well-led?

## Our findings

The service is required to have a registered manager and one was 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.

The provider continued to ensure the service had a registered manager was managed in the best interests of people. The registered manager had an open and inclusive way of managing the service. People told us they knew the registered manager and saw them as very approachable and easy to talk to and available. We saw people, staff and visitors to the service chatted to them throughout the inspection visits. Staff told us their views were respected and their knowledge of people used in care planning.

The registered manager kept up to date on people's needs by meeting people on a daily basis and by consulting staff. This meant they could see people's needs first hand and see if their care plan was fit for purpose and up to date. By taking this approach to managing the service the registered manager was also able to monitor and direct staff on how they delivered care.

Staff told us they were well supported and this was evident in the good morale and the small turnover of staff.

The registered manager was proactive in managing the service. There was a quality review system in place to evaluate all aspects of care delivery and to ensure the safety of people. Action plans were put in place when areas for improvement were identified. Care plans and risk assessments were reviewed, falls and incidents were monitored and actions put in place to mitigate risk. Also there were systems in place to ensure the environment was safe.

The registered manager was aware of their responsibilities and ensured statutory notifications were sent to the Care Quality Commission when required. Statutory notifications are changes, events or incidents providers must tell us about.