

Whitefield House Ltd

# Whitefield House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 5 October 2016. The service had previously been inspected in September 2013 when it was found to be meeting all the regulations we reviewed at that time.

Whitefield House is a large detached house which provides accommodation for up to 37 older people in single en suite rooms, some of which opened up onto the secure garden area. At the time of this inspection there were 36 people living in the home.

There was a registered manager in place at Whitefield House. 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 had received training in safeguarding adults. During the inspection we observed staff respond appropriately to concerns raised by a person who used the service. Staff told us they would have no hesitation in reporting poor practice and were confident they would be listened to by senior staff.

There were sufficient numbers of staff available to meet people's needs in a timely manner. During the inspection we observed staff took time to sit and chat with people. People who used the service told us staff were always kind, caring and respectful of their dignity and privacy; this was confirmed by our observations during the inspection. Our discussions with staff showed they had a good understanding of people's needs and were committed to providing high quality care. We saw that people were supported to maintain their independence as much as possible.

Recruitment procedures in the service needed to be improved in order to fully protect people who lived in Whitefield House from the risk of unsuitable staff. This was because additional checks had not been completed for those applicants who had previously worked with vulnerable adults or children. The registered manager told us the recruitment processes would be changed with immediate effect.

Although medicines were generally safely managed, improvements needed to be made to the way the covert administration of medicines was recorded. People are sometimes given medicines covertly, i.e. without their knowledge in food and drink, with the agreement of professionals in their best interests to help ensure they receive their medicines as prescribed.

People's care records contained enough information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified, such as the risk of falls, pressure sores and poor nutrition. We saw that plans were in place to help reduce or eliminate the identified risks. Risk assessments had been regularly reviewed to ensure they fully reflected people's needs.

All areas of the home were clean and we saw that procedures were in place to prevent and control the

spread of infection. Regular checks were made to help ensure the safety of the premises and the equipment used. Systems were in place to deal with any emergency that could affect the provision of care.

Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The registered manager was aware of their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected.

Systems were in place to help ensure people's health and nutritional needs were met. People who used the service told us the quality of the food was good. We observed that, where necessary, staff offered people gentle support and encouragement to eat.

We saw that a programme of regular activities was provided to help maintain the well-being of people who used the service.

People had opportunities to comment on the care they received in Whitefield House. All the people we spoke with told us they would know how to make a complaint although they had never had a reason to do so. We found some improvements needed to be made to the recording of actions taken when concerns were raised within the satisfaction survey conducted by the provider.

Staff told us they enjoyed working in Whitefield House. They told us the registered manager and senior staff were approachable and supportive. Regular staff meetings meant that staff were able to make suggestions about how the service could be improved. Staff told us their views were always listened to.

Although there were some quality assurance processes in place, these were not sufficiently robust to demonstrate how they were used to drive forward improvements in the service.

## 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 always safe.

Recruitment systems needed to be improved to help ensure people were protected from the risk of unsuitable staff.

People were cared for by sufficient numbers of staff who knew the correct action to take if they witnessed or suspected abuse.

People were cared for in a safe and clean environment. Medicines were generally safely managed although improvements needed to be made to the way the covert administration of medicines was recorded.

### Is the service effective?

**Good** ●

The service was effective.

Staff received the induction, training and supervision required to enable them to carry out their roles effectively.

Staff understood the principles of the Mental Capacity Act (2005). Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service.

Systems were in place to help ensure people's health and nutritional needs were met. People told us they enjoyed the food provided in Whitefield House and that it was of good quality.

### Is the service caring?

**Good** ●

The service was caring.

People who lived in Whitefield House told us staff were always kind, caring and respectful of their dignity and privacy. We saw that, wherever possible, staff supported people to maintain their independence.

Staff demonstrated a commitment to providing high quality personalised care. They had a good understanding of the care needs of people who used the service.

### Is the service responsive?

Good 

The service was responsive.

Care records contained sufficient information to guide staff on the support people required. The records were reviewed regularly to ensure the information contained within them was fully reflective of each individual's needs.

A range of activities were provided to help maintain the well-being of people who used the service.

Systems were in place to ensure people were able to provide feedback on the care they received in Whitefield House.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Improvements needed to be made to the quality assurance processes in place in the home to show the action taken to address audit findings.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They demonstrated a commitment to driving forward improvements in the service.

Staff told us they enjoyed working in Whitefield House and were able to make suggestions as to how the service could be improved.

# Whitefield House

## **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 inspection took place on 5 October 2016 and was unannounced. The inspection team consisted of an adult social care inspector 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 had experience of services for older people.

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us; a notification is information about important events, which the provider is required to send us by law. We contacted the local authority safeguarding team, the local Healthwatch organisation and the local authority contract monitoring team to obtain their views about the service. None of the organisations we contacted raised any concerns about Whitefield House.

During the inspection we spoke with 14 people who used the service and one relative. We also spoke with the registered manager who is also one of the two owners of the service, two senior care staff, two care assistants, the cook and kitchen assistant. Following the inspection we spoke by telephone with a community based health professional who visited Whitefield House on a regular basis.

We carried out observations in the public areas of the service. We reviewed the care and medication records for four people who used the service. In addition we looked at a range of records relating to how the service was managed; these included four staff personnel files, training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

People told us they felt very safe at Whitefield House and were treated well by the staff that cared for them. Comments people made to us included, "I know they are there for me and will look after me if I'm not well", "I was in another home but this is much better" and "It is the best home I've been in." A relative also told us, "I feel [person who used the service] is safe here it has taken a lot of worry away."

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures for safeguarding people from harm were in place; these provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding and knew the correct action to take if they witnessed or suspected abuse.

During the inspection we heard one person who used the service express concern about the care they had received from two members of staff the previous evening. We observed a member of care staff speak reassuringly to the person and advise them that they had been correct to report their concerns. When we spoke with this member of staff later they confirmed they had spoken to a senior member of staff to report the concerns raised by the person. The registered manager later told us they had been made aware of the person's comments and would ensure that a safeguarding alert was raised with the local authority. This procedure ensures that an independent investigation can be undertaken into any allegations of abuse or poor practice.

We saw that the service had a whistleblowing policy in place. This told staff how they would be supported if they reported poor practice or other issues of concern. It also contained telephone numbers for organisations outside of the service that staff could contact if they needed, such as the local authority and CQC. Staff we spoke with were aware of the company policy. They told us they were confident that they would be taken seriously by senior staff if they raised any concerns.

We reviewed the systems in place to ensure the safe administration of medicines. We saw that there was a policy and procedure in place to guide staff regarding the safe handling of medicines. We saw that written protocols were in place for 'as required' medicines. These protocols provided guidance for staff to help ensure people always received the medicines they needed. We noted all staff responsible for administering medicines had received training for this task. There was also a system in place to assess the competence of staff to administer medicines safely.

There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of the potential for their misuse) and we saw evidence of routine balance checks. However, during the inspection we noted that one medicine was left unattended on the medicine trolley in the ground floor lounge area; this meant there was a risk people would be able to access a medicine which were not prescribed for them.

We looked at the medication administration record (MAR) charts for four people who used the service. We

saw that three of these records were fully completed. One person's records showed three missing signatures for the evening before the inspection. However a check of the monitored dosage system used in the service showed the person had been given their medicines as prescribed. We were told the lack of signatures would be addressed with the member of staff concerned in order to try and prevent future errors.

We were told that it had been agreed by their GP that one person could receive their medicines in food or drink without their knowledge in order to ensure their health needs were met; this arrangement had also been agreed as part of the DoLS authorisation for the individual concerned. However, we could not find a care plan or risk management plan to advise staff of what action they should take if the person refused to accept their medicines as prescribed. The registered manager told us the person had generally been accepting of their medicines but agreed that this documentation would be put in place.

During our inspection we observed medicines being given by a senior member of staff. We saw that the staff member took their time and offered pain relief to those people who might need it. People we spoke with during the inspection told us they always received their medicines as prescribed and were encouraged to take them. One person commented, "The staff know me and understand what to do with my medicines and care."

We looked at the systems in place to ensure staff were safely recruited. We reviewed the personnel files for four staff and found these contained an application form with full employment history, at least two references and confirmation of the person's identity. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

When we looked at the recruitment procedure in place for the service we noted it did not meet the requirements of the current regulations; this was because it did not make it clear that providers should undertake additional checks when applicants have worked previously with vulnerable adults or children. The regulations state that providers should make all attempts to find out why the person's employment in any such setting came to an end; this is to help protect people from being cared for by unsuitable staff. The provider told us they were unaware of this requirement but would ensure the recruitment policy and procedure was amended. They told us they would also ensure the required additional checks were undertaken for a staff member who had been recently recruited.

During the inspection we noted there was a relaxed atmosphere and staff regularly took the time to sit and chat with people. Staff we spoke with told us this was why they particularly enjoyed working at Whitefield House. One staff member told us, "We are not having to run around. I love that we have time to have a chat with people." Another staff member commented, "It's very relaxed here. We get the time to spend with people which is really nice."

People who used the service told us there were always enough staff available to meet their needs in a timely manner. One person commented, "They [staff] look after me and do their best. They always respond quickly to the buzzer at night." The registered manager and staff we spoke with told us cover for sickness and leave was usually provided by permanent staff completing extra hours. Examination of the staff rotas confirmed staffing levels were provided at consistent levels and that absences such as annual leave and sickness were usually covered by existing staff. This helped to ensure the consistency of care for people who used the service.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, lounge/dining rooms, bathrooms



and toilets were clean. All the people we spoke with told us they had no concerns regarding the cleanliness of the environment. Our observations during the inspection showed staff used appropriate personal protective equipment (PPE) when carrying out tasks. Staff we spoke with demonstrated their awareness of their responsibilities to protect people from the risk of cross infection.

Care records we looked at contained information about the risks people who used the service might experience including those relating to falls, skin integrity and restricted mobility. It was clear from the care plans how many staff were required to safely support people with particular tasks. Risk assessments had been regularly reviewed and, where necessary updated to reflect people's changing needs.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risks including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in Whitefield House.

Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear.

Records were kept of the support people who lived at Whitefield House would need to evacuate the building safely in the event of an emergency. We also noted a business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency such as a failure of the gas or electricity supply to the premises.

# Is the service effective?

## Our findings

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). 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 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 and staff we spoke with demonstrated a good understanding of MCA and DoLS. We saw a capacity assessment was included in each person's records to determine if they were able to consent to their care in Whitefield House. Applications for DoLS authorisations had been submitted for those people who lacked capacity; these authorisations helped to ensure that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. The registered manager told us they were in the process of reviewing the need for DoLS authorisations for everyone who lived in the home.

All the staff we spoke with told us they would always ask people for their consent before they provided any care or support. One staff member commented, "I always ask people if they are happy with what I'm doing". During the inspection we observed staff took the time to ask people for their consent before assisting them to mobilise around the home.

We looked to see how staff were supported to develop their knowledge and skills. Records we reviewed showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. This included areas such as infection control, safeguarding adults, moving and handling, first aid and food hygiene. A board in the manager's office clearly showed the training each staff member had completed. Staff told us they were always reminded when they were required to complete refresher training.

We were told by the registered manager that when staff started to work at the service they received an induction. Staff we spoke with confirmed this induction had included reading policies and procedures as well as completing required training and shadowing experienced staff. Staff told us their induction had helped them understand what was expected of them and helped them to carry out their role effectively.

Staff we spoke with told us they felt supported in their roles. They told us they had regular supervision. They also said they could approach the registered manager or lead senior carer in between supervision sessions if they needed additional support. Records we looked at confirmed that staff received regular supervision and annual appraisals. We saw that within supervision sessions staff were encouraged to identify any training

and development needs they had. All the staff we spoke with told us they considered they had received sufficient training for their role. One staff member commented, "I feel I have done all the necessary training. I feel confident in what I do." Another staff member told us, "I get all the training I need. [Registered manager] keeps it all on a board and makes sure we are up to date."

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained information about each person's needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support.

We found the kitchen was clean and tidy. The service had received a 5 rating from the national food hygiene rating scheme in January 2016 which meant they followed safe food storage and preparation practices. We saw the cook had received training in food preparation and food hygiene. Checks were carried out to ensure food was stored and prepared at the correct temperatures. We saw that there were plentiful supplies of fresh produce as well as tinned and dried goods.

We spoke with the cook and kitchen assistant on duty who told us they were aware of the likes, dislikes and any allergies people who used the service might have. They told us they always made meals with fresh ingredients and took care to ensure people received a balanced diet. We noted drinks and snacks were served to people throughout the inspection. We saw that monthly themed meals had been introduced. These enabled people to try food from different cultures and we were told they had been well received by everyone.

The cook told us that the registered manager was committed to ensuring people always had the food they wanted. They told us that one person was always given salmon whenever the menu for the day was fish and chips as this was the only kind of fish they liked. The cook told us no expense was spared to encourage people to have a nutritionally balanced and healthy diet. We were told that arrangements were in place to meet people's cultural and religious needs in relation to the food provided. This was confirmed by one person who told us, "They know what foods I can have as I am Jewish and they cater for me well."

During the inspection we observed the lunchtime experience in both dining rooms. We saw that the tables were set with linen tablecloths, flowers and condiments; these helped to make the mealtime an enjoyable experience. The atmosphere in the dining rooms was relaxed. We noted staff offered gentle support and reassurance to people to encourage them to eat as much as possible. People told us they had enjoyed their meal and that the food was of good quality.

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. All the staff told us they attended handover meetings at the start of each shift. They told us that all important information was also recorded in the home's diary so that staff could refer to this throughout their shifts.

People who used the service had access to healthcare services and received on-going healthcare support. Care records contained evidence of visits from and appointments with district nurses, GPs, speech and language therapists and dieticians. The community based health professional we spoke with following the inspection told us staff always followed any advice they gave and were proactive in requesting support if they had any concerns about a person's health.

We noted that a transfer of care form was completed should a person require admission to hospital. This form included details about the person's medical condition and any equipment required to support them

safely. We saw that a copy of the person's MAR chart also accompanied them to the hospital; these arrangements should help ensure the person received the care and support they required while they were away from the home.

## Is the service caring?

### Our findings

All the people we spoke with told us staff at Whitefield House were kind, caring and respectful. Comments people made to us included, "I know they are thinking of us all the while", "They make sure I'm warm enough offering extra blankets" and "I didn't want to come here, but I'm happy now. I feel cared for and safe."

People told us staff always respected their dignity and privacy when providing them with personal care. One person commented, "They always knock before coming into the shower room." Another person told us, "When they help me in the shower they are kind and respectful of my privacy."

During the inspection we observed warm and friendly interactions between staff and people who used the service. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected.

Our observations and discussions during the inspection showed staff supported people to be as independent as possible. One person told us, "They encourage me to walk." Another person commented, "I'm encouraged to use my walking frame but they always come with me and show me what to do." Some people also told us they were encouraged to carry out small domestic tasks, with supervision, such as folding laundry and setting tables; this helped to promote their independence and sense of well-being. A staff member commented, "I'm a big believer in encouraging people to do things for as long as they can, no matter how small."

The service operated a key worker system. This meant that a named member of staff worked closely with a resident to make sure the service was meeting their needs. They were also responsible for ensuring information was kept up to date; this system helped to ensure continuity of care was maintained.

Care records we reviewed contained information about people's likes and dislikes as well as recording important social relationships, interests and preferred daily routines. The registered manager and staff we spoke with knew people who used the service very well. They were able to tell us about people's likes and dislikes, their care needs and also about what support they required. They spoke about people affectionately and compassionately. Staff also demonstrated a commitment to providing high quality, personalised care. One staff member told us, "I think we offer very good care here. I would be happy for a family member to live here and I have recommended Whitefield House to friends."

The registered manager told us several members of care staff had completed the Six Steps end of life training. This programme aims to guarantee that every possible resource is made available to people in order to facilitate a private, comfortable, dignified and pain free death. We saw that people were encouraged to discuss and record arrangements they wanted to be in place following their death.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

We saw that information about independent advocacy services including contact details was available. This would ensure that people who needed support to exercise their rights had access to advice and support that was independent of the service.

# Is the service responsive?

## Our findings

We asked the registered manager to tell us how they ensured people received care and treatment that met their individual needs. The registered manager told us that they always completed an assessment of the support people required before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by staff. Care records we reviewed confirmed this assessment had taken place.

We saw that each person was given a copy of the statement of purpose for Whitefield House. This included the services provided at the home as well as information about the support people could expect to receive from staff. All the people we spoke with told us staff were always responsive to their needs. One person commented, "The staff do check discreetly on us in the night even if we haven't buzzed; I know they are there for me."

We saw that a care plan assessment document was used to record the care people required. This contained information for staff about the level of support people needed and how they wanted their needs to be met. A summary of the care each person needed was also kept in their bedroom. We noted that the care plan assessment and risk assessments had been updated when people's needs changed, including when they returned to the home following a period in hospital. This helped to ensure people always received the care they needed. The registered manager told us that the funding local authority always undertook an annual review to ensure people's needs were fully met at Whitefield House. They told us they were in the process of arranging reviews for those people who were responsible for their own fees and would be sending out letters to family members inviting them to attend.

The registered manager told us they had an open door approach to visiting and that visitors were welcome at any time. Visitors confirmed they were always made to feel welcome and were kept informed about any changes to their relative's condition. One visitor told us, "There is excellent communication with us; they [staff] phone us with any concerns." They also went on to say, "I was pleased they responded quickly when [name of relative] was ill and a carer went with her to hospital. They told us straight away what was happening."

We saw that there was a regular programme of activities available to people who lived at Whitefield House. These included keep fit, baking, crafts and movie nights. On the day of our inspection we saw that an externally employed activity coordinator supported small groups of people to undertake craft activities which all participants clearly enjoyed. We were also shown photographs of other events which had taken place including celebrating events such as Halloween and St Patrick's day. People who used the service told us they were looking forward to a planned trip to Blackpool to see the illuminations. We saw that the registered manager distributed regular newsletters which included information about activities which had taken place in Whitefield House and any planned future events.

We noted that a hairdressing salon had been constructed in the home. This was furnished to a high standard and was intended to ensure that people had a pleasurable experience when they visited the salon. A

member of staff had also been trained to provide manicures to people should they request this service.

We looked at the systems in place to enable people to provide feedback on the care they received in Whitefield House. We noted there was a copy of the complaints procedure on display in each person's bedroom. This contained information about how people could make a complaint if they were not happy with the service they received and the timescales for a response to be made. When we looked at the complaints file we noted three complaints had been received since May 2015. We saw that the provider had undertaken an investigation into each complaint and provided a response regarding the outcome. All the people we spoke with during the inspection told us they knew they could speak with the registered manager if they had any concerns about their care. They told us they had never had any reason to complain.

We saw a number of compliment cards that the service had received. Comments included, "The care and compassion shown were first class" and "Thank you for all the kindness and care you have given to [name of relative]."

Records we reviewed showed meetings took place with people who lived in Whitefield House to check if they were happy with the care they received. We saw that people were encouraged to make suggestions about meals and activities and provide feedback on the running of the home. When we looked at the records from the most recent meeting we noted one person had commented, "Staff do a wonderful job."



## Is the service well-led?

### Our findings

The service had a registered manager in place as required under the conditions of their registration with CQC. They were supported in the day to day running of Whitefield House by a lead senior carer.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of accidents, serious incidents, safeguarding allegations and DoLS applications as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We found the quality assurance processes in the service needed to be improved. Although a number of audits took place, including those in relation to medication, care plans and the environment, there was no robust plan for when the audits should take place. It was also not clear from the records how any areas for improvement would be addressed and reviewed. We were told that action was always taken immediately when audits identified that care plans needed updating or equipment needed replacing although this was not always documented in an audit action plan.

We saw that a log of accidents and incidents was maintained but there had been no formal analysis of any themes or trends to help prevent future occurrences. The lead senior carer told us they always checked to see if falls took place at particular times of day but did not record their findings. They told us they would ensure this and other potential trends were documented in the future.

The service undertook an annual quality assurance survey. At the time of our inspection only three responses had been received from relatives. Two of the responses were very positive. One person had written, "Since being at Whitefield House [name of relative] has vastly improved thanks to the care he has received." One respondent had raised some concerns about the care their relative received and requested an investigation be completed. We could not see from the records we reviewed what action had been taken in response to the concerns raised. The lead senior advised us an investigation had been completed and feedback provided to the relative but this had not been recorded. It is important that all concerns and action taken as a result are properly documented and, where appropriate, shared with staff. This helps to ensure that lessons are learned for the future. The lead senior advised us improvements would be made to ensure the response made to any concerns were fully documented and shared in staff meetings as appropriate.

We saw that the service had a range of policies and procedures to help guide staff on good practice. The policies we looked at included complaints, safeguarding, whistleblowing, infection control, medicines management, health and safety, MCA and DoLS.

We asked the registered manager about the key achievements in the service since the last inspection. They told us they had worked hard to improve communication systems with district nurses visiting the home. They told us the feedback from this had been good and that staff were now allocated to support district nurses when they visited the home. Staff were also encouraged to observe and learn from the practice of district nurses in order to improve the care they were able to offer to people. The registered manager told us they had also encouraged staff to complete 'memory boxes' with people who used the service and their

families; these boxes serve as a visual reminder to people living with a dementia about key people and events in their lives.

The registered manager told us they had identified areas for improvement in the service. These included the system for involving people in care plan reviews and recording any comments people made about the care and support they received. In addition we saw an ongoing programme of refurbishment of the environment was in place, including the replacement of carpets in corridors which was taking place on the upper floor on the day of the inspection.

All the staff we spoke with told us they enjoyed working in Whitefield House. Records showed that staff meetings were held regularly. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff we spoke with told us they were encouraged to contribute to discussions at staff meetings and that their ideas were always listened to. The registered manager told us that a 'resident's shop' had been introduced at the suggestion of staff; this enabled people living in Whitefield House to make small purchases and give them a sense of independence.