

Holly Care Limited

Whitehaven Residential Care Home

Inspection report

Whitehaven
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Sheringham
Norfolk
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Tel: 01263822706

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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

Whitehaven Residential Care Home is a residential care home providing personal care to 10 people aged 65 and over at the time of the inspection. The service can support up to 14 people. The home is an adapted building and the providers live on site.

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

Although people were happy with the service they received, further improvements are required to enhance the service they receive and ensure regulatory requirements are being met.

Whilst no harm had occurred, people did not always receive their medications as prescribed and the service did not follow good practice guidance in relation to medicines management. The medicines audit the provider had in place had failed to identify and rectify these issues.

The home was small with a consistent staff team meaning people received a person-centred service in most areas of their lives. However, opportunities for social engagement and to follow interests were limited and the service relied on people's friends and relatives for this rather than provide staff to accommodate this themselves. People enjoyed the food, ate well and were healthy. However, food and drink options were not presented to people at the time of consumption and we have made a recommendation about the mealtime experience.

People were well cared for and happy living in the home and this was evident. The providers were on shift most days and coordinated this well. This meant, however, that should they be absent from the home, staff would not have the knowledge to deliver the care required. Staff did not have development opportunities nor were they given the chance to take on more responsibilities to aid the flexibility of the service.

Due to the providers being on shift most days, they had a good oversight of the service which enhanced the service people received. However, few formal quality monitoring audits were in place and there was a lack of formal opportunities for people to provide feedback on the service. Although the standard was being met, the registered manager was not aware of the Accessible Information Standard which ensures people receive information in a way they understand.

Processes in place helped to mitigate risks associated with avoidable harm, infectious diseases, the premises and abuse. Risks had been identified and managed and staff had received mandatory training including in the safeguarding of adults. There were enough staff to meet people's day to day needs in a person-centred way and staff had received some pre-employment checks although their full employment histories had not been explored as required by law.

People's needs had been assessed and care plans produced that gave staff person-centred information to

help support people; these had been regularly reviewed. People had access to healthcare professionals which assisted their wellbeing. The home had a welcoming atmosphere and the layout straightforward which was appropriate to those people that lived there. There were, however, areas of the home that were not used to aid social engagement amongst people.

People were supported to have maximum 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.

People told us staff were kind and compassionate and that they were respected. We saw that staff upheld people's dignity and independence and that they had formed trusting relationships. The registered manager was accessible and supportive and there was a friendly atmosphere in the home. Concerns were listened to and acted upon. People told us they would recommend the service.

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

Rating at last inspection

The last rating for this service was good (report published in November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to medicines management at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Whitehaven Residential 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 Care Act 2014.

Inspection team

One 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 service.

Service and service type

Whitehaven Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of

this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. In addition, we spoke with one visiting healthcare professional. We also spoke with five members of staff which included the provider, the registered manager who is also the nominated individual and one of the two provider's representatives, two care assistants and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and the medication records for six people. We looked at two 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 reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

Using medicines safely; Learning lessons when things go wrong

- People did not have their medicines consistently administered safely, as prescribed or in line with good practice guidance. The registered manager was aware medicines were not administered in line with good practice but had continued the poor practice regardless.
- Medicines were secondary dispensed. This meant medicines were removed from the original dispensed containers and put into pots in advance of the time of administration. This could lead to error due to the removal of the safety process of checking the pharmacy label for prescribing instructions at the time of administration.
- Where people were prescribed medicines to manage pain, Medicine Administration Record (MAR) charts showed they had not been consistently given as prescribed. For example, where one person required this medicine to be given four times a day, it had only been administered twice per day.
- Guidance to help staff give people their medicines appropriately and safely when prescribed on a 'when required' basis was not in place. Nor was administration guidance in place for people who had been prescribed topical medicines such as creams.
- Where people were prescribed medicated skin patches, there were no records in place to ensure these were administered safely and the administration location rotated to avoid skin irritation.
- Where medicines were prescribed with a variable dose, no record was made of the amount given.

The above concerns demonstrate a breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider submitted several medicine management documents they proposed to use going forward. These were appropriate to the concerns found but did not fully address all the identified issues.

Staffing and recruitment

- A process was in place for the recruitment of staff however the provider had not fully assured themselves that potential staff were wholly safe to work in the service.
- The full employment histories of staff had not been sought as required by law.
- Other pre-employment checks had been completed on staff such as the completion of a Disclosure and Barring Service check (a DBS check helps employers make safer recruitment decisions), gaining references and investigating the suitability of staff through interviews.
- People told us there were enough staff to meet their needs. One person said, "If I need the toilet I don't

wait that long."

Systems and processes to safeguard people from the risk of abuse

- The processes in place helped to protect people from the risk of abuse. People and their relatives told us people felt safe.
- Staff had received training in safeguarding people and were able to tell us the signs of abuse and how to report safeguarding concerns.
- Staff were confident the registered manager would address any safeguarding concerns and report them as required to the local authority.

Assessing risk, safety monitoring and management

- The risks to people had been identified, managed and mitigated and people told us they felt safe living at Whitehaven Residential Care Home.
- One person told us, "We are safe. We've got a fire alarm and there's always someone on duty to check up on you all the time." Relatives agreed that people were safe.
- The service had identified the risks to people on an individual basis and risk assessments were in place to reduce these risks. For example, where one person accessed the community alone, the risks associated with this had been considered and actions in place to reduce them.
- The risks associated with the premises and working practices had also been identified. Factors to minimise these risks included regular maintenance, equipment servicing and regular visual checks.
- The risk of fire was reduced through regular checks of firefighting equipment and the completion of fire drills. Personal evacuation plans were also in place for each person taking into consideration their individual needs and abilities and the support they would need in the event of an evacuation.

Preventing and controlling infection

- People were protected from the risks associated with infection. One relative told us, "Whitehaven is always clean."
- Staff had received training in infection prevention and control and we observed personal protective equipment being used.
- On the day of our inspection, we saw that one person had been isolated as they had a potentially infectious disease. This was to protect others living in the home.
- The home was visibly clean throughout and no malodours were present.

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 the last inspection this key question was rated as good. At this inspection this key question continues to be rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's nutritional needs were met, and they received enough to eat and drink. However, whilst people consistently told us they enjoyed the food and had not had any food they disliked, they were not given alternatives each day to choose from. One person said, "The food is excellent, but you don't get a choice." No one we spoke with could tell us what they were having for lunch on the day of our inspection.
- Another person told us, "I don't ask what's for lunch. They [staff] wouldn't offer me a meal if they didn't think I wouldn't like it. I'm never hungry." A third person said, "There's plenty of food and different varieties. I haven't had anything I don't like." However, this person also confirmed they didn't get a choice in what they had to eat.
- We observed lunch being served and saw that people enjoyed the food and were satisfied. However, a choice of drink was not offered, and everyone had the same to eat and drink.
- We discussed the meal provision with the cook who told us people could have what they wished for and that there were no restrictions on what people could have. This was confirmed by the provider. However, we were told that they relied on people giving them this information rather than offering alternatives.
- People ate their lunch in silence and there was little interaction however people received the assistance they needed from staff who were polite.
- The service used a nutrition screening tool to manage the risks associated with malnutrition and dehydration and regularly monitored people's weight. There were no concerns found in relation to this.

We recommend that the provider assesses the mealtime experience for people.

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

- People's needs, and preferences were documented, and care planned around these.
- The outcomes for people, in most areas of their lives, were good. For example, a friend of a person who used the service told us they had, "Never seen their friend so calm and happy." They went on to say, "They [the service] had worked miracles." One person who used the service said, "They [staff] come and see me and ask how I am getting on. They look after us well in every respect."
- The service used nationally recognised tools to assess risks associated with such areas as pressure ulcers and falls.

Staff support: induction, training, skills and experience

- People spoke positively about the staff and the support they provided them.
- Staff had received training, support, qualifications and supervision that equipped them to support the

people who lived at the service.

- Staff told us they found the registered manager supportive and that they provided feedback on their performance through observations. Staff told us they found this helpful.

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

- The service was homely and relevant to those people that lived there.
- There were enough communal areas and private spaces to accommodate people and these were decorated in a welcoming fashion. People's bedrooms were individual to them and personalised with items they had brought with them. However, the dining room was dark, and we were told by people that the conservatory was rarely used.
- The home had a straightforward layout which was easy to navigate. There was no signage in place and people's needs, at the time of inspection, did not indicate this was needed.

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

- The service worked with other professionals to ensure people received consistent, effective care that met their needs.
- We spoke with a visiting healthcare professional who told us the service called them promptly and appropriately as required and followed any recommendations they made. They told us regular healthcare was provided to people and that the service was proactive in meeting people's healthcare needs. This was confirmed by the records we viewed.
- Staff agreed that the registered manager was proactive in working with others for the benefit of people who used the service. One told us, "[Registered manager] is on the ball."

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 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 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.

- All the people who lived at Whitehaven had capacity to make their own decisions, some with support. No DoLS applications had been made.
- Staff obtained consent for people's care and support and this was observed.
- Where a person's capacity had been in doubt, the service had completed an MCA assessment to ascertain capacity.
- Staff had received training in the MCA however, through discussion, demonstrated that their knowledge varied. Not all staff we spoke with could explain what the MCA was and how it impacted on the people they supported and their role.

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 the last inspection this key question was rated as good. At this inspection this key question continues to be rated as 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 told us staff were kind towards them and that they went out of their way to assist them.
- One person said, "I feel comfortable here; nothing is too much trouble for the staff." Another person told us, "[Staff] are always helpful and nice, I've not known any different."
- Relatives agreed, and one said, "Staff seem to be as nice as they can be." Another said of their family member, "They seem happy."
- There was a caring atmosphere in the home between staff and people who used the service. Staff clearly knew people, and this enabled them to engage well with them and build trusting relationships. One staff member told us, "I'm very professional but [service user] knows I'm there for them if they need me."
- People's diverse needs were respected, and care plans identified people's cultural, religious and spiritual needs. One person regularly attended church and took holy communion as this was important to them.

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

- People and their relatives were not formally involved in ensuring their care plan was up to date and appropriate. However, people told us they were informally consulted. One person said, "The manager says to me 'is such and such alright?'"
- People's relatives agreed that they had input in the care their family members received and were consulted, however not on a formal basis.
- Some care plans formally showed that people had been involved in some aspects of their care, however there was no formal evidence to show reviews had been completed with people and their relatives as appropriate. However, we concluded that people were involved.

Respecting and promoting people's privacy, dignity and independence

- People felt respected, listened to and had their dignity and privacy maintained.
- One person described staff as polite whilst another explained staff made them feel comfortable whilst assisting them with a shower, demonstrating respect.
- Staff spoke about people respectfully and gave us examples of how they maintained people's dignity and independence. One staff member explained how important it was to speak quietly with people regarding their personal care needs to not compromise their dignity.
- Our observations demonstrated that staff treated people with respect and maintained their dignity. We saw where people were assisted with personal care that this was completed behind closed doors. Conversations about people's care needs were completed in private and staff were mindful of people's

dignity.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remains as requires improvement. This meant people's needs were not always met.

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

- The service continued to rely on relatives and friends to take people out and we saw few relevant activities took place.
- One person who used the service told us they felt lonely and bored. Others we spoke to told us they spent their days watching television in their room and this was observed during the inspection.
- Relatives also raised concerns about the lack of social interaction and stimulation for people. One said, "Socially there's not much for [family member] to do." Another told us, "There's no outdoor space or activities to do."
- Activities took place for one hour three times a week however this only consisted of games such as spelling games and bingo. For those that did not like group activities or games, some one to one time took place, but this focused on chatting and reminiscing rather than meeting people's specific social and leisure needs. External activity providers were not used on a regular basis.
- People had few opportunities to socialise with others living in the home. Some people congregated for mealtimes however we were told the communal conservatory that was used as a lounge was rarely used. One staff member said, "Service users don't do enough. They sit there not doing much." Another told us, "The conservatory is sometimes used but it's too hot."

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

- People were supported by staff that knew their care needs and preferences well. This enabled them to provide personalised care individual to each person.
- The staff we spoke with could effectively tell us about the people they supported and demonstrated they had good knowledge of people's needs, likes and dislikes.
- Care plans contained person-centred information for each individual and these had been reviewed on a regular basis. We saw that these were accurate and up to date, all of which assisted staff in meeting people's needs.
- Care plans were, however, locked away in a cupboard that not all staff had access to. Due to the stable nature of the staff team, their knowledge of people and effective handover meetings, this was not negatively impacting on the people that used the service. However, not having access to care plans risks people not receiving appropriate care especially when new staff are employed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was not aware of their responsibilities under the AIS and this had to be explained to them.
- The service was, however, meeting the standard. For example, for one person who had a learning disability, the registered manager explained how they read information to this person to help them understand. We also saw that care plans considered people's individual communication needs such as hearing and sight impairments.

Improving care quality in response to complaints or concerns

- Complaints were logged, investigated and responded to appropriately.
- The provider had a complaints policy in place and this was on display in the foyer of the home.
- The people we spoke with told us they had no complaints or concerns. One person said, "I don't have to make a complaint, they do everything to my liking."

End of life care and support

- People's choices and wishes regarding their end of life care had been discussed and recorded in their care plans. For example, if people wished for active treatment and where they would like this to be delivered as well as practical arrangements such as funeral plans.
- At the time of the inspection, no one was in need of end of life care.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

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

- The two provider's representatives were very involved in the service and both were on shift most days providing hands on care to people. This enhanced continuity of care for people as well as the monitoring of the quality of the service. However, there was a risk that should either of the provider's be absent from the service, staff would not have the knowledge to manage the service. For example, at the time of inspection only the providers were administering medicines. This approach did not aid succession planning.
- The registered manager understood their responsibilities for reporting to the CQC, however was not aware of the Accessible Information Standard. Staff demonstrated they understood their roles and the responsibilities that came with them.
- People spoke positively about the registered manager and told us they found them supportive, visible and approachable.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were supportive of the providers and felt people were well cared for. They told us they were supported and received information as required. One staff member, however, felt they were not given the opportunities to develop and challenge themselves and this was evident from the governing nature in which the providers managed the service. They told us, "There is more I could do, I'm not pushed or developed."
- Opportunities were in place for some people to contribute their views on the service. This included the completion of surveys, attending meetings and a suggestions book. However, surveys had only been obtained from those that used the service and meetings were only in place for staff and service users. Relatives, friends and professionals had not been formally asked for their views on the service. However, informal opportunities were in place and the registered manager was consistently available to people.
- Despite wholly effective governance lacking in some areas, people received good outcomes and there was no evidence that it had impacted negatively on people. This was demonstrated by the positive feedback we received regarding the care and support people received.

Continuous learning and improving care

- The provider had few audits in place to monitor the quality of the service, however they were present in the service each day. This meant they had an excellent overview of the service, the performance of staff and

the care delivery.

- The medicines audit completed by the provider had failed to identify and rectify the issues identified with medicines administration and management at this inspection. Furthermore, the registered manager was aware they were not adhering to good practice guidance but continued their practice nevertheless.
- Staff told us they had their performance assessed by the registered manager and received constructive feedback as required to improve the service delivery. Staff spoke about receiving informal training from the registered manager, however one staff member did feel they lacked the opportunities to develop their skills and abilities.

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; Working in partnership with others

- There had been few incidents in the service that warranted the need for the duty of candour. However, where concerns had been raised we saw that the registered manager had investigated these, liaised with people as necessary and responded in an open and transparent nature.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines. Regulation 12(1)(2)(g)