

Care UK Community Partnerships Ltd

Whitebourne

Inspection report

Burleigh Road
Frimley
Surrey
GU16 7EP

Tel: 0127620723
Website: www.whitebournefrimley.co.uk

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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

Whitebourne provides accommodation and personal care for up to 66 older people, some of whom are living with dementia. There were 60 people living at the service at the time of our inspection.

The inspection took place on 20 May 2016 and was unannounced.

The home had a registered manager. 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.

Staffing levels were sufficient to meet people's needs, call bells were answered promptly and people did not have to wait for their care. However, staffing levels varied from day to day and the service did not use a staff tool to determine how many staff were required. We have made a recommendation regarding this.

There was an effective recruitment process that was followed which helped ensure that only suitable staff were employed.

People told us that they felt safe and relatives said they felt confident that their family members were well looked after. Staff received training in recognising the signs of abuse and were aware of how to report concerns. Risk assessments were completed to identify potential risks and these were regularly reviewed and updated.

Medicines were managed well and staff were aware of emergency protocols in place for people. People were supported to maintain good health and had regular access to a range of healthcare professionals.

People told us that the quality of food was good and a choice was always available. People were supported to maintain a healthy diet. Where people required support to eat this was provided in a dignified and unhurried way.

Staff received necessary training and support to enable them to do their jobs. There were monitoring tools in place to ensure that training, supervisions and appraisals were kept up to date.

People described staff as "Obliging", "Friendly" and "Kind". We saw positive interactions between staff and people who took time to explain what was happening. Staff had a good understanding of people's legal rights and took time to gain consent from people.

Each person had an individualised plan of care which gave details of the person's preferences and needs. Staff knew people well and approached them with kindness. People's dignity and privacy was respected.

There were a range of activities for people to participate in both within the service and within the local community. People were encouraged to maintain their hobbies and interests.

People and their relatives spoke highly of the registered manager who they said was approachable. Feedback was sought from people regarding the quality of the service and action was taken to address any concerns raised. A complaints policy was in place and people told us they would feel comfortable in raising any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staffing levels were sufficient to meet people's needs in a timely way. It is recommended that a dependency tool is used to determine how many staff are required to meet people's needs.

Appropriate checks were undertaken when new staff were employed.

People were protected from the risk of avoidable harm as risk assessments were monitored.

Medicines were administered and managed safely.

People were safeguarded from the risk of abuse because staff understood their roles and responsibilities in protecting them.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were appropriately trained supported and competent to carry out their roles.

People's legal rights were protected because staff routinely gained their consent and where possible allowed people to make decisions for themselves.

The manager and staff understood their responsibilities in regard to the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

People were supported to maintain good health and had regular access to a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a caring way and respected their privacy.

People were involved and choices were respected.

People and their relatives told us that staff were friendly and kind.

Is the service responsive?

Good ●

The service was responsive.

Activities were offered which people told us they enjoyed and people were supported to maintain hobbies and interests.

Care records were detailed and regularly updated to reflect people's needs.

People were given information about how to make a complaint and said they would feel comfortable in doing so.

Is the service well-led?

Good ●

The service was well-led.

The home had a positive and open culture where people were encouraged to express their ideas and thoughts.

The registered manager participated in events which promoted the service and encouraged community participation.

The registered manager ensured accurate records were maintained which were easy to read.

Quality assurance audits were carried out to ensure the quality of the care provided.

Feedback regarding the quality of the service was sought from people and their relatives.

Whitebourne

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 20 May 2016 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed records held by the Care Quality Commission (CQC) which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This was because we inspected the service sooner than we had planned to. The PIR 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.

As part of our inspection we spoke with the eight people who lived at the home, two relatives, seven staff and the registered manager. We also reviewed a variety of documents which included the care plans for six people, five staff files, medicines records and various other documentation relevant to the management of the home.

The home was last inspected on 22 January 2014 when we had no concerns.

Is the service safe?

Our findings

People and relative told us they felt the service was safe. One person said, "I feel quite safe here. The staff are very good, they're careful so I don't think they'd let anything happen to me." Another person told us, "I do feel very safe indeed here. I know that the staff wouldn't drop me and they look after the security of all of the people here." One relative said, "I know my Mum feels safe here and safe with the staff. She's always happy so I see nothing to worry about."

During the inspection we observed there were sufficient staff deployed to meet people's needs and people did not have to wait for care. People we spoke to confirmed they did not have to wait for care. One person said, "I think they are understaffed which could lead to problems but they seem to cope very well. I've rung my bell before and they have been very quick to respond." The registered manager told us that staffing levels varied depending on the staff available and people needs. They told us they aimed to have 10 or 11 care staff on each shift during the day but the minimum level needed to support people safely was 7. Records showed that staffing levels varied between 7 and 12 care staff on each shift. Dependency assessments were not used to assess the minimum levels of staff required. The registered manager told us they knew people's needs and assessed staffing levels by speaking to staff on a daily basis. Not using dependency assessments to assess people's needs and the variance in staffing levels meant that people may be at risk of not receiving the care they required in a timely manner.

Staff told us that when only minimum staffing levels were available they were very busy but did not feel it had a negative impact on people's care needs. One staff member said, "It's difficult when there aren't as many staff, we're rushing around and don't get as much time to spend with people. It means people may have to wait longer for their personal care in the mornings so they may not be ready to start the day until about 11am although no one seems to mind this." People told us they did not feel the staffing levels affected the care they received. One person said, "The home might be understaffed although the staff cope very well indeed regardless. They come over as being very capable."

We recommend that a dependency assessment tool is used to ensure that there are always the right number of staff deployed to meet people's needs at all times.

Staff recruitment files contained evidence that the provider obtained appropriate information prior to staff starting to help ensure they were suitable to work at the service. This included proof of identity, such as passport or birth certificate, written references and Disclosure and Barring checks. DBS checks identify if prospective staff have a criminal record or are barred from working with vulnerable people. There was evidence that all applicants completed an application form and attend a face-to-face interview before they were appointed. This gave assurances that only suitable staff were employed to work in the home.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments were in people's care records covering areas such as moving and handling, skin integrity including pressure sore, malnutrition and mobility. Risk assessments viewed showed that risks had been correctly identified, control measures were in place and reviews had been completed on a monthly basis or

where changes occurred. One person's records stated they were at risk of developing pressure sores. A pressure mattress to provide comfort was in place and the setting required was recorded and monitored. Risks associated with people's daily living skills were also assessed to enable people to maintain their independence. For example, one person had risk assessment in place for using a teapot, we observed staff supporting them appropriately with this at lunchtime.

Where risks had been identified due to people's anxiety levels and behaviours, plans were in place to guide staff on how to support them. These included details of how to communicate to reassure the person and activities they enjoyed which could be used to distract them. We observed staff following guidance for one person who became anxious at lunchtime. They offered support in a gentle manner and helped the person move to another table to sit with their friend. They continued to talk to the person about activities they enjoyed until they were calm and able to enjoy their lunch.

People were safeguarded from the risk of abuse. Staff told us they had received safeguarding training and training records confirmed this. Staff were aware of different types of abuse people may experience, how to recognise potential abuse and the action they needed to take if they suspected abuse was happening. They told us they would report any concerns to the manager or senior person on duty and were confident it would be dealt with. Staff were aware of how to access the safeguarding and whistle-blowing policy. Records showed that safeguarding concerns had been reported appropriately to the local authority.

Good medicines management processes were followed to ensure people received their medicines safely. Each person had a medicines administration record (MAR) which stated what medicines they had been prescribed and when they should be taken. MAR's included people's photographs and there was a signature list to show which staff were trained to give medicines. We found no signature gaps in relation to people's MAR's which meant people had been given their medicines when they required them. Where people had refused their medicines or it was not required this was clearly recorded. Protocols were in place for the administration of 'as needed' medicines (PRN) which gave staff clear direction.

The medicines trolley was locked at all times between use and medicines were stored at the correct temperature. There was documented evidence of medicines received from and returned to the pharmacy as well as stock checks undertaken. Staff had a medicine policy providing guidance on the safe administration, handling, keeping, dispensing and recording of medicines. We observed staff supporting people with their medicines in an unhurried manner, taking times to talk to them and ensuring they had taken their medicines safely.

Procedures were in place for recording and monitoring incidents and accidents to minimise the risk of reoccurrence. For example, the registered manager completed a monthly falls audit which considered possible trends or triggers for falls and action taken to minimise risks to people.

People lived in a safe environment because checks of the premises and equipment were carried out on a regular basis and any problems were reported through the maintenance system. Records showed that the regular servicing had been undertaken of fire equipment and systems, portable appliances and gas appliance. A continuity plan was in place which detailed where people could be evacuated to in the event that the building could not be used. This meant that disruption to people's care would be minimised should an emergency occur.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments from people included, "The staff certainly know what they're doing, I believe that they're very well trained here." And, "They appear to be very well trained. They give you confidence when they're around you." One relative said "The staff are always helpful and are well trained. I'm happy that they are well versed in what they do."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. New staff were supported to complete an induction programme before working on their own. Staff told us this included completing mandatory training in line with the care certificate and shadowing more experienced staff to get to know people. One staff member said, "It was useful to get to know everyone and how things worked."

Records were in place which demonstrated mandatory staff training was completed and regularly updated in areas including health and safety, moving and handling, first aid and safeguarding. Staff told us that the training provided was of a good standard and supported them in their role. Staff demonstrated the safe practice they had learned in their training when supporting people with their care. For example, we observed staff supporting people to mobilise and transfer between seats using appropriate equipment. Staff supported people efficiently and competently whilst offering reassurance. Staff also had the opportunity to undertake training in relation to people's individual needs such as dementia and diabetes. Team leaders had all undertaken management qualifications to support them in carrying out their role.

Staff received support that promoted their professional development. Regular supervisions and annual appraisals were held to monitor staff performance and discuss any issues or concerns. Staff told us they felt supported and found supervision useful to discuss their role and training opportunities. One staff member said they found the supervision and appraisal process was motivating, "It gives you a boost."

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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's legal rights were protected as staff had a clear understanding of mental capacity, consent and had completed training related to the MCA and DoLS. They were able to describe the key areas of the MCA and how they promoted people's independence, choice and rights. One staff member told us, "The MCA protects the residents if they haven't got the capacity to make decisions for themselves." Another staff member said,

"Even if people don't have capacity or understand the dangers in life, they still need to be given choices. I always ask before doing anything and people can choose what they want to do, their clothes and meals." We observed that staff used their knowledge when supporting people by offering choices and gaining consent before supporting people with their care.

Care records contained evidence that people's capacity to make decisions had been assessed in line with their needs. Care files we viewed showed that people had the capacity to make day to day decisions and prompted staff to ensure that people were supported with this. Where restrictions were in place to keep people safe such as exits from the building, best interest meetings had been held and the registered manager had submitted DoLS applications to the local authority.

People were provided with a choice of food and drink which supported them to maintain a healthy diet. All the people we spoke to told us that they enjoyed the food provided and were always offered a choice. Comments included, "I like the food here, it's very good. The staff are always very attentive at mealtimes." And, "The food is very good. You're given a choice which is good. I know that they'd offer something else if I didn't like what they'd given me." Menus were displayed around the service in written and pictorial format and people were shown both options available at lunch time to enable them to make a choice. There was a pleasant atmosphere during lunch with people chatting and joking with staff. Staff were attentive to people's needs and repeatedly checked if people needed support and were enjoying their food.

People's dietary requirements were known by staff and where people required support to eat this was provided in a discreet and dignified manner. Catering staff were knowledgeable about how to prepare food safely for people who required a soft or pureed diet and ensured this was well presented. Specialist crockery and cutlery was available to enable people to maintain their independence when eating and coloured plates were used for people who required encouragement to eat. People's weight was monitored regularly and any changes were acted upon. Monitoring charts were in place for people at risk of inadequate nutrition or hydration and for people who required restricted fluids. One relative told us the service had been proactive in supporting their family member when they were not eating, "Mum's a fussy eater and tends not to ask for an alternative. The Chef did come down to have a chat to establish a better food regime for Mum. I was impressed at that."

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. Appointments with health care professionals such as doctors, dentists and chiropodists were recorded in care files. There was evidence that health checks were carried out and that changes in health were identified in a timely manner. One relative told us, "I'm happy that they have Mum's health very much in sight here. They are quick to react when the need arises." One person said, "I'm happy that my health needs are being met. The staff are well trained so I'm happy with them."

The premises was decorated and furnished to a high standard. Communal areas were comfortable and homely. Signage was of a homely style and did not present a clinical feel. The environment was suitable for people living with dementia. Bathroom doors were painted different colours so people would be able to identify different rooms. People's rooms had memory boxes containing items personal to the individual outside their door, so they could find their room.

Is the service caring?

Our findings

People told us they were happy with the care they received from staff. Comments included, "Their attitude lifts you up. Always cheerful & prepared to do that little bit extra for you. The staff here are lovely, we're very lucky. Always a smile, rarely a sour face. They're always asking if there's anything I need. They're wonderful." And, "The staff here are a very caring bunch. They're always prepared to do anything they can to help. I like that. They talk to me, very friendly. They make me a happy lady."

We observed staff interacting positively with people and the atmosphere was calm and relaxed. Staff kept people informed about what was happening and waited for a response. For example, we observed people leaving the dining room after lunch, staff took time to talk with people and ask them where they would like to go before supporting them. Staff chatted easily with people about their family and things they enjoyed. Staff were able to tell us about people and describe their needs and preferences. One relative told us, "The staff here are very friendly to my Mum. They're caring and one of the staff especially has gone out of their way to establish a good relationship with Mum. That kind of thing does help a lot."

People were treated with kindness and their privacy was respected. We observed one person became distressed; staff took time to sit with them until they were able to support them to a more private area. They walked down the corridor with the person offering constant reassurance. There were a number of different lounge areas available so people could spend time quietly if they preferred. One person told us, "The staff here are excellent. They're always happy to help. They don't make you join in when you don't want to. They know when you want to be left alone & respect that. They're very understanding."

People's involvement in their care was positively encouraged. In addition to residents meetings the service nominated a 'resident of the day'. The registered manager told us this was a way of making people feel they were special as well as gaining their views on the care they received. They told us, "We ask them what they would like to do that day, pamper them and spring clean their room. The senior on duty, chef and housekeeper all visit them to check if there is anything they need or anything they would like."

Staff promoted people's independence and described how they recognised people's individual choices. One staff member told us they would meet people's wishes wherever possible and encourage them to make decisions. "We give people choices of what they'd like to wear, where they wanted to sit or what they wanted to do, I never assume." One person told us it was important to them to be as independent as they could and staff supported them with this, "I can get about, I don't normally need assistance, staff know me and give me time. I do feel that, if I needed that type of assistance, the staff would be very good."

People told us that staff treated them with dignity and respect. One person said, "They are always respectful. They make sure that my dignity is preserved if they have to help me. They're superb actually." Another person told us, "The staff have always shown the utmost respect to me and, from what I see, they do it for everyone." We observed that staff knocked on people's doors and asked for permission before they entered their bedrooms. One staff member told us they would always ensure people's privacy when providing personal care and make sure they knocked on someone's door before entering. Another staff member said

they would always cover people with a towel to protect their dignity when carrying out personal care.

Is the service responsive?

Our findings

People and relatives told us they were involved in developing care plans and that the care they received was individual to their needs. One person told us, "I have a care plan and I was involved in its making. It's updated as my needs change. I'd say that they've got it right." A relative said, "I was involved in setting up Mum's care plan and also in keeping it up to date. The care here is first class. I'm happy that the care she's receiving is tailor made for her."

People received care in line with their needs and preferences. People had individual care plans in place with clear detail about how they preferred their support to be provided. People's life histories, preferences, hobbies and interests were well documented and clearly recorded people's likes and dislikes. They included information about what the person was able to do for themselves and where they needed support. For example, care plans contained details of the areas people preferred to wash themselves, if they liked their bedroom door closed at night and if they liked to wear perfume and make-up. One person's care plan detailed events from the past which may cause them to be upset when they recalled them. Staff were able to explain to us how people preferred their care which was in line with the care plans we viewed. During observations we saw that staff knew the names of people's family members and how they liked things to be done. One person told us, "I'd say that the care I receive here is exactly what I need. I don't have any complaints at all."

People's needs were assessed prior to them moving in to the service to ensure their requirements could be met. There were clear links between the information gained during assessments and people's care plans. People's care needs were reviewed on a monthly basis and care plans and risk assessments were updated when people's needs changed. Daily records of the care people received were personalised and contained details of their mood, conversation, personal care, concerns and activities they had taken part in. The handover between staff at the start of each shift ensured that important information was shared and acted upon.

People were provided with a wide range of activities, both within the home and in the local community. Activities included pet therapy, songs of praise, sing-a-longs, movie afternoons, music and movement, trips to the local café and pub, theatre and seaside trips. There was a dedicated activity team who facilitated activities five days a week with care staff providing activities at the weekend. One person told us, "Every day there is something going on." Another person said, "We don't have time to get bored. The girls (staff) have so much energy, they keep us going." We saw the planned activities for the week were displayed throughout the service. In addition to the planned programme additional activities were organised such as an ice-cream van visiting, day trips and entertainers. Groups from the local community were also invited to the home to perform and join in activities. Activity staff told us they regularly met with staff from other homes to share ideas.

Activity staff told us they had recently completed training in delivering 'Oomph' sessions, a music and exercise programme aimed at increasing people's mobility and social interaction. We observed two 'Oomph' sessions during the inspection. The staff members delivered the programme with enthusiasm and

consideration for people's individual abilities. They ensured everyone who wished to take part was involved and people responded positively, laughing together and singing along to the music. A staff member told us they completed the programme each morning prior to starting the activity programme as this increased people's alertness and participation.

One staff member told us they recognised the importance of maintaining people's interests and hobbies, "They are not just an old person living in a home. They had a life before." They were able to describe people's interests such as flower arranging and animals and how they developed activities to suit people, "Even if it's in little ways it's important, someone used to be a tennis player so I make sure I use those movements in exercise groups." Records of activities were kept and contained comments on what people had enjoyed and pictures of them taking part to help staff develop their interests. Where people chose to spend time in their rooms records showed that staff spent time chatting with them and we observed this happening during the inspection. Sessions were also in place for people to maintain their daily living skills such as a life skills group for those people who liked to clean. People were supported to practice their religious beliefs. The service worked in partnership with volunteers to support people to attend the local church.

Complaints and concerns were taken seriously and used as an opportunity to improve the service for people. There was a complaints policy in place and guidance on how to make a complaint was displayed. Records showed that complaints had been documented, investigated and responded to in a timely manner. For example, where concerns had been expressed regarding security, people had been given keys to their rooms. People and relatives we spoke to told us they had never had the need to complain but would feel able to do so and felt their concerns would be acted upon. One person told us, "I've never had to complain but feel that, if I did, it would be listened to." A relative said, "This place is good. I've never needed to complain and don't expect to, I know they would do anything they could if there was anything."

Is the service well-led?

Our findings

People and relatives told us they felt the home was well-led. One relative said, "My Mum is very well looked after here. She appears happy so I'm happy. I feel that the home is excellent so management are obviously doing their bit." One person told us, "The staff are obviously very confident in their duties, they're well trained so I believe them to be well led."

Staff told us they felt supported by the management of the service. One staff member said, "The manager is very supportive. It comes down from the top. Staff are supervised well and given confidence to pick up on other staff if they could be doing things better." They told us that the registered manager had made the visions and values of the service clear, including providing person-centred care which was based on people's choices and preferences. The registered manager said, ""People choose everything here, that's the way it should be. They're the bosses, not us."

Staff worked well together as a team. They showed a good understanding of their individual roles and spoke to each other throughout the day as to what was happening and what needed to be done. There was clear direction from team leaders, during lunch they discreetly observed and directed staff to ensure everyone received the support they required. One team leader told us, "Its hard work but brilliant work. The manager understands and if I have any problems I know I can speak to her." Team Leaders also had delegated roles within the service including, infection control, dementia care, moving and handling lead and a care certificate assessor. This meant that staff had access to support with specific issues and had clear oversight of what was happening and could inform the manager in a timely way.

People and their relatives were given the opportunity to feedback their views of the service which were listened to and acted upon. Resident meetings were held regularly and gave people the opportunity to discuss any concerns and plan for upcoming events. Satisfaction surveys were distributed to people and families on an annual basis. The survey for 2015 showed concerns regarding the efficiency of the laundry systems. The service had responded to this by increasing the number of staffing hours available in the laundry.

Systems were in place to monitor the quality of the service provided. Records showed that the registered manager completed audits including health and safety, management of medicines , nutrition, supervision and infection control. Audits were also conducted by senior staff within the organisation to ensure that the general running of the service was consistent and that care plans and risk assessments were continually updated. Records relating to the management of the home were well maintained and confidential information was stored securely.

The registered manager told us they were continually looking for ways to improve the service and to support involvement of the local community. Examples of this included the allocation of grant funding for a sensory bathroom which enabled people to have time to relax in privacy. The service hosted a monthly Alzheimer café which was attended by the registered manager and deputy manager. The registered manager told us this was an opportunity to share information and signpost families to where they could seek advice as they

believed families often felt isolated when supporting loved ones living with dementia. The registered manager also attended Frimley Forum which links services with families and carers to gain knowledge and understanding of what is happening locally.

The organisation offered staff the opportunity to comment on their work and support they receive. Staff are encouraged to complete an independent on-line survey to gain ideas on how the organisation can improve. A representative from the service also attends an organisation wide staff forum where they are informed of developments and had the opportunity to contribute from a staff member's perspective. The organisation also ran an awards scheme to acknowledge the work of the service and staff. The service received awards including, Management of Excellence, Activity Based Care and Environment of the year.

The registered manager had a good understanding of their legal responsibilities as a registered person, for example sending in notifications to the CQC when certain accidents or incidents took place and making safeguarding referrals. The registered manager was also knowledgeable about the people who lived at the home, the staff employed and how best to utilise their skills. Policies and procedures were in place to support staff so they knew what was expected of them. Staff told us they knew where the policies were kept and could refer to them at any time.