Qualitas Care Limited

Whitelow House Nursing and Residential Home

Inspection report

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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

The inspection visit at Whitelow House Nursing and Residential Home took place on 03 April 2017 and was unannounced.

Whitelow House Nursing and Residential Home is a 32 bed care home with nursing, situated on Morecambe seafront. A passenger lift is available allowing access between the four floors. It offers both long term and short-term care. At the time of our inspection visit, 32 people lived at the home.

There was a registered manager and they were present during our inspection visit. 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.

During this inspection, we walked around the home, found it clean, and maintained to a safe standard. We noted the provider had systems that ensured people who lived at the home were safe. We found staff were knowledgeable about the support needs of people in their care. They were aware of what help people needed to manage risks and remain safe.

Records we looked at indicated most staff had received safeguarding training related to the identification and prevention of abusive practices. They understood their responsibilities to report any unsafe care or abusive practices related to safeguarding of adults who could be vulnerable.

New staff had safeguarding training identified, planned and booked by the registered manager. Staff we spoke with told us they were aware of the safeguarding procedure and knew what to do should they witness any abusive actions at Whitelow House Nursing and Residential Home.

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with people who may be vulnerable. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was comprehensively organised directing staff with their allocated tasks.

Staff responsible for administering medicines were trained to ensure they were competent and had the skills required. We investigated and noted medicines were kept safely and appropriate arrangements for storing medicines were in place.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People and their relatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

Care plans were organised and identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Comments we received demonstrated people and their relatives were satisfied with the care delivered. The provider and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the management team had responded promptly when people had experienced health problems.

A complaints procedure was available and people and their relatives we spoke with said they knew how to complain. Staff spoken with felt the manager was accessible, supportive and approachable.

The manager had sought feedback from people who lived at Whitelow House Nursing and Residential Home and staff. They had formally consulted with people they supported and their relatives for input on how the service could continually improve.

The provider had regularly completed a comprehensive range of audits to maintain people's quality of life and keep them safe.

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.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff, who were aware of the assessments to reduce potential harm to people.

There were enough staff available to meet people's needs, wants and wishes safely. Recruitment procedures the service had were safe.

Medicines were managed in a safe manner.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training to meet people's needs.

There were regular meetings between individual staff and the management team to review their role and responsibilities.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good

The service was caring.

Our observations showed people were treated with kindness and compassion in their day-to-day care. This was confirmed by talking with people and their relatives.

Staff had developed positive caring relationships and spoke about those they cared for in a warm, compassionate manner.

People were involved in making decisions about their care and the support they received.

End of life care was valued as part of a person's care plan.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider organised activities to stimulate and maintain people's social health.

People and their relatives told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Good

The service was well led.

The registered manager had clear lines of responsibility and accountability.

The registered manager had a visible presence throughout the home. People and staff felt the management team were supportive and approachable.

The management team had oversight of and acted to maintain the quality of the service provided.

The provider had sought feedback from people receiving support, their relatives and staff.

Whitelow House Nursing and Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

Two adult social care inspectors carried out the inspection.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

On the day of our inspection, we found it difficult to gain a variety of verbal feedback from people living at Whitelow House Nursing and Residential Home. People were living with advanced stage dementia and or complex needs. We used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the home and how people responded to support. We observed how people were supported during meal times and during individual tasks and activities.

We had a look round the home to make sure it was a safe and comfortable environment and observed how staff helped and communicated with people who lived there. We spoke with two people and three relatives during our inspection. We also spoke with the registered manager, the owner, four members of staff and a visiting health professional.

We looked at five people's care records and the medication administration records of six people. We also

reviewed four staff files including recruitment, supervision and training records. In addition, we looked at records for the maintenance of facilities and equipment people used. We also looked at further records relating to the management of the service, including quality audits.

Good

Is the service safe?

Our findings

Observations made during the inspection visit showed people were comfortable in the company of staff supporting them. When asked about feeling safe at the home, one person told us, "Of course I am safe, the staff are grand." Their relative who was visiting at the time of our inspection commented, "They have put things in place to keep him safe just in case." We were shown a sensor mat to alert staff if they fall from their bed. They had never fallen but were identified as being at risk of falling. Both the person living at the home and their relative were pleased with the preventative actions. One staff member told us about protecting people, "The service runs well, people are safe."

During this inspection, we looked at staffing levels at the home and how the staff were organised to provide safe care. We spoke with people and staff and observed care practices within the home. On the day we visited there were eight carers on shift plus an additional carer to offer support over lunchtime. We asked the registered manager how they organised staff. They told us there was a daily meeting and there was a resident allocation document. The document guided each staff member on what they were doing, who they were supporting and when. Staff spoke positively about the document stating it gave them structure. A member of the management team told us it made staff accountable on the care and support they delivered.

The senior nurse told us the registered manager had increased nursing staff from one nurse to two for each day shift. They stated this was a strategy to allow one nurse to deal with any visiting health professionals and the second nurse to monitor and attend to people's ongoing health needs. This showed there was a framework that managed risk and staff responsibilities throughout the home and kept people safe.

When asked about safeguarding people from abuse, staff we spoke with were able to tell us what procedures they would follow to keep people safe. They had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. There were procedures to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care. One staff member told us, "The most important thing is to keep people safe." They further commented, "We cannot just neglect safeguarding, everybody has rights." When asked what they would do if they had any concerns about abuse, staff told us they would report any concerns to the manager. They also commented they knew about the whistleblowing policy and would contact the Care Quality Commission (CQC) if they felt that to be necessary.

Training records we looked at showed most staff had received related information to underpin their knowledge and understanding. We spoke with the registered manager about safeguarding training and they were able to show us training had been booked for those staff who required it.

During our inspection, we looked at processes for managing the documentation related to the administration and storage of medicines. We looked at Medicine Administration Recording (MAR) forms for six people. We also observed the administration of medicines at lunchtime. We did this to see if documentation was correctly completed and best practice procedures were followed. We noted that two nurses completed the administration of medicines together. We asked why both nurses took part. The senior nurse told us they had not seen each other for a few days and by working alongside each other, they

were able to share information and update their knowledge on the people they supported.

We observed consent was gained from people before having their medicine administered. The MAR was then signed. Medicine audit forms were seen and checked as correct. During our observation, one person became agitated during the administration of their medicines. We noted the nurse took their time and sat with the person until they were ready and comfortable to take their medicine. The medicine had been added to food to aid with the administration. We saw relevant documentation around administering medicines covertly and working in people's best interest. This showed staff had knowledge of the risks to individuals and the provider had a system that ensured people received their medicines safely.

Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures and the drug totals were correct. This showed the provider had systems to protect people from the unsafe storage and administration of medicines.

During the inspection, we viewed five care records related to people who lived at Whitelow House. We did this to look how risks were identified and managed. We found individualised risk assessments were carried out appropriate to peoples' needs. Care documentation contained instruction for staff to ensure risks were minimised. For example, we saw one person had a history of behaviour that challenged. Staff we spoke with were able to tell us effective ways to support the person to keep them safe. They shared they would hold the person's hand and or talk about their relative to soothe them. During our observations, we noted the person was supported as described within the care plan. This demonstrated staff were knowledgeable of the risks identified and how to address these.

Accidents and incidents were recorded appropriately and in detail. Any action that could be taken to prevent future occurrence had been implemented and documented. Reports were completed by staff and reviewed by the registered manager. They then made changes to the care delivered and submitted notifications as appropriate.

A recruitment and induction process ensured staff recruited had the relevant skills to support people who lived at the home. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at three staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check or DBS adult first and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. All the staff we spoke with told us they did not start work with Whitelow House until they had received their DBS check.

During the inspection, we had a walk around the home; we observed call bells were positioned in bedrooms close to hand allowing people to summon help when they needed to. We tested and observed the system and found staff responded to the call bells in a timely manner. We viewed bedrooms, bathrooms, the kitchen and communal areas. We found these areas were clean, tidy and well maintained. We observed staff made use of personal protective equipment, for example, wearing gloves when necessary.

The water temperature checked from taps in several rooms throughout the home was thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. We checked the same rooms for window restrictors and found these to be in place. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

Good

Is the service effective?

Our findings

People we spoke with told us that the service was very effective at meeting their needs. One person told us, "[Relative] is very well looked after, they all are." A second person said the staff had the skills to meet their needs. Their relative who was present at the time commented on the staff, "Everything is ok; they [staff] know what they are doing."

Staff we spoke with told us they had received an induction when they were first employed. All staff spoken with told us they had regular supervision meetings with a member of the management team. We noted on the day we inspected there were planned supervision meetings for staff on duty. One staff member told us, "I have loads of questions for my supervision. They always help me." Supervision was a one-to-one support meeting between staff and a senior staff member to review training needs, role and responsibilities.

We spoke with the registered manager about training. They showed us they had a training matrix which identified what training staff had undertaken and what was required. The registered manager told us there were gaps in some people's training as they were new starters. They shared that staff retention could be difficult. We noted training had been identified, organised and booked for staff for the following few weeks. Longer standing staff told us they regular received training to underpin their knowledge. One staff member told us, "We get enough training. I've done refresher training on ones I've done before."

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 2005. 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 2005.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. The registered manager was aware of the changes in DoLS practices and had policies and procedures regarding the MCA 2005 and DoLS. Discussion with the registered manager confirmed they understood when and how to submit a DoLS application and what processes to follow to update DoLS authorisations. Throughout our inspection, we observed staff offering people choices and gaining consent to support them with their personal care.

During our inspection, we observed how people were supported to have sufficient amounts to eat and drink throughout the day. One person told us the food was good. A relative commented, "[Relative] actually put weight on since moving in, the food is very good." We noted people's weights were monitored and recorded. We saw weighing scales that attached to a hoist. The registered manager told us this allowed people to be

weighed as part of a moving and handling procedure, which reduced the amount of times people had to be disturbed. We read in one person's care file they required fortified drinks throughout the day to maintain their weight effectively. We sought and read up to date documentation signed by staff that indicated the person had received the prescribed drinks as directed. Staff we spoke with were knowledgeable about people's nutritional needs and in particular people's need to have fortified drinks. This showed the provider had a system that protected people against the risk of dehydration and malnutrition.

We observed staff supporting people with their meals at lunchtime. People were offered support by staff with their three course meals. We noted one person did not eat their meal and was offered an alternative. Lunchtime was relaxed and unhurried with staff asking people if they had enjoyed their meal.

We visited the kitchen at Whitelow House Nursing and Residential Home and found it clean and hygienic. Cleaning schedules ensured people were protected against the risks of poor food safety. The chef was able to tell us who, due to ongoing health conditions or cultural beliefs, had specialised diets. The chef had knowledge of the food standards agency regulations on food labelling. This showed the provider had kept up to date on legislation on how to make safer choices when purchasing food for people with allergies. The provider had achieved a food hygiene rating of five. Services are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good hygiene standards.

We looked at care records which showed people's healthcare needs were carefully monitored and as part of the care planning process. One relative told us, "The slightest thing and they'll get the GP out and let me know." Care records seen also confirmed visits to and from GPs and other healthcare professionals had been recorded. The documentation was informative with the reason for the visit and what the outcome had been. One healthcare professional visited during our inspection. They willingly shared their views on the care delivered at the home. They told us they visited the home once or twice a month. They said the nurse working at Whitelow House was organised and knew the people they supported well. They further commented the nurse had an expected treatment plan in mind, which showed they had been thinking about people and how to achieve positive outcomes.

Good

Is the service caring?

Our findings

We observed staff during our inspection and found they were caring and kind. Staff spoke with people in a respectful but friendly manner. Staff had a good awareness of people's needs, and staff did not rush people when providing support. One relative told us about the staff, "They are very good and very caring." They further commented, "Nothing is ever too much trouble."

We witnessed good interactions between staff and people who lived at the home. Staff walked with people at their pace and when communicating got down to their level and used eye contact. They spent time actively listening and responding to people's questions. Throughout our inspection visit, we observed staff supported people to transfer from chair to wheelchair using a hoist. People were supported in an unhurried way and staff kept them informed of what they were doing. One newly recruited staff member told us, "The caring is good here; I was shocked at how good the care is."

During our inspection visit, we heard staff use language that did not always promote peoples personal dignity. Staff talked about "feeding" and "toileting" people and paperwork referenced 'cot sides' and not bed rails. We discussed with the registered manager about how words can influence how people treat or view people living with dementia. They told us they would change the paperwork and include discussions around person centred language within staff meetings.

Relatives we spoke with said they were made to feel welcome. They told us they could visit whenever they liked. One relative commented, "I visit regularly, I am always welcome." A second relative told us, "I've got to know the staff and the staff know [relative] well." Other relatives told us they visited whenever they wanted, never felt the need to make an appointment and were always welcomed.

Each person had a framed document in their bedroom that identified their named nurse and named keyworker. The keyworker was responsible for liaising with family members. The registered manager told us this gave relatives a named person to contact, and helped to develop positive relationships.

During our walk around the home, we saw a bedroom identified for use by relatives. The registered manager told us should family members wish to remain at the home when their relatives are at end of life, they now have that option. This showed the provider valued and maintained positive relationships with people's loved ones.

We observed staff being respectful towards people. We noted people's privacy was maintained throughout our inspection. Staff were able to describe how they maintained people's privacy and dignity by knocking on doors and waiting to be invited in before entering. We looked in people's bedrooms and saw they had been personalised with pictures, ornaments and furnishings. One relative told us, "They stop at nothing to make sure everyone is comfortable." About the staff, they also told us, "They treat everyone with respect."

People had been involved insofar as possible in planning their care and support. Care plans included information about people's preferences and wishes on how they wanted to receive their support. A member

of the management team told us it was sometimes difficult to gain personal information from people. However, we noted personal preferences documented in people's care plans. For example, 'staff to chat to [person] about being a farmer's wife, working in a butchers shop and musicals such as singing in the rain.' A second care plan told us the person, 'likes to talk about Stephen King books, really likes the music man and woman that come to sing and enjoys a sherry on Friday afternoons.' This showed the provider had gathered personal information to support staff in positive interaction and build valued relationships with people they cared for.

We looked at end of life care as part of our inspection process. People had do not attempt cardiopulmonary resuscitation [DNACPR] forms within care plans. These were signed and ensured end of life wishes were valid and current. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. Who had a valid DNACPR was clearly documented so staff had the relevant knowledge to share when required. On the day of our inspection, a GP visited and as part of their visit, they reviewed and updated two DNACPR's. This showed the provider had ensured people's end of life preferences and best interests were valid and part of the care they delivered.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Good

Is the service responsive?

Our findings

Staff we spoke with were able to describe people's preferences and wishes on how they wished to be supported. For example, staff had an awareness of how to calm people who could become agitated. During the inspection, we saw staff using these techniques as guided. One relative told us, "Everything is written down and they keep me up to date with any changes or concerns." A second relative told us, "Any problems and they get the doctor in." A third relative was pleased that a recent suggestion on how to support their relative had been listened to and put in place immediately. This showed the provider was responsive in meeting people's care needs and delivered care that was tailored around each person.

To ensure they delivered responsive personalised care, the provider assessed each person's needs before they came to live at Whitelow House. This ensured the placement would meet their needs and staff would have the skills to keep them safe. One relative told us the care their relative received met all their care needs. They told us, "They [staff] make sure everyone is comfortable. They treat everyone like family."

We looked at how people were offered care and support in ways that supported their particular needs. Staff were made aware of changes in people's care needs by attending daily handover meetings with the nurse on duty. To ensure the support was responsive, people had a care plan. Care plans provided staff with detail about people's preferred name and life history. Care plans were personalised and focused on people's support needs. For example, if people were at risk of malnutrition and or dehydration they had nutritional action plans and food diaries. We looked at these and they were fully completed and reviewed by nurses on each shift. We saw one person displayed behaviours that could be challenging. They had personalised support strategies to manage their unique behaviours. We noted care plans were regularly updated and evaluated. This showed the registered manager had ensured the support was in place to make sure people's care preferences and requirements were followed.

We looked at what activities were provided for people at Whitelow House. The activities displayed on the notice board were not what was delivered. A member of the management team told us said they struggle to do activities with everyone because capacity and levels of engagement fluctuate daily. We spoke with a member of staff who told us activities were under review. They had spoken with the owner about updating the timetable and introducing different activities. They had been given the task of researching and suggesting new valued activities, as they knew people very well.

However, each person had an individualised recreational activity plan that guided staff on people's past history and suggested topics of conversation. We observed activities taking place during the day. We noted several dolls sat in a row in the lounge. The registered manager told us they had bought these to provide comfort to people and one person liked to position them as they were. We spoke with one person and their relative who told us they both received communion regularly from a visiting priest. This showed the registered manager supported people to maintain their relationships and preferences.

There was an up to date complaints policy. People and their relatives we spoke with stated they would not have any reservations in making a complaint and felt the registered manager and staff were approachable.

Regarding complaints one person when asked, told us, "Complain? No reason to, they are excellent." A relative told us, "I have had no reason to complain." This showed the provider had a procedure to manage complaints and people knew how to raise concerns if needed.

We saw feedback from friends and relatives of people who had lived at Whitelow House. These included; 'A big thank you for being so caring to my mum.' We also noted, 'Many thanks to all the staff for your care and attention and kindness to [name of person].'

Good

Is the service well-led?

Our findings

People, relatives and staff told us the registered manager was knowledgeable of the service delivered and people's day-to-day needs. They commented they were present and visible at the home and were available to meet with people. One staff member laughingly commented, "He knows what's going on, you don't have any escape." A second staff member commented, "The office is always open. They 100% know what is going on, they come to check on you." A third staff member told us the registered manager listened and acted on suggestions to improve the service delivered. There had been an increase in nurses on duty after discussion with the registered manager.

There was a formal management structure in place. People knew their own role and responsibilities and who was accountable when the registered manager was not present. The senior nurse and senior carer had clearly defined roles. Regarding the senior carer, one relative told us, "She runs the show, she's lovely." This showed the registered manager had delegated tasks to promote effective service delivery.

Staff told us there were regular team meetings. One staff member said, "We have regular team meetings they [registered manager] tell us what improvements are happening and discuss things like training." We saw minutes, which confirmed what staff told us. Various topics were discussed including the use of slings, CQC inspection and paperwork. The meetings enabled the registered manager to receive feedback from staff, and gave staff the opportunity to discuss any issues or concerns.

We saw minutes that indicated a recent meeting had taken place for people and their relatives. One relative told us, "We had a meeting two weeks ago for relatives and friends" They explained they were told about a new system for weight monitoring, the new garden wall and alterations that were planned on the ground floor. They were also told about the guest room to be made available to relatives should they need to stay at the home.

We noted the registered manager had sought people's views with a questionnaire. Relative's views and suggestions had been compiled and where appropriate actioned. For example, one person had stated they found the front door hard to manage. The registered manager in response to this had the door serviced.

The registered manager had an ongoing improvement plan to drive positive development in their provision of care. The improvement plan included a review and streamlining of paperwork. There had been a review of medicine administration to ensure best practice occurred on when medicines prescribed before meals took place.

The registered manager had a formal procedure to monitor the quality of the service being provided. Audits were completed weekly and monthly by the handyman. For example, weekly fire alarm checks were completed. Monthly audits included emergency lighting, monitoring behavioural incidents, medicine errors and accidents and injuries.

We spoke with the registered manager about audits and noted the service worked with an outside auditing

agency and followed their best practice system. The registered manager told us the system focused on learning and improvement commenting, "It improves our practice." It contained policies and procedures for each area of the business and focused on effective management. These were reviewed and updated in line with any legislative changes. They also had an external audit every six months to assess the effectiveness of their governance and data management.

The home's liability insurance was valid and in date. There was a business continuity plan to demonstrate how the provider planned to operate in emergencies. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.

We saw documentation that indicated nurses completed spot checks on care staff and the care offered to people who remained in their bedrooms. These included hourly checks, food and fluid amounts and personal care. The checks questioned whether people were supported appropriately with their meals when in bed. This showed the provider had the resources and the framework to lead, promote and evidence good management. This ensured the provider delivered care and support in a safe environment.