

Whitby Court Limited

Whitby Court Care Home

Inspection report

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15 March 2022

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Whitby Court Care Home is a care home providing personal and nursing care to older people, some of whom were living with dementia. The home can accommodate up to 51 people. At the time of this inspection, 50 people were using the service.

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

People told us they felt safe living at the service and relatives were happy with the support being provided. Staff described an improved, positive culture within the service and told us they felt valued.

Safe recruitment processes were in place and followed. A safe number of staff were on duty and deployed effectively to ensure people's needs were met. Staff had received appropriate safeguarding training and referrals had been made when required.

Risks to people had been assessed and recorded. Action had been taken to mitigate risks wherever possible.

Medicines were administered safely. Infection, prevention and control measures had been improved following the last inspection and thorough, effective systems were in place to monitor the quality and safety of the service provided.

The senior management team had an increased presence in the service to ensure they had effective oversight. Lessons had been learnt following the last inspection and extensive steps taken to prevent reoccurrence and continuously improve the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 March 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced focused inspection of this service on 12 February 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their infection, prevention and control, risk management and governance systems used to monitor the quality and safety of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whitby Court Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Whitby Court 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by one inspector. An Expert by Experience made calls to people and relatives following the site visit, to ask their views on the service provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Whitby Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Whitby Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 March 2022 and ended on 18 March 2022. We visited the service on 15 March 2022.

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 and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We conducted a tour of the service and spent time observing staff interactions with people. We spoke with three people who used the service and six members of staff including the registered manager, operations director, two floor supervisors, a nurse and a domestic assistant.

We reviewed a range of records. This included health, safety and servicing checks, fire records, accident and incident recordings and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

After the inspection

Following the inspection site visit we also contacted a further five people who used the service, five relatives and two care assistants to ask their views on the service provided. We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments and quality assurance records remotely.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to assess the risks relating to the health and safety of service users. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been assessed and appropriate person-centred management plans were in place.
- When accidents or incidents had occurred, action had been taken to minimise the risk of reoccurrence. The registered manager regularly monitored accidents and incidents to identify any themes or trends.
- Equipment had been serviced at regular intervals to ensure it remained safe. Regular checks in relation to fire prevention were also completed.

Preventing and controlling infection

At our last inspection the provider had failed to implement and follow government guidance in relation to infection, prevention and control. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- The provider and registered manager ensured government guidance in relation to visiting in care homes was promoted and followed at all times.

Staffing and recruitment

- New staff had been recruited safely. The providers recruitment policy had been followed.
- There was enough staff on duty to support people. Staffing levels were regularly reviewed to ensure they continued to meet people's needs.
- During the inspection call bells were answered in a timely manner and staff were clearly visible throughout the service. One person told us, "There is always enough staff day and night, and they come quickly when I use my call bell."

Using medicines safely

- Medicines were stored, administered and recorded appropriately.
- Thorough auditing processes were in place to ensure the providers medication policy was followed at all times.
- People told us they received their medicines as prescribed. One person said, "Staff know I like my tablets before 8am and they make sure I get them."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. Comments included, "I am settled here and quite happy" and "I feel safe here. I like to socialise, and I can do that safely here."
- Thorough safeguarding processes were in place. Referrals had been made to the local authority where required.
- Staff had received appropriate safeguarding training and were confident in raising any concerns. One staff member said, "I have no issues raising anything at all no matter how big or small."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to establish and operate effective systems to assess, monitor and improve the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems and processes had been further developed and strengthened to ensure the service was compliant with regulations.
- Governance systems used to monitor the quality of the service had been further developed and were effective. The registered manager was utilising the skills of the staff team to ensure they continued to improve the service.
- Senior management had increased their presence in the service to ensure they had effective oversight and could provide consistent support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff described a positive culture within the service. They told us there had been a shift in culture at the service since the last inspection. Comments included, "A lot of things have changed here. I feel more confident in raising any issues and we have a new operations director who really seems to care about staff and people."
- The provider had invested in their staff team and strengthened the management team to ensure people, relatives and staff felt listened to and respected. Observations demonstrated a positive culture within the service.
- A regular program of requesting feedback from people, relatives and staff had been used to continue to improve the service. One person said, "If I am not happy with anything, I just tell the staff and they sort it for me, no questions asked."

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

- The provider and registered manager understood the requirement to be open and honest when things went wrong. Lessons had been learnt and improvements made following the last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager was keen to regularly engage with people, relatives, staff and other professionals. Innovative ways had been used to allow this effective communication to continue during Covid-19 restrictions.
- The registered manager had strong links with other health and social care professionals. Visits from other professionals had continued to take place, in a safe way, during Covid-19 restriction to ensure people had access to the care and support they needed.
- Staff worked in partnership with other professionals to ensure people received the care and support they required.