

Whitby Court Limited

Whitby Court Care Home

Inspection report

Waterstead Lane
Whitby
North Yorkshire
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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

About the service: Whitby Court Care Home is a nursing home providing personal and nursing care to 43 people at the time of the inspection.

People's experience of using this service: People were happy with the service provided and felt safe. People received support from staff who were trained, supported in their role and encouraged to continuously develop their skills. Staff understood how to identify and report any safeguarding concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us staff were kind and caring and respected their privacy and dignity. Staff understood the importance of promoting and encouraging food and fluids. Staff spent time getting to know people and their life histories. Activities on offer provided stimulation and social interaction with other people who used the service.

Care plans were in place to give staff the information they needed to support people in line with their preferences. People felt valued by the service. They had regularly opportunities to provide feedback on the service they received; action taken as a result was shared with them.

Regular checks and audits on the quality and safety of the service were completed by the registered manager and the provider. The registered manager was passionate about ensuring the service continuously improved, addressed any concerns promptly and learnt lessons when shortfalls were found. People and staff spoke highly of the management team and their approach.

The registered manager shared their skills and knowledge with other services and participated in pilots to improve the care in the wider area. The service had good links with the local community and other professionals to promote and improve people's health.

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

Rating at last inspection: Good (report published 8 December 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors and one Expert-by-Experience carried out the first day of inspection. The second day was carried out by one inspector.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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: Day one of the inspection was unannounced. We told the provider we would be visiting on day two.

What we did: Before our inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team before our visit. We used this information to plan the inspection.

During the inspection we spoke with seven people who used the service and four relatives. We spoke with 12 members of staff which included the provider, registered manager, HR manager, administrator, two nursing staff and six care staff.

We used the 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 viewed a range of documents and records. This included four people's care records and multiple medication records. We looked at two staff recruitment and induction files, a selection of training records and records used to monitor the quality and safety of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The provider had a policy and procedure in place to guide staff in how to safeguard people from the risk of abuse and harm. This had been followed when safeguarding concerns were raised.
- Staff had been trained and understood how to identify, respond and report safeguarding concerns. This was discussed within supervisions and team meetings to ensure all staff had thorough knowledge.
- People told us they felt safe. Comments included, "I feel safe and secure here" and "I could not be in a safer place."

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

- Risk assessments were in place to guide staff on how to safely meet people's needs; people's safety was paramount to staff.
- Staff understood the importance of promoting people's independence and freedom whilst minimising any related risks.
- Risk assessments had been regularly reviewed to ensure they remained relevant and corresponded with people's current support needs.
- The environment and any equipment had been assessed for safety.
- Accidents and incidents were recorded. An effective system was in place to identify patterns and trends; this action had resulted in an overall reduction in the number of accidents occurring.
- When near miss incidents occurred, lessons learnt were shared with all staff to promote continuous learning.

Staffing and recruitment.

- The recruitment process in place ensured suitable staff were employed. Appropriate and regular checks of nursing staff's registration had been completed.
- There was enough staff available to support people. Individual dependency scores were used to calculate safe staffing levels. Calls bells were answered in a timely manner; staff were clearly visible throughout the service.
- People and relatives told us there was enough staff on duty and their needs were met. Comments included, "When I use my buzzer, staff come to help", "The ratio of staff is good. They have busy times but never too busy to help me" and "They seem to be ok with staffing levels, they are not pushed."

Using medicines safely.

- Medicines were stored and administered safely.
- Staff responsible for medicine management ensured the provider's policy and procedure was followed. They were aware of best practice guidance.

- Regular medicines training and competency assessments had been completed.

Preventing and controlling infection.

- Staff followed good infection control practices. We identified some concerns around infection control which the registered manager immediately addressed.
- The environment was observed to be clean and tidy throughout. People told us their bedrooms and communal areas were regularly cleaned. Comments included, "This place is spotless" and "I am happy with the cleanliness. I have a lovely room that is always clean and fresh."

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they joined the service.
- The registered manager had further developed the pre-admission assessment to ensure it captured much more person-centred information. The positive impact this had on new admissions was being monitored.
- Staff regularly reviewed people's care and support needs; care plans and risk assessment were updated when any changes occurred.
- People were involved in making every day decisions and choices about how they wanted to live their lives.

Staff support: induction, training, skills and experience.

- A comprehensive induction process was in place to support new staff.
- Extensive training had been provided to all staff to ensure they had the skills and knowledge to carry out their roles. The registered manager ensured staff completed any specialised training needed in relation to people's medical conditions.
- Staff were supported. Regular, constructive supervisions took place. Records in relation to observation of nursing staffs practice were being further developed to ensure nursing staff were confident in all aspects of their role.
- Staff spoke highly of the registered manager and the support they provided. Comments included, "They are firm but fair" and "I think all staff have brilliant support. You can go to [registered manager's name] at any time."

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

- People were supported to ensure they ate and drank enough. If there were any concerns regarding people's weights, appropriate monitoring charts were in place and relevant professionals contacted.
- Additional work had been completed to highlight the importance of good food and fluid intake. Monthly audits completed ensure staff were aware of people's preferences and nutritional goals were being met; the importance of nutrition was included in staff supervisions and meetings.
- People were provided with a variety of meal and refreshments throughout the day that were adapted to meet people's preferences and dietary requirements. People told us they enjoyed the meals on offer. Comments included, "The food is good. Portions are generous and you always get a choice" and "Some of the staff do baking so we have fresh cream cakes and pies which I really enjoy."

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

- The service had links with the local GP practice who visited the service on a regular basis. Visits from other

professionals such as opticians, dieticians, dentists and chiropodists had been arranged.

- Staff followed professional guidance. Care plans showed advice from professionals was acted upon to make sure people received effective care.

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

- The service had been designed and built to ensure people's needs could be met.
- People were free to access all areas of the service and people were supported to do this if needed.
- People's bedrooms were personalised to their own tastes.
- Communal spaces were attractively furnished and well kempt. Consideration had been given to additional support people may need to navigate independently, such as dementia friendly signage.
- People had been asked what additional facilities they would like at the service to make use of all available space.

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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff completed mental capacity assessments and made best interest decisions when necessary. These were thoroughly recorded and relevant people had been involved.
- The registered manager had made appropriate applications to deprive people of their liberty legally. Processes were in place to ensure these were reviewed within required timescales.

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.

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.

- Staff were kind and caring in their approach. People told us staff treated them with kindness and compassion. Comments included, "Staff are all very nice" and "I would give all the staff 10 out of 10."
- Positive, caring relationships had been developed. People were confident in approaching staff and we observed laughter and general chats between people, relatives and staff.
- Staff applied their equality and diversity training to their role and the support they provided to people.
- Staff were attentive to people's needs and understood when people may need emotional support.

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

- People were supported to live according to their wishes and values. Staff were proactive in seeking support from advocates if needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known.
- People were involved in discussions regarding how they wished their care and support to be delivered. Relatives were also involved where relevant. One relative told us, "The care plans are all up to date. If there are any changes they discuss them with me and [persons' name]."
- Staff supported people to make decisions about their care. Staff understood the importance of ensuring effective communication was promoted whilst maintaining confidentiality.
- Staff were knowledgeable about how people preferred to communicate. Where communications cards were in place, these were not always being used. We discussed this with the registered manager who took action to address this.

Respecting and promoting people's privacy, dignity and independence.

- People told us they were provided with support where it was needed, whilst being encouraged to remain as independent as possible. Comments included, "I can bathe on my own but staff are around if I need any help" and "I needed a little extra help today as I have been under the weather. It is never a problem."
- The provision of specialist training had helped staff to better understand health conditions and available support and resources.
- Staff respected people's privacy and dignity. Comments included, "I have no issues in this area. I have no complaints about the staff approach at all."
- People had access to spaces where they could spend time alone if they wished.
- People were encouraged to maintain relationships and build their friendship circles. Social events were arranged to encourage this.
- Relatives and friends were welcomed to the service at any time.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The registered manager ensured care plans were in place when people moved to the service. Senior staff met with people prior to their admission to discuss their preferences, interests and support needs.
- Care plans contained person-centred information that focused on each individual. These had been regularly reviewed with people to ensure they remained relevant and contained up to date information.
- Pre-admission assessment had recently been developed to incorporate people's lifelong goals. The registered manager told us the aim was to help people achieve these.
- Feedback from people who used the service indicated staff were responsive to their needs and preferences. One person said, "Staff are always around but don't interfere. They are there if I need them and understand I like to try and do things on my own."
- Staff were able to spend time getting to know people; they were knowledgeable about people's life history and people that were important to them.
- The activities coordinator ensured each person's interests were considered when planning activities. A wide variety of activities were on offer. Staff understood the importance of providing meaningful stimulation.
- People gave positive feedback regarding the activities on offer. Comments included, "There is plenty of activities on offer and day trips when the weather is a bit better. Staff do a good job."

Improving care quality in response to complaints or concerns.

- An effective complaints policy and procedure was in place. The registered manager was clear of the process to follow and response times they needed to comply with. This was available in different formats, such as large print, if required.
- It was clear there was an open and honest culture within the service. People, relatives and staff were seen to approach the registered manager without hesitation.
- People and relatives knew how to raise any concerns. One person said, "I would know what to do if I had any concerns."

End of life care and support.

- Each person's wishes in relation to end of life care and treatment had been discussed and recorded.
- The registered manager and staff were passionate about ensuring people's last days were spent according to their wishes.
- Staff had received end of life training.
- The service had good links with the local hospice who had awarded the service a 'gold' end of life care rating.
- There were numerous 'thank you' cards displayed around the service from relatives thanking them for the

loving, caring, passionate support that had been provided during people's end stages of life.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- There was a comprehensive quality assurance process in place; this was effective in highlighting any shortfalls. Any lessons learnt and areas for improvement were shared with staff to ensure continuous learning.
- A governance manager was now in post. As a result, the quality assurance systems were in the process of being further developed as the service was striving for excellence in all areas.
- The registered manager engaged with everyone using the service and those relatives and professionals involved; this ensured the service provided person-centred, high-quality care.
- Staff and people provided positive comments about the management team. One person said, "They run a tight ship. I have spoken to the owner today. It is nice that they take the time to chat with you and have kept an eye on things."
- Staff were encouraged to share their views and contribute to decisions about changes within the service. Improvement targets and goals were then set as a result.
- Regular staff and resident meetings took place which the provider often attended. People were encouraged to share their views and contribute to decisions made about changes within the service.
- People and relatives were asked to provide feedback on all aspects of the service at regular intervals. People told us they felt their views were valued by the service.
- 'You said, we did' boards were displayed in the service to ensure people, relatives and staff were kept up to date with action being taken as a result of their feedback.
- The registered manager and staff had worked hard to build relationships with the local community; schools, religious groups and local entertainers were regular visitors to the service.

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

- The registered manager was aware of their role and responsibilities and kept up to date with best practice.
- The registered manager was passionate about ensuring the service continuously improved.
- Improvement and action plans were in place. These were regularly reviewed and updated to reflect progress the service was making.
- The registered manager was open and honest. They were aware there had been some historical issues in the service; the staff team had worked hard to ensure improvements were embedded.

- Daily staff 'handover meetings' ensured effective communication about key issues and made sure staff were clear about their tasks and responsibilities.
- Information related to people who used the service was stored securely to ensure the integrity of confidential information.

Working in partnership with others.

- The registered manager continued to build their leadership skills by working with other managers responsible for the provider's other locations, driving forward improvements and sharing best practice.
- The service had good links with the local community and other care home services within the area.
- The registered manager attended forums and events within the region to continue to build relationships with other organisations. They had participated in a number of pilots led by the local authority and universities to help improve the care and support people experienced.