

Fisherbell Limited

White Rose Court

Inspection report

40-42 Clifton Avenue
Sheffield
South Yorkshire
S9 4BA

Tel: 01142442310

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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

White Rose Court is registered to provide accommodation and personal care for up to twenty-one older people. The home is situated on a residential estate in the Handsworth area of Sheffield, close to local amenities and bus routes. Accommodation is based over two floors, accessed by a lift. The home has an enclosed garden and car park. White Rose Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager at the service. 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.

At the last inspection, the service was rated Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

People who lived at White Rose Court told us they felt safe and staff provided them with the support they needed.

Staff were aware of their responsibilities in keeping people safe.

Policies and procedures for the safe management of medicines were in place.

There were robust recruitment procedures in operation to promote people's safety.

Staff were provided with relevant training and supervision so they had the skills they needed to undertake their role.

People receiving support felt staff had the right skills to do their job. They said staff were respectful and caring in their approach.

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's care plans contained relevant person-centred information to inform staff. The support plans had been reviewed to ensure they were up to date.

People were confident in reporting concerns to the registered manager or registered provider and felt they would be listened to.

There were quality assurance and audit processes in place to make sure the service was running well.

The service had a full range of policies and procedures available to staff.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

White Rose Court

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 19 September 2018 and was unannounced. This meant the staff working at the home and the people living at the home did not know we were visiting.

The inspection was carried out by one adult social care inspector.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority and Healthwatch (Sheffield) to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All the comments and feedback received were reviewed and used to assist and inform our inspection.

At the time of this inspection, 17 people were living at White Rose Court. During our inspection, we spoke with seven people who were receiving support to obtain their views about the service. We also spoke with two visiting relatives of people living at the home.

We spoke with one visiting health professional to obtain their views.

We looked around different areas of the service, which included communal areas, and with permission,

some people's bedrooms.

We spoke with all the staff on duty to obtain their views. This included the registered manager, a team leader, the cook, a carer providing activities and three care workers.

We reviewed a range of records, which included two people's care plans, three staff support and employment records, training records and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they liked living at White Rose Court and they felt safe. Comments included, "It's all right here, they [staff] are very good", "I'm all right here," "It's all right here, they are all right (pointing at staff). We can always have a laugh" and "I have family visit regularly. I've no worries and feel very safe here. If a friend needed a home I would tell them to come to White Rose Court. They are very good."

Some staff had relatives living at the home and all staff said they would be happy for a relative or friend to live at the home and felt they would be safe.

All staff confirmed they had been provided with safeguarding vulnerable adults training. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. This meant staff understood their responsibilities to protect people from harm.

We saw policies on safeguarding vulnerable adults and whistleblowing were available so staff had access to important information. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff knew about whistle blowing procedures.

The staff training records verified staff had been provided with relevant safeguarding training.

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a policy on safe handling of medicines in place to inform staff.

We checked three people's medication administration records (MAR). These had been fully completed. The MAR held details of any known allergies and protocols for administering medicines prescribed on an 'as needed' basis. The medicines stored corresponded to the medicines recorded on the three people's MAR checked.

Some people were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. The drugs held corresponded with the amount recorded in the CD register. This showed safe procedures had been followed.

Training records showed staff who administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff told us senior staff observed them administering medicines to check their competency. We saw regular audits of people's MAR were undertaken to look for gaps or errors and we saw records of medicines audits, which had been undertaken to make sure full and safe procedures had been adhered to.

We found the registered provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff. We checked three staff recruitment records. All three contained all the information required by legislation. The records evidenced Disclosure and Barring

Service (DBS) checks had been undertaken. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

We checked to see if enough staff were deployed. Staff told us, and records confirmed, during each day a minimum of three staff were provided. Staff told us they felt enough staff were provided to meet people's needs. The registered manager undertook regular checks of call bell response times. These showed within the last 6 months response times varied from 20 seconds to 2 minutes 30 seconds. This showed appropriate levels of staff were provided to keep people safe.

We looked at two people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We found policies for infection control were in place so that important information was provided to staff. Staff were provided with equipment, including gloves and aprons, to ensure they could provide care safely. All areas of the home seen were clean. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon.

Records seen confirmed the registered manager monitored records of accidents and incidents so that any trends or patterns could be identified and acted upon and action plans were put in place to reduce the risk of them happening again.

We found a fire risk assessment had been undertaken to minimise potential risks. Each person had a personal emergency evacuation plan for staff to follow in case of emergency. This showed that people's safety was promoted.

Is the service effective?

Our findings

People receiving support spoke highly of the staff. They said care workers knew what support was needed and they had the skills to do their jobs effectively. Comments included, "They [staff] are marvellous," "They [staff] are all right. They know me" and "The food is great."

We found the service had policies on supervision and appraisal to inform practice. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We checked the supervision and appraisal matrix. This showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to the registered manager at any time. Staff were knowledgeable about their responsibilities and role. Staff confirmed they had been provided with an appraisal within the last 12 months.

We found the service had policies on induction and training to inform practice. We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said the training was, "Very good."

We checked two people's care plans. These showed people were provided with support from a range of health professionals to maintain their health. These included GPs, district nurses, opticians and dentists. The records contained clear details of people's health needs and how these were supported. Where people had specific health conditions, the care plan included information on the condition to inform staff. This showed that people's health was looked after and promoted.

We found people were supported to enjoy a balanced diet in line with their preferences. Each person was supported to make choices, which meant they could eat foods that were to their specific tastes and which met their cultural needs. Staff had a good awareness of people's varying needs. We saw the cook asking people their choices and showing people plates of foods so they had a visual image to help them choose.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

People told us they felt consulted. The support plans we checked all held signed agreements to evidence their consent. Where people had refused to sign, or were unable to sign, the plans held evidence that the person's preferences and wishes had been obtained so that these could be supported. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

The support workers spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.

At the time of this inspection the home was being refurbished. Communal areas were being redecorated and flooring was being replaced. Whilst the redecoration posed some disruption, this was managed well and did not have an impact on people living at the home. The registered manager told us people had chosen the colours and the refurbishment included redecorating people's bedrooms and providing new soft furnishings. People told us they were happy with their rooms.

Is the service caring?

Our findings

People told us they liked the staff. They said staff were respectful and kind. Comments included, "The staff are all right, kind people. I've got good friends here. They [staff] are all nice here, I am looked after" and "They [staff] are marvellous. Really good."

We spoke with two relatives of people living at the home. They told us they were happy with the support provided to their family member. Comments included, "The staff always make me feel welcome, they are so friendly. I have no worries at all" and "[My relative] is content here. The staff seem very kind. It is like a family."

From our discussions with staff we found they had a good understanding of people's individual care and support needs.

We spoke with care workers about people's preferences and needs. Staff described good relationships with the people they supported. They were aware of people's history, interests and what was important to them. This showed support staff knew the people they supported well.

During our inspection, we spent time observing interactions between staff and people living at the home. We saw frequent and friendly interactions between people receiving support and the staff supporting them, shared laughter and mutual respect for each other. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff who were kind, patient and respectful. We saw staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully.

Staff we spoke with could describe how they promoted dignity and respect. For example, treating people how you would want to be treated, supporting by encouragement, respecting people's choices and not sharing private information. This showed that staff had an awareness of the need for confidentiality to uphold people's rights.

Staff told us training in equality and diversity was provided as part of induction to ensure staff had appropriate awareness, skills and knowledge to carry out their role and meet people's diverse needs.

The care plans seen contained information about the person's identified needs, preferred name, their history, mental health, hobbies, preferences and how people would like their care and support to be delivered. It was clear from the plans that people receiving support, or their representatives, had been involved in and consulted about writing their care plan. This showed people had been involved in discussions about support and important information was available so staff could act on this. Both relatives spoken with said they had been consulted about their family members care plan and had felt able to contribute to this. One relative told us, "When we first came in they [registered manager] went through

everything. It was a relief."

Is the service responsive?

Our findings

People receiving support told us they got the help they needed and they could talk to staff if they had any concerns. Comments included, "I've no worries. I know how to stand up for myself" and "If you have any concerns they [staff] listen to you and sort it out."

Relatives spoken with said they could speak to the registered manager and staff if they had any worries, but they had no concerns.

Throughout the inspection, we heard staff constantly asking people about their preferences and choices regarding their daily living activities.

We looked at two people's care plans. They were specific to the individual and person centred. They contained a range of information that covered all aspects of the support people needed. They included clear information on the person's identified needs, interests, hobbies, likes and dislikes so that these could be respected. The plans detailed what was important to the person, and gave clear details of the actions required of staff to make sure people's specific needs were met. The care plans seen showed people's wishes regarding end of life care had been discussed so that these could be respected.

We saw the care plans reflected what people receiving support, and staff, told us. For example, one person told us of a specific interest of theirs. Staff also told us about this and we found corresponding details recorded in the person's care plan. We found care plans were reviewed every month to make sure they were up to date. This showed important information was recorded in people's plans so staff were aware and could act on this.

Care workers said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff were confident that people's plans contained accurate and up to date information that reflected the person.

People receiving support chose how to spend their day. At the time of this inspection the activity worker post was vacant. Care staff were providing activities until the new activity worker commenced in post, the week following this inspection. We found a range of activities were provided, both inside and outside of the home. These included visits to the local superstore, visits from children from the local primary school, to sing and join in activities, ballroom dancing, coffee mornings, church services and board games. This showed people had opportunity to enjoy their leisure time.

We saw that a system was in place to respond to complaints. There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the service user guide. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. This

showed that people were provided with important information to promote their rights and choices.

We found the home was responsive to people's changing needs. For example, we found one person's Malnutrition Universal Screening Tool (MUST) showed the person was in a low weight range. Staff had contacted the GP who prescribed a diet supplement. In addition, a food and fluid intake chart had been put in place so this could be monitored. This showed a responsive approach.

We spoke with a visiting health professional. They told us they had no concerns about the home and found staff responsive to people's needs. They commented, "Staff are very good at getting in touch with us, the slightest thing and they will ring us. They always follow guidance. We don't have any worries about this home".

Is the service well-led?

Our findings

The manager was registered with CQC. 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.

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered manager. Staff told us there was always a good atmosphere at the service. They told us they enjoyed their jobs and the registered manager was approachable and supportive.

We saw an inclusive culture at the service. Staff spoken with were fully aware of their roles and responsibilities and the lines of accountability within the service. All staff said they were part of a good team and could contribute and felt listened to. All the staff spoken with felt communication was good and they could obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. Staff told us they enjoyed their jobs and all the staff spoken with, irrespective of their role, displayed a commitment to and pride in their work. Comments included, "We are a good team and we all pull together. We are like a family" and "The manager is great. I love working here."

Staff told us and records showed regular staff meetings took place to share information.

People using the service also spoke positively about the registered manager. Comments included, "[Name of registered manager] is nice" and "He is smashing."

Discussions with staff and review of records showed that representatives from a variety of health and social care professionals were actively involved in supporting people. For example, district nurses, social workers and hospital consultants. This showed partnership working was promoted by the service.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made. We found that systems were in place to measure service delivery and make sure the service continually improved. We saw that checks and audits had been made by the registered provider and registered manager and senior staff. These included medication, care plans and health and safety audits.

As part of the services quality assurance procedures, surveys had been sent to people using the service, staff and visiting professionals. We found the results had been audited and a report and action plan compiled from this so that information could be shared with interested parties. The manager displayed a monthly, "You said. We did" poster to inform people of any actions taken in response to surveys. This showed that the service used feedback from people using the service, their relatives and visiting professionals to improve service delivery.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen

had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.