Wellburn Care Homes Limited

# Whorlton Grange Residential Home

## Inspection report

Whorlton Grange Cottages (opp Golf Club House)
Westerhope
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This was an unannounced inspection which took place over three days on 24 and 25 February and 2 March 2016. The service was last inspected in April 2014 and was meeting the regulations in force at the time.

Whorlton Grange is registered to provide accommodation for people who need personal care. It provides a service primarily for older people, including people with dementia. Nursing care is not provided. The service had 51 beds, and there were 46 people living there at the time of this inspection.

There was a registered manager who had been registered since 2010. 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.

The home was warm, clean and had comfortable communal areas. There were sufficient staff, with different skills to meet the needs of the people living there.

People told us they felt safe, being cared for by staff who knew them well. Staff told us they knew how to raise concerns and had confidence action would be taken if they had any issues. Relatives told us they felt their families were safe at Whorlton Grange and the home was welcoming and had a happy atmosphere.

Risks to people, such as malnutrition and skin integrity, were assessed and care plans were in place to protect people from harm. Where people's needs changed, referrals were made to health care services and advice from professionals was integrated quickly into the care plans and acted upon.

Staff were trained so that they could work flexibly with different people and were deployed so that at peak times there was sufficient staffing. Staff were effectively deployed throughout the day to meet the needs of people. For example ensuring support for people at mealtimes.

People's medicines were managed safely; stock control and ordering were managed by trained staff with checks to ensure that the risk of errors were minimised. Audits were carried out regularly to ensure that staff were competent and that any errors would be quickly identified.

Care was effective and people received care based on best practice and the advice of external professionals. Care plans were detailed and personalised. People's consent was sought, where this was possible. Where people could not consent, their care was delivered in their best interests after consultation with family and professionals.

There were a number of people subject to Deprivation of Liberty Safeguards (DoLS) and these had been managed well by the service with referrals for local authority authorisation being made appropriately. The service had a system in place to ensure that renewals were requested promptly.

Staff were recruited robustly and received training based on the needs of people using the service including dementia awareness. Staff had undergone an induction period and their mandatory training was up to date.

People were supported to eat and drink and maintain a balanced diet. Staff supported people at mealtimes in a dignified way. The service monitored people's weights and took further action if needed. Visiting health care professionals told us the care and support offered was effective.

Care interactions observed were positive and there were good relationships between people and staff. All staff we spoke with knew people's needs well and spoke about them in a positive manner. A relative told us, "All the staff know you and always ask how you are". People and their families were encouraged to express their views and be actively involved in making decisions about their care and support. There was evidence of people's involvement in their admission assessments and reviews of care, as well as house meetings and feedback surveys.

People's choices and rights were respected. Staff knocked on doors before entering, offered people choices and responded to requests. People were encouraged to be part of their community and continue relationships and activities that were important to them, such as voting in the upcoming general election.

Where people had complained or raised queries about the service, the registered manager responded positively and people were satisfied with the outcomes.

Throughout our visit we observed staff and people responded to each other in a positive way. People were engaged in meaningful activity with support and staff took time to talk to people as they were carrying out their duties.

The registered manager had taken steps to ensure the service was run effectively. There were regular meetings between teams within the home and sharing of information. Regular quality audits were conducted and action was taken where incidents occurred or improvements could be made. Visiting professionals rated the service highly. They felt the staff team reflected the service's values and were responsive to people's needs.

## 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 knew how to act to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service and that these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

The staffing was organised to ensure people received appropriate support to meet their needs. Recruitment information demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

People's medicines were managed well and staff were trained and monitored to make sure people received their medicines safely.

### Is the service effective?

Good

The service was effective. Staff received on-going support from senior staff to ensure they carried out their roles effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drink and alternatives were offered if requested. People were given support to eat and drink where this was needed.

Arrangements were in place to request health and social care services to help keep people well. External professionals' advice was sought when needed.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions. Where people were deprived of their liberty this was in their best interests and reflected in their care plans.

### Is the service caring?

Good

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's rights to privacy and choice.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual care.

## Is the service responsive?

Good

The service was responsive. People had their needs assessed and staff knew how to support people in a caring and sensitive manner. Changes to care were made in response to requests from people using the service and external professionals' advice.

People who used the service and visitors were supported to take part in recreational activities. The activities co-ordinator had developed appropriate activities for people in the service, including those with dementia related conditions.

People and relatives could raise any concerns and felt confident these would be addressed promptly.

## Is the service well-led?

Good

The service was well- led. The home had a registered manager who provided leadership. There were systems to make sure the staff learned from events such as accidents and incidents, whistleblowing and investigations. This helped reduce risks to people who used the service and for the service to continually improve and develop.

The provider had notified us of any incidents that occurred as required. People were able to comment on the service provided to influence service delivery.

People, relatives and staff all felt the manager was caring, responsive and person centred.

# Whorlton Grange 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 was 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 24 and 25 February and 2 March 2016 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from Healthwatch and the local authority safeguarding adult's team and commissioners of care was also reviewed. They had no concerns about the service.

During the visit we spoke with seven staff including the registered manager, 13 people who used the service and six relatives or visitors. Observations were carried out over a mealtime and during a social activity, and a medicines round was observed. We also spoke with two external professionals who regularly visited the service.

Five care records were reviewed as were six medicines records and the staff training matrix. Other records reviewed included safeguarding records and deprivation of liberty safeguards applications. We reviewed complaints records, four staff recruitment/induction and training files and staff meeting minutes. We also reviewed people's food and fluid monitoring, internal audits and the maintenance records for the home.

The internal and external communal and garden areas were viewed as were the kitchen and dining areas,

offices, storage and laundry areas and, when invited, some people's bedrooms.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at the home and relatives and external professionals we spoke with agreed that people were looked after safely. One relative told us, "I've got complete peace of mind, [relative] wasn't safe at home and here I know they're safe and well cared for." One person told us, "It's marvellous here; I would recommend it to anyone." Another told us, "I should say it's very good, everyone is very kind. I get looked after very well." When we asked people and their visitors if they felt there was enough staff on duty they all said there was enough staff and those on duty had time to stop and talk. Relatives told us that staff knew people's needs well; they knew what areas of concern relatives had and kept people safe at the service. They all felt able to raise any concerns they may have had with staff.

Staff we spoke with were able to tell us about individual people's vulnerabilities, for example risk of falling. They knew what measures were in place to keep people safe, for example sensors on beds to alert staff when people were getting out of bed and might need assistance. Staff told us, and records confirmed, they had attended the provider's safeguarding training and could tell us what potential signs of abuse might be in people with dementia related conditions. Staff we spoke with all felt able to raise any concerns or queries about people's safety and well-being, and felt the registered manager would act on their concerns. One staff member told us, "If we think something isn't right we ask the senior or deputy and they look straight into it."

We saw from records that issues that may pose a risk to people's wellbeing were identified at initial assessment and plans were put in place to reduce risks. These were subject to continuous review and led to changes in care and support. Care records contained risk assessments and care plans designed to keep people safe and reduce the risk of harm where this was identified. For example, risk of falls was being managed and referrals to external professionals were made if required. When floor or chair sensors were recommended as safety measures this equipment had been provided and was in use.

The registered manager and maintenance staff undertook regular checks within the service to ensure the environment was safe. Maintenance records were kept and we observed that the building was clean, tidy and well maintained. Records confirmed that equipment checks were undertaken regularly and safety equipment within the home, such as fire extinguishers and hoists, were also regularly checked. People and their relatives commented to us that the environment was always clean, tidy and free from malodours. We looked at the services garden area for people. Measures were in place to keep people safe in this environment and staff told us how they were deployed to make sure people were safe when using the garden. The registered manager told us of plans to further improve the accessibility to the garden area for people and visitors.

We reviewed the staffing levels with the registered manager. They explained the process they used based on dependency and risk to calculate staff numbers for the service, and for using the workforce flexibly. The registered manager told us they kept this under review as people and their needs changed over time. We saw that there were housekeeping and catering staff deployed to support care staff at critical times such as rising in the morning and breakfast. Staff we spoke with all felt the service would be improved by having more staff, but agreed that the staffing numbers met the needs of people throughout the day and night.

Staff recruitment files showed the service followed a consistent process of application, interview, references and police checks when appointing staff. Staff we spoke with told us they had been subject to interview and application checks. Records we saw also showed us that the registered manager had taken action against staff where required to improve their performance. Staff we spoke with all felt the registered manager was fair and expected high standards from them.

We observed a medicines round, spoke with staff who managed medicines and looked at people's records and the storage area in the service. Staff were consistent in their understanding of how to order, store and assist people with their medicines. We observed staff supporting people with their medicines in a discreet, respectful manner, as well as involving the person in the decision about when to have 'as required' medicines. Medicines storage areas were clean and temperature checks of the room and fridge were carried out and recorded. Staff stated that they had completed appropriate training and had a good knowledge of the impact and potential side effects of medicines. We looked at training records and saw staff had been trained in the safe handling of medicines and that refresher training was organised as needed.

We spoke with housekeeping staff and they told us there were schedules in place to make sure all areas of the service were kept clean during the week. Staff wore suitable protective clothing when they were cleaning. The service was clean and tidy throughout and we saw housekeeping staff cleaned dining areas after mealtimes and quickly removed any spillages. People and their relatives told us the service was kept clean and tidy and the laundry service was quick. The registered manager told us about improvements that had been made to the service environment and plans for further changes.

Good

# Is the service effective?

## Our findings

People and their relatives told us they felt the service was effective in meeting their needs. One relative commented they were involved by staff in their relative's care, invited to reviews and kept updated on any changes in their needs. All the people and relatives we spoke with felt the service was well run and was focused on the needs of the people living there. External professionals we spoke with felt the staff team had the right skills and training to meet the needs of people in the home. They told us that if staff did not know something they would seek advice from, or refer to, external professionals.

We saw from records that people had access to support from health care professionals including GP's, district nurses, physiotherapy, speech and language therapy, a specialist dementia team and the behaviour team. Staff said they supported people to attend appointments if required, such as GP's and chiropodists. Staff also said they contacted family members to inform them of any changes in their relative's needs, such as if they were unwell. We saw people had aids and equipment to help them move safely around the home such as walking frames and wheelchairs. These were labelled for each person and were kept clean and maintained.

From records of staff induction we could see that all staff went through a common induction process. We saw all staff had attended mandatory training such as moving and handling. The registered manager kept a matrix of all staff showing when refresher training was needed. Staff were supported to attend training in caring for people with dementia. A number of staff told us about how this had helped improved their practice, for example ways to communicate more effectively. We observed staff knew how to communicate with people with dementia and were using the skills acquired from this training.

All staff were regularly supervised by senior staff and records showed us this included discussion around supporting the needs of people as well as the performance and training needs of staff. Staff had an annual appraisal and were given feedback on their performance and advice about training that they could access.

Staff meeting minutes showed that staff were consulted and updated on changes in the home that affected the safety and wellbeing of people and staff.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw from records that the service had referred people for assessments for DoLS as necessary. There was also a clear process of review and renewal of any DoLS as required over time. This meant people were being protected against the risk of unlawful restriction of their liberty.

We observed that people who needed support to maintain an adequate diet were supported and encouraged by staff to eat and drink throughout the day. People told us they liked the food. One person told us, "The meals are always lovely and there's always plenty to eat. I've no complaints". Other comments included, "The lunch was very nice", and, "The meals are usually good." The relatives we spoke with all agreed that people were supported to eat well and stay hydrated. We saw from individual records there was information recorded about people's nutritional needs and that nutritional assessments were reviewed monthly. This helped staff identify people who were at risk of losing weight or needed support with weight management. Weights were monitored monthly or more frequently when an issue was identified. We saw entries in the care records that showed staff sought advice or assistance from health care professionals such as the GP, dentist and dietician where concerns were identified. People's care plans showed the specific dietary needs they had, for example, if they were having regular dietary supplements or needed prompting to eat their meals. From talking to staff and records we saw there was regular liaison between care and catering staff to check people's wellbeing and changes were made to the dining experience to support people's needs. For example, one person was supported to eat in a quiet area and this had led to them regaining lost weight. Records were kept of people's food and fluid intake. Some of these records were not consistently completed by all staff; this was brought to the registered manager's attention and they took immediate action. On our second visit we saw the records were being completed correctly and that any actions arising from people's poor diet had already been completed. For example further contact with the GP and the provision of dietary supplements.

Staff told us they were aware of health care issues that may affect some of the people living at the home, such as the need for pressure area care. They described how they kept a close eye on people's skin integrity whilst providing personal care and reported any concerns to the district nurses. Staff told us by being attentive to small changes in people's needs they provided an effective service. An external health care professional we spoke with told us staff referred to them quickly and responded well to guidance and advice. There was evidence in care records of regular contact with local GP's and other healthcare professionals. People and relatives told us that staff responded quickly to people's changing healthcare needs and contacted external professionals quickly.

Good

# Is the service caring?

## Our findings

All of the people and relatives we spoke with told us they felt the service offered was caring. One person told us, "The staff are marvellous, I couldn't get better care here. You couldn't get 100 wild horses to drag me out of here. The staff here bathe me, dress me and respect my dignity. I try to be independent and as long as you can do it yourself and your safe to do it, they will let you get on with it but they always say they're there if you need them." Another person told us, "The staff are all very pleasant, I'm very fortunate to be here." A relative said to us that, "[Relative] has only been in a couple of weeks but they welcomed us with open arms. The staff will sit on the floor to talk to you and they make you feel special. You can ring at any time to get a report and the care is absolutely brilliant. The staff will stop and chat whenever they can and we've discussed end of life and non-resuscitation, which I found very comforting." Another relative told us, "I used to care for [relative] so it's been difficult for me to come to terms with them being here, but they are well cared for and happy and that's all that matters to me and the family." One relative told us about when they had first come to visit with their relative whilst looking for a care home. They told us, "When we came to look at Whorlton Grange we had tea and Victoria sponge and the chef even gave [relative] a wedge of cake to take home."

We observed that whilst staff were going about their duties they always took time to talk with people, checking they were okay or if they needed anything. We saw staff had good relationships with people and they went about their work showing care and concern for people. For example, care workers took time to reassure and assist one person who was not sure what they wanted to do and was walking without purpose around the corridors. Staff spent time chatting with people and we saw smiles and laughter from staff and people over the three days of our inspection. We observed conversations between staff and people, with staff coming down to eye level, and protecting privacy when asking about personal intimate care.

Family members were encouraged by staff to be involved in activities in the home and a number told us they had supported relatives on trips out, as well as activities in the home.

During the inspection, staff acted in a professional and friendly manner, treating people with dignity and respect. Staff gave us examples of how they delivered care to achieve this aim. For example, making sure people were asked about what they wanted to wear each day; making sure doors and curtains were closed when helping with personal care; keeping people covered up when assisting them to the bathroom; and respecting people's choices. Staff also told us how they promoted people's independence by allowing them to do things for themselves if they were able. We found that people's privacy was promoted by the staff team. For example, we saw staff knocked on people's bedroom doors and bathrooms and waited for permission to enter. We found staff were aware of the importance of involving people and their relatives in decisions and listening to their views about what they wanted. Relatives we spoke with told us they felt welcomed to the service by staff and the registered manager and deputy manager.

Staff were informed about people's preferences in their daily lives including their likes and dislikes. Information was available in care records which helped to identify people's preferences in daily living, their hobbies, and important facts about their previous lives. This meant staff were able to provide support in an individualised way that respected people's wishes. The profiles were particularly useful for people with

dementia related conditions who were unable to recall past events or their particular preferences in leisure and activities.

Some people had advanced dementia-related conditions, and we saw that staff carefully monitored people throughout the day. We saw how staff encouraged one person to spend more time outside of their bedroom to prevent isolation, and if they chose not to, they made sure they checked in on them throughout the day.

We were told that there were regular resident and staff meetings when problems could be raised and changes discussed. People's families were invited to attend resident meetings and have an input. We saw from records that the meetings were used to gauge staff and people's feedback on how best to improve the service.

We saw people had information recorded about their preferences for end of life care. Staff told us they were experienced in providing end of life care and linked in with local GP's/NHS nurses to administer medical support such as pain relief. This was supported by training records and staff confirmed they worked closely with people and their families during end of life care.

Good

# Is the service responsive?

## Our findings

People and their relatives told us they felt the service offered was responsive to people's needs. One relative said, "You just need to mention to a carer or anyone if something needs fixed and they will organise for it to be fixed." Another told us, "Staff are on the phone straight away if there's a problem." Another relative said, "All of [relative's] needs are catered for and they know them very well, probably better than me." All people and relatives we spoke with confirmed that they would have no hesitation in making a complaint to staff or the registered manager if there was a need to do so. No one we spoke with had ever made a complaint.

We looked at people's care records, including support plans about their care needs and choices. We saw the quality of recording was consistent and provided clear information about each individual. Comprehensive assessments of needs were carried out prior to people moving into the home. Each person had a draft care plan prepared prior to their admission so staff were clear about the initial support they needed. This was amended as staff got to know people better and understand their preferences and needs. This meant people's care was individualised from the beginning of their stay at the home. We found that the care delivery was responsive and ensured individual needs were met. Relatives told us they had been able to suggest changes to people's care plans. Staff told us they listened to relatives input and always balanced this with what the person themselves wanted.

We saw there were regular reviews of care which involved both people, where they were able, and their relatives. We found there was a system in place to monitor care with checks carried out by senior staff and care plans updated as necessary. Staff were aware of people's individual needs and this supported an appropriate and consistent level of care. When changes were identified in assessments, care plans were amended quickly to reflect this. For example, one person in the end stages of life had rapidly changing needs around pain relief and skin integrity. Staff had contacted the GP quickly and sourced the medicines and equipment the person needed to keep them comfortable and pain free.

The staff we spoke with were informed and respectful of people's individual needs, abilities and preferred lifestyles. For example, a staff member described how one person was supported with their personal care and it was evident they were aware of their likes and dislikes. We saw that care was provided in a flexible way to meet people's individual preferences. For instance, one person had all their meals served in their bedroom because this was where they wanted to spend their time. Another person was supported to sit in a quiet area as they liked to be away from the main communal area.

A range of activities were available for people using the service. These included activities geared towards people with dementia related conditions such as physical activity, dancing, bowling and visiting entertainers. Staff told us that during the summer many people liked to use the adapted garden area, but in the colder months much activity was indoors. We saw that a number of people were supported by staff to attend a church service in the home. Music was played throughout the day and we saw staff and people singing along to popular songs. Care staff told us they enjoyed being able to spend time in fun activities with people. Within the care home there were a number of lounges with TV, radio, music, books and board games.

We looked at the systems for recording and dealing with complaints. People were supplied with information about how to make a complaint when they came to live at the home. We saw there had been two complaints in the last year. Both had been fully investigated and satisfactory outcomes were achieved within specified timescales. The registered manager told us they welcomed comments and complaints as they were an opportunity to review practices and make improvements. The people and relatives we spoke with all felt able to complain but had no complaints.

Good

# Is the service well-led?

## Our findings

People reported to us that in their experience the home was well led and they knew the registered manager and deputy manager well. One person told us, "There's nothing that I would change to make this place better. I have recommended this place to others." All relatives were positive about the care and provision of service at Whorlton Grange. They told us they were always made to feel welcome and that atmosphere was always welcoming and upbeat. Staff we spoke with felt able to raise issues with the registered manager or deputy and felt they would be addressed. People and relatives told us there was a regular meeting with the manager and their views were surveyed by the provider.

The registered manager told us the core values of the home were, "We value the residents, give them the best we can offer, and I expect exactly the same of all the staff." The registered manager was open about the problems they had overcome at Whorlton Grange in the past and how they had worked with the deputy manager and staff team to make changes across the home. For example changes they had made to the dining experience, working with kitchen staff to increase support available to people.

The registered manager held regular meetings with the heads of key areas such as care, housekeeping and catering. These allowed for improved co-ordination between the teams and sharing of good practice. This ensured they were able to deal with any issues and use all the resources and information in the service to effect change. For example, around supporting people to gain weight where care and catering staff worked together to offer one person additional choices and a more flexible mealtime to better assist them eating well.

The registered manager was present and assisted us throughout the inspection. Records we requested were produced for us promptly. The registered manager was able to highlight their priorities for developing the service, such as continuing re-decoration of the service, and was open to working with us in a co-operative and transparent way. They were aware of the requirements to send the Care Quality Commission notifications for certain events. We saw the registered manager had a presence within the home and was known to the people using the service and their relatives.

Monthly checks and audits were carried out by the registered manager, their deputy or other senior staff. For example, these analysed people who had significant weight loss, the use of medicines, care plan reviews, and the accident and incident logs. We saw that this evidence was then used in people's care plans to tackle any areas of concern such as weight loss by highlighting this with the relevant health professionals.

The registered manager told us about the links the home had with the local community. There were links with the local school and the local churches, as well as encouraging student or work placements in the home. People were encouraged to use the local shops or garden centre with support if needed.

We saw that people using the service had their opinions surveyed. This often involved family members as well if the person was unable to actively contribute. Feedback was positive and we saw that compliments had been kept and shared with the staff team. There was an action plan in place following the latest survey

and we saw the actions had been progressed to improve the service. Staff opinions had also been sought in a recent survey and the findings were again broadly positive. Further discussion about staffing at nights had followed some of the feedback.