

Whitfield Care Home Limited

Whitfield

Inspection report

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Whitfield
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Whitfield is a residential care home providing personal care to 24 older people who were living with dementia at the time of the inspection. The service can support up to 30 people in one large adapted building.

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

People appeared to be happy living at the service. People appeared relaxed and comfortable with staff and each other.

The provider and registered manager had completed checks and audits on the quality of the service. These had been effective at identifying shortfalls. However, the actions taken, and the improvements made had not been clearly recorded. Records to show how people had been engaged and how staff were supported had not been consistently clear or accurate.

Potential risks to people's health, welfare and safety had been assessed and there was clear guidance for staff to reduce the risk. Accidents and incidents had been recorded and analysed, but records were not clear what action had been taken and if it had been effective.

Staff had been recruited safely and there was enough staff to meet people's needs. Staff received training appropriate to their role. However, they had not received regular supervision to discuss their practice and development.

People received their medicines as prescribed. Staff monitored people's health and referred them to healthcare professionals when required. Staff followed guidance to keep people as healthy as possible.

People were supported to eat a balanced diet. People had access to activities they enjoyed and kept themselves as active as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Each person had a care plan that contained details of their choices and preferences. People met with staff before moving into the service to check staff would be able to meet their needs. People were treated with dignity and respect. People's end of life wishes had been recorded. Staff worked with the GP and district nurse to support people at the end of their lives.

Complaints had been recorded and investigated following the provider's policy. The environment had been developed to support people living with dementia following good practice guidance. People were given

information in a way they can understand.

The registered manager attended local forums to keep up to date with developments to understand how to continue improvements within the service.

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

Rating at last inspection

The last rating for this service was Good (published 23 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Whitfield

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Whitfield 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.

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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care

provided. We spoke with six members of staff including the provider, registered manager, area manager, senior care worker, care workers. 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 spoke with one visiting health professional during the inspection.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including supervision records and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information sent to us by the provider including training data and resident engagement.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were managed safely but records were not always accurate. One person had not received their medicines as prescribed. The morning medicines on 17/11/2019 had not been given but had been signed as being given on the medicine chart. Staff had not given the medicine as the person was asleep but had not completed the medicine administration record to reflect this. This is an area for improvement.
- One person went out with relatives when they were prescribed medicines at lunchtime. They had not been given their medicines to take with them, missing these doses. There was no plan in place to manage the person's medicines when they went out. Following the inspection, the operations manager sent us a care plan and risk assessment for when the person went out.

Staffing and recruitment

- The provider recruited staff following best practice guidelines. However, the registered manager had not recorded any further checks made to clarify information given by applicants. The reason for leaving their previous employment by one applicant had not been clear. The reference received from the employer had only stated the dates of employment. The registered manager told us they had tried to contact the employer but had not been able to speak to them. The registered manager had not recorded this or the discussion they had with the applicant.
- Recruitment files had two references, however, references had not always been requested from previous social care employment. In one file the second reference was a character reference from a friend. There was limited information about the applicants conduct in their previous employment. These were both areas for improvement.
- There were enough staff to meet people's needs. The registered manager calculated the number of staff required according to people's needs. During the inspection we observed staff spending time with people in the communal areas. Staff recognised and responded to people's needs quickly. Relatives and staff told us there was enough staff to meet people's needs. Staff told us, "We are able to support them without rushing."
- Annual leave and sickness were covered by staff. They told us, "We usually cover any sickness, we like to work as a team and know people are supported by staff they know."

Lessons learned when things go wrong

- Accidents had been recorded and some analysis had been completed to identify patterns and trends. However, there were not always records of the action taken to reduce the risk of these happening again. There had been several unwitnessed falls at night. The registered manager told us, the management team had completed night spot checks and spoke to staff. Another member of staff was now starting work at 5am to help the night staff. This had not been recorded and there had been no evaluation to check the action

had been effective. This was an area for improvement.

Assessing risk, safety monitoring and management

- Potential risks to people's health, welfare and safety had been assessed and there was clear guidance in place for staff to mitigate risks. Some people were living with diabetes. There were clear guidelines for staff about the signs and symptoms people displayed when they were unwell and the action to take.
- When people required assistance to move around the service, there was guidance for staff. This included the type of equipment to use, the size of sling and how to position the sling to move people safely. Some people were at risk of developing sore skin. Action had been taken to reduce the risk. People had pressure relieving equipment in place including mattresses and cushions. There was guidance for staff about the signs to look for when skin was becoming sore and what they should do.
- Checks had been completed on the environment and equipment to keep people as safe as possible. Regular checks had been completed on the fire equipment and regular fire drills had been completed. Water temperatures had been checked to ensure they were below 44 degrees to reduce the risk of scalding.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to keep people safe from abuse. Staff described how they would recognise abuse and the action they would take. Staff were confident the registered manager would take the appropriate action. Staff knew about the whistle blowing policy and when to contact the local safeguarding authority.
- The registered manager had raised safeguarding concerns when required and worked with the local safeguarding authority to keep people safe.

Preventing and controlling infection

- The service was clean and odour free. There were enough domestic staff to maintain the cleanliness of the service.
- Staff had received infection control training, we observed staff following infection control guidelines. Staff had access to gloves and aprons and these were used appropriately.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they were supported by the registered manager. They were comfortable approaching them about any concerns they may have. However, some staff had not received regular supervision to discuss their practice, training and development. The registered manager confirmed some staff had only one supervision this year. The registered manager told us they had appointed a team leader for nights recently who would complete supervisions. Also, the deputy manager had started to complete supervisions with the day staff. We will check this at our next inspection.
- Staff received training appropriate to their role. Staff received a mixture of face to face and distance training, topics included moving and handling, safeguarding and mental capacity. Senior staff had received training in administering insulin and measuring blood sugar, their competency had been checked by the district nurse.
- New staff received an induction. This included basic training topics and working with more experienced staff to learn people's choices and preferences. Before staff worked by themselves, their competencies were checked, and they were given feedback on their progress.

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

- People met with the registered manager before they moved into the service to check that staff would be able to meet their needs. The assessment provided the basis of the person's care plan. The assessment covered all aspects of people's lives including people's protected characteristics under the Equalities Act 2010 such as sexual orientation.
- People's health needs were assessed following national guidance. Staff used recognised tools such as Waterlow to assess people's skin integrity and nutritional assessments. Care had been planned to follow the guidance of the assessment.

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

- People were given a choice of meals. People were asked each day what they would like to eat, there was a pictorial menu showing the choices. Staff knew people well and their likes and dislikes. They used this knowledge if people were not able to make a choice.
- People were able to choose where they ate their meals, this was recorded in their care plans. We observed the lunch time meal; people's meals were hot and looked appetising. When people were asked if they liked the lunch there was a positive response. People appeared to enjoy their meal and the majority were eaten.
- Some people required specialised diets such as soft food, these were provided. We observed these meals

being served and they looked appetising and well presented. When required people were assisted to eat their meal. People were offered snacks and drinks throughout the day including nourishing milkshakes, which people appeared to enjoy.

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

- Staff monitored people's health and referred them to healthcare professionals when their needs changed. When people had lost weight, they had been referred to the dietician and staff followed the advice given. We observed people being supported to have their supplements.
- People had access to health professionals such as GP, district nurses, dentist and optician. During the inspection, we observed the district nurse visiting people. They told us, the staff were knowledgeable and were always available to support when they visited.
- People were supported to live as healthy lives as possible. People were supported to maintain their oral hygiene, there were care plans in place with details of the support people needed.

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

- The service was one large adapted building to meet people's needs. People had access to all areas of the service, there was a passenger lift to all floors.
- People's rooms had been personalised with their photos and ornaments that made them feel at home.
- The service had been developed in line with guidance about supporting people with dementia. People's doors were all different colours, so people could recognise their room. People's names were on the doors with pictures of what was important to them. These included hobbies and favourite subject such as cars or trains. There were pictures to show where the communal rooms and bathrooms were located.

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 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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had applied for DoLS authorisations when required. Some people had DoLS authorisations in place, there were no conditions in place. The registered manager had a system in place ensure DoLS were reapplied for when they were coming to an end.
- Staff understood the importance of giving people choice in their daily lives. We observed people being offered choices of what they wanted to eat or drink and how they spent their time. When people were unable to express a choice verbally, they were shown pictures or item they could point to.
- When people had been assessed as not being able to make a decision, one was made in their best interest. The decision-making process included people who knew the person well such as staff, relatives and health professionals. People's previous choices and preferences were considered when the decisions were made.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People and relatives told us staff were kind and caring. We observed staff anticipating people's needs and guiding them when they became confused. Staff spoke to people as equals and understood their reality to support them positively.
- Staff knew people well and we observed people being supported in the way they preferred. People were asked what they wanted to do, such as where they wanted to spend their time. Staff respected their decisions and supported them to spend time where they wanted.
- People's different beliefs were supported. People were supported to maintain their beliefs in the way they preferred.

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

- People who had been assessed as having capacity, had been supported to develop their own care plans. Where this was not possible relatives had been involved. People's life histories had been recorded and these had been used to help develop care plans.
- Where possible people were involved in discussions about their care with GP's and district nurses. Staff supported people to make sure their preferences were recorded and respected.

Respecting and promoting people's privacy, dignity and independence

- We observed people being treated with dignity and respect. Some people did not want to move from the communal lounge when the district nurse visited. Staff put a large screen round them to maintain their privacy. We observed staff knocking on people's doors and waiting to be asked in.
- Staff spoke to people discreetly if people were anxious or confused about how to find their way round the building. Staff asked people where they wanted to go and then guided them gently to where they wanted to go.
- People were supported to be as independent as possible. People used walking aids to mobilise independently around the service. People were encouraged to eat their meals as independently as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan that contained detailed guidance on how to support people. This had been developed with people and relatives when this was not possible. People or relatives had signed to confirm they agreed with the care plan.
- Care plans contained details of people's choices and preferences and how to support people. There was information about the toiletries people liked to use, where they liked to eat their meals and when they liked to get up. For example, one person liked to sleep with their curtains open and the lamp on.
- Staff knew people well and we observed people being supported in a way that met their needs. Staff anticipated people's needs, they knew where they liked to sit and if they liked a blanket or table by them. People appeared to be happy with how they were supported, they smiled and thanked staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a format they could understand. There was information displayed in pictorial form.
- Details of how people should be given information was documented in their care plan. There were signs around the service in pictorial format, so people were able to find their way around the service independently.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities they enjoyed. We observed people being offered a variety of activities including board games, reminiscing about the old films and their stars and discussing magazines. Staff played music that people liked, and they sang along to the songs, which they told us they enjoyed. People went out for trips into the community, including going out for cream teas.
- People were supported to maintain relationships important to them. Relatives told us they could visit at any time and were made to feel welcome. Staff knew people's relatives well and were aware of their visiting patterns, this was used to reassure people when they became anxious.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Complaints had been recorded, investigated and resolved

following the policy. The complaints log confirmed that complaints had been recorded and there were written investigation notes. There had been one complaint this year, the complaint had been investigated and upheld. An apology had been made to the complainant.

- Relatives told us they knew how to complain and would speak to the registered manager. They were confident they would take the required action to resolve the issue.

End of life care and support

- The service supported people at the end of their lives. Staff worked with the GP and district nurse to support people to be as comfortable as possible. When people were becoming frail, a care plan was discussed with them or their family about how they wanted to be supported. This included if and when they wanted to go to hospital. Medicines were made available to keep people comfortable when required.

- People were asked what their end of life wishes were. When people had been happy to discuss this, these wishes had been recorded.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Checks and audits had been completed. These had identified shortfalls but there were not always clear action plans in place. For example, the operations director had completed checks on the environment and medicines. The audit was recorded as a list with the shortfalls. There was no record of who was responsible for rectifying the shortfalls, by when and if it had been completed.
- When action had been taken in response to incidents or shortfalls these had not been recorded or reviewed to check they had been effective. The registered manager told us night spot checks had been completed by the operations director and deputy manager. Records had not been kept of these visits to show what had been found and any action taken.
- The registered manager had been in post for the past year. They had recognised there were improvements needed to the service. They did not have an action plan in place to show how they were going to do this, by when or the improvements they had made. Staff had not received regular supervision to identify their training and development needs and how this could improve the service. Recruitment records were not accurate and did not include the action taken by the registered manager to clarify information they had received. Medicines records were not consistently accurate for each person.
- During the inspection, the registered manager told us they were starting to put action plans in place.

The registered person had failed to assess, monitor and improve the quality of the service. The registered person had failed to maintain accurate and contemporaneous records for each person. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The operations director told us the service held social evenings such as 'Wine and Cheese'. These evenings were used to meet families and discuss any concerns or suggestions they may have. The issues discussed and who had attended had not been recorded. This was an area for improvement. Following the inspection, the operations director sent us information about who had attended and what had been discussed.
- People and relatives had completed a survey in December 2018 about the quality of the service. Action had been taken to resolve individual issues raised. However, the results had not been analysed and feedback provided. This was an area for improvement. Staff were due to complete a survey in December

2019, when the registered manager had been at the service for a year.

- Regular staff meetings were held to discuss issues and concerns. These had been broken into groups of staff such as domestic and night staff. There had been a recent night staff meeting following concerns raised, however, there were no minutes recorded.

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

- There was an open and transparent culture within the service. Staff told us, they always put the person at the centre of all they do. We observed staff making sure that people were supported, reassured and assisted to do what they wanted.
- The registered manager had a vision for the service to be more person centred. They wanted to improve the way they empowered people to take control of their care and support when people were living with dementia. They were building a staff team who shared this vision.

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

- Relatives told us, they were kept informed of any concerns or changes. They were confident that the registered manager would discuss any concerns with them.
- Complaints had been investigated and when appropriate, had been upheld and an apology issued. The registered manager told us, these incidents had been used to improve the service and used for staff training.
- The registered manager had informed the Care Quality Commission and other agencies when incidents had happened within the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager was working to improve the service for people. They attended local forums to keep up to date with changes in social care and received updates from national associations.
- The registered manager understood the importance of involving the community with the service. During the inspection, a student from a local college was spending time with people in the communal lounge.
- The registered manager worked with other agencies such as the local authority to ensure people received joined up care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had failed to assess, monitor and improve the quality of the service. The registered person had failed to maintain accurate and contemporaneous records for each person.