Idun Management Services Limited
Whitchurch Care Home

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Overall summary

The inspection took place on December the 2, 3 and 8 2014. This inspection was unannounced. During our last inspection in May 2014 we found the provider was in breach of Regulations relating to respecting and involving people, care and welfare, cleanliness and infection control, medicines, staffing and quality monitoring. The provider wrote to us with an action plan of improvements that would be made.

Whitchurch Care Home based in Bristol provides personal and nursing care for up to 50 older people. At the time of our inspection 32 people resided at the home.

During this inspection we found the majority of people were protected from risks associated with their care because staff followed appropriate guidance and procedures. Care plans were in place; however there were some discrepancies in the plans which meant people may not always receive the care and support they needed. The home was clean and hygienic. The majority of people felt the staff were responsive to their needs. Staff were knowledgeable about the care needs of the people they were supporting.

People had access to food and drink throughout the day and staff supported them when required. However people's dining experience was differant for those people having their meals in their bedrooms and those having meals in communal areas. For example, people in the

Summary of findings

dining room were supported by staff who were engaging in conversation. Of the staff we observed providing support to people in their bedrooms, there was very little verbal interaction or encouragement to eat.

Opinions regarding whether or not relatives felt their concerns would be listened to and appropriate action taken where required differed. We saw records to show formal complaints had been dealt with effectively.

We found that some improvements had been made to the arrangements for managing medines, however some further improvement was needed to make sure people's medicines were managed safely. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this report.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. We found the provider was not submitting the necessary DoLS applications. This meant the requirements of the Mental Capacity Act were not always followed by the provider when reaching a best interest decision on behalf a person who lacked capacity. This is a breach of Regulation 18 of the Health and Social care act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this report.

The home has a registered manager in post. 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

People told us they felt safe, however we found some practices which meant the service was not entirely safe.

People's medicines were not always managed safely.

Staff members were able to demonstrate a good understanding of procedures in relation to protecting people from abuse.

People were protected by safe recruitment procedures.

Is the service effective?

Requires Improvement

This service was not always effective.

Care plans were in place; however there were some discrepancies which meant people may not always receive the care and support they needed.

People were supported to access healthcare services to maintain and promote their health and well-being.

People were supported by staff that had the necessary skills and knowledge to meet their needs. Staff were knowledgeable about the care needs of the people they were supporting.

We found the provider was not submitting the necessary DoLS applications. This meant the requirements of the Mental Capacity Act were not always followed by the provider when reaching a best interest decision on behalf a person who lacked capacity.

Is the service caring?

Good

This service was caring.

Staff were kind and compassionate. People's privacy and dignity were respected.

Relatives spoke positively about the care and support received by their family member. They said they had opportunities to express their views about the care and support their family member received.

Is the service responsive?

Requires Improvement

The service was responsive to people's needs and wishes on the whole.

Staff responded to people's changing health needs.

People had opportunities to participate in activities within and outside of the home.

People's opinions varied regarding whether or not they felt their concerns would be listened to and appropriate action taken where required.

Summary of findings

Is the service well-led?

Good

The home has a registered manager in post.

There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The quality of the service provided was checked regularly, however not all

Shortfalls we found had been identified.

Whitchurch Care 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 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 over two and a half days and was unannounced.

This inspection was carried out by three inspectors. One of whom was a pharmacist inspector for one day and we were accompanied for one day by 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 visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with seven people, seven relatives and six staff. We looked at documents and records that related to people's support and care. We reviewed staff training records, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the days. The regional manager and deputy manager were available for one day of the inspection whilst the manager was away completing training.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in May 2014 we found that people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. During this inspection we found some improvements had been made. This included; making sure medicines policies were up to date, recording the reason if people were not given regular medicines, recording the position of pain relieving patches and regular checks of medicines to make sure medicines had been given as recorded. Our pharmacist inspector looked at the medicines administration records for the people on both floors of the home. They also checked seven medicines supplied in standard boxes. In five cases the amount missing from the pack did not exactly match the record of administration. So people may not have had their medicines as prescribed for them.

The pharmacy provided printed medicines administration records each month, for staff to complete when they gave people their medicines. Some people had several different record sheets which included medicines which had been discontinued or changed. This could increase the risk of medicines being given incorrectly. Staff told us they were discussing with their pharmacist how this could be improved. We saw one example where a person was prescribed a medicine as a capsule. This had been handwritten on to a record sheet and a supply was available. This person also had a supply of a liquid form of the same medicine, with a separate printed record sheet. This increased the risk the medicine could be given twice, causing harm to the person involved.

Some people were prescribed medicines to be given 'when required'. On the ground floor additional information was available for staff to help them give these medicines safely. On the first floor no additional information was available. This increased the risk these medicines would not be given in a safe and consistent way. Staff told us additional information had been present the previous month and did not know why it was not available during the inspection.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this report.

Everyone told us they felt safe at the home. Comments we received included "Yes" and "Definitely." Relatives told us, "I don't worry when I leave here" and "I like it very much. There's nothing I don't like."

Staff had access to safeguarding training and guidance to help them identify abuse and respond accordingly. Records confirmed that 91% staff had attended training in this area. Staff described signs they would look for such as a change in people's behaviour and how they would consider abuse as a possible reason for a change in behaviour. They explained the actions they would need to take if they suspected abuse was taking place. One member of staff said "we spot everything and report everything. If we notice a bruise or a scratch we write it in their care plans." All staff told us they would not hesitate to report suspected abuse, and they were aware they could report their concerns to external agencies such as the local safeguarding team.

At our last inspection in May 2014 we found that effective systems were not in place to protect people from risks to their health, safety and welfare. The provider sent us an action plan describing how they would address the issues raised. During this inspection we found the majority of people were protected from risks associated with their care because staff followed appropriate guidance and procedures. However this had not been followed for one out of the seven peoples records' we saw. One person was deemed at 'high' risk of choking, and the guidance was stated that a referral to the speech and language therapist (SaLT) should have been made. We did not see the person had been referred and the nurse on duty confirmed this to be the case. This could have left the person at risk of choking. The nurse said they would ensure this was actioned immediately.

We observed two staff repositioning someone safely using slide sheets. They explained what they were doing to the person and spoke kindly throughout. The person's privacy and dignity was protected by staff closing the door and covering the person as much as possible. We observed two different staff using a hoist. Each person had a sling which was individual to them; this meant the risk of cross infection was reduced. Staff reassured the person throughout and explained what they were doing. Staff maintained the person's privacy and dignity throughout. This meant staff used appropriate and safe techniques to move people.

Requires Improvement

Is the service safe?

We spoke with two care assistants who explained the training they received. They told us, "There are 13 mandatory training courses and they're all done by e-learning. We have hands on training as well for manual handling." Staff said, "I don't think e-learning is any good at all, I think we need more hands on training", "E-learning doesn't teach us anything" and "It's better when people talk to us, we don't read it on the computer, we just keep doing it till we get it right so we don't learn anything." We spoke with a member of staff with responsibilities as manual handling lead. They told us their responsibilities included checking the hoists, stand aids and slings every month. They also completed monthly reviews and assessments for people using the service.

We looked at five staff files and saw people were protected by safe recruitment procedures. Staff told us, "New staff work with experienced staff." We observed this in practice on one of the days of our visit.

According to the tool the provider uses to determine staffing levels, there were more than the required number and skill mix of staff on duty. The regional manager said the information used to determine the staffing levels had been reviewed and was therefore up to date. However people, staff and relatives had different opinions. Everyone we spoke with was of the same opinion, in that there were days when the service suffered from a shortage of staff. We received the following comments: "It's pretty grim really, they're always short of staff" and "They're always short, sometimes too short." Relatives told us, "Sometimes they're a bit short staffed but I can't complain about the staff; there isn't one I'd worry about with Mum. They're all very helpful." Other comments included, "They are sometimes short of staff and when they get agency staff it's not good because they don't know people. This is more of a problem on weekends and bank holidays. The staff work really hard, especially at Christmas" and "More staff would improve the quality for the residents." "I feel sorry for staff when they're short staffed, but we don't want for attention." One relative said "sometimes people don't have any visitors but staff don't have time to chat."

Staff members told us that there were "rarely sufficient staff members on duty to provide the care and support that people needed". Every member of staff explained at the weekend's care staff often "have to carry out laundry tasks which takes us away from providing care for people". Staff told us they raise staffing as a concern with the manager; however each member of staff and two relatives we spoke with said "We're not always listened too, as they say the numbers are more than sufficient."

At our last inspection in May 2014 we found that people were not cared for in an environment which was clean and hygienic in all relevant areas. During this inspection we found improvements had been made. We spoke with a member of staff with infection control responsibilities; they told us their duties included checking people received correct barrier nursing where necessary and checking correct hazardous waste disposal procedures were followed. The domestic staff said they had sufficient time to carry out their duties. Everyone we spoke with said their room was cleaned to their satisfaction.

Requires Improvement

Is the service effective?

Our findings

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. We found in care plans that necessary records of assessments of capacity and best interest decisions were not always in place for people who lacked capacity to decide on the care or treatment provided to them. For example we saw a comment in one care plan that a relative had stated they did not want their father to have antibiotics prescribed, the care plan stated the person did not have capacity, however there was no Power of Attorney for Health and Welfare relating to the daughter. Another person's care plan stated they had "regained their capacity"; however there was no assessment to identify the person lacked capacity in the first place. This meant the requirements of the Mental Capacity Act were not always followed by the provider when reaching a best interest decision on behalf a person who lacked capacity. People were not able to move freely in-between floors or outside of the home, this was due to security key codes in place. We found the provider was not submitting the necessary DoLS applications.

This is a breach of Regulation 18 of the Health and Social care act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this report.

At our last inspection in May 2014 we found variability in meeting people's care and welfare needs and people were not receiving consistent care when they needed or wanted it. During this inspection we found some improvements had been made.

We saw seven support plans and accompanying folders. We saw some discrepancies in information. For example, one end of life plan had different information regarding the person's burial wishes. Another person's care plan said they had a 'normal diabetic diet' in one document and the accompanying file, 'soft diabetic diet' in another document. We saw where one person required specific assistance; their care plan directed staff to the folders kept in people's rooms; however, the necessary information was not available in this folder. Another person's care plan gave conflicting information about the diet the person ate. One part of the care plan identified the person as requiring a normal diet, another part of the care plan stated the person required "soft diet and food should be cut into pieces." The staff we spoke with described individual's needs well, however new staff explained they read care plans in order to gather information about people. If the care plans are not a true reflection of the person's needs, there is a risk new staff may be misinformed. There was a section in people's care plans which detailed people's likes, dislikes and preferences. Staff told us they found this helpful in supporting them with getting to know people. One relative told us that staff respected their family member's choices and wishes. They told us that staff knew their family member well and that "It is a pleasure to see her so happy and relaxed." Another relative said "The staff are wonderful. So caring and thoughtful." We observed overall staff communicated with people effectively. However three relatives said "They're not good at management of hearing aids." Each relative gave examples where they have visited and their loved one was either not wearing the aid, the battery wasn't in or the batteries were flat. One relative explained "Occasionally I find the call bell out of reach or the water jug the other side of the room." This means people are not being supported to communicate effectively.

Where food and fluid charts were required, these were available to staff in people's rooms. We saw the charts recorded the type and amount people had eaten or drunk alongside a time frame. We saw referrals had been made to the speech and language therapist (SALT) to support people to be able to eat safely. Staff told us people had a fluid thickener in their rooms if they required thickened fluids. Thickeners are prescribed following a recommendation from the SALT, and are used for people who have swallowing difficultly. Thickeners reduce the risk of chocking.

Requires Improvement

Is the service effective?

Most people we spoke with said the food was good. People told us, "I need a diabetic diet and there's not really any choice of food" and "They bring me my breakfast and I have to wait; the food is cold when it gets to me." People said, "If you don't like anything they'll give you an alternative."

Relatives told us, "I usually have a Sunday roast with Mum, it's good" and "They're good at feeding people and giving them drinks." We saw discreet signs outside people's rooms which gave information to staff about the diet the person required. All staff felt people's nutritional needs were met. Staff said, "If someone's not eating we give them supplements." Relatives told us, "They ask Mum what she wants to eat, there's plenty of food."

We observed staff distributing morning hot drinks and biscuits. People were asked if they would like a biscuit and one was taken from the container for them, however staff did not encourage the person to help themselves a biscuit of their choice.

We observed lunch in the dining room. Some people were offered a choice of water or squash to drink, others were just served squash. Six people ate in the dining room; staff said, "There's not many people in the dining room today, some of them have gone over the road to the pub for lunch." Staff assisted people with their meal if they wanted support. We heard staff asking one person, "Would you like me to assist you?" Staff sat next to the person they were supporting and we heard verbal encouragement and general conversation. We saw people smiling and heard them saying they were enjoying the food and chat. However we observed several people being supported to eat their lunches in their bedrooms. There was limited verbal interaction or encouragement to eat, and we witnessed staff watching the television in the person's bedroom rather than interact with the person. We raised this as a concern with the manager.

An induction process was available for new staff which included reading the service's policies and procedures, care plans and shadowing more experienced members of staff. One newly employed member of staff told us "I am doing my induction at the moment, this involves working with more experienced staff, getting to know the residents and reading policies and care plans, as well as training." There was a programme of training available to staff and staff told us they received the necessary training to meet people's needs. Staff were mostly up to date with their required training and refresher courses had been identified to make sure they continued to develop their skills and knowledge. Training included safeguarding vulnerable adults, safe management of medicines, moving and handling and infection control.

Regular individual meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. During these meetings guidance was provided by the line manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff.

Good

Is the service caring?

Our findings

At our last inspection in May 2014 we found people's dignity was not always maintained. The provider sent us an action plan describing how they would address the issues raised. During this inspection we found improvements had been made.

We asked relatives and people if the staff were caring. They told us, "Oh gosh yes, they really are caring. You can't fault any of them" and "I'm very pleased. The carers are lovely. Sometimes they come and chat with Mum and try to get her to go to activities but she doesn't want to" and "We can't fault the carers; some do the job better than others and know Mum better – they know her needs. She's happy here so I'm happy. , "I come in most days." Another relative said "It's excellent. I am very pleased. I can walk out of here and know Mum will have attention."

People told us, "I'm very happy here." Staff told us "We've got staff that really care about the people." Other comments included, "We're not here for the money, we're here for the residents" and "They're our extended family and they look forward to seeing us."

Positive relationships had formed between people and staff. There were open signs of affection and terms of endearment being used appropriately. People appeared comfortable and relaxed in the presence of staff. Staff spoke with people in a warm and caring manner, listening to and responding to their requests in a timely and considerate way.

Family members said they had opportunities to express their views about the care and support their relative received. We received the following comments; "We had questionnaires sent to us last week from Four Seasons" and "There are residents and relatives meetings occasionally." One family member told us, "I went through the care plan with them."

Some people who use the service were happy to show us their rooms and to point out their favourite things. People had been encouraged to make their rooms at the home their own personal space. There were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls.

We observed staff knocked on people's doors before entering. Staff told us, "We speak to people before going in." Relatives told us, "Staff always knock on the door" and "They always ask if there's anything I want." People told us, "They treat my room as my home."

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in May 2014 we found variability in meeting people's care and welfare needs and people were not receiving consistent care when they needed or wanted it. During this inspection we found some improvements had been made. However there were discrepancies of opinions from relatives who described the care and support received was variable depending on the day and staff working. Although we did not find evidence of people's needs not being responded to appropriately during this inspection, the provider needs to show the improvements made are sustainable.

Staff knew people and acted on this knowledge. Comments included "When I'm not very well they're always with me and talk to me. They keep coming back to check on me." Two people told us they regularly had to wait for staff to assist when they have called the bell. Another person said "They bring me my breakfast and I have to wait; the food is cold when it gets to me." One relative explained how the home "put a call bell in the small sitting area specially so my Mum could sit there, she likes to sit outside her bedroom." This was an example of responding to an individual's needs. Overall people and relatives described the staff as being responsive when they have called for assistance.

Staff responded to people's changing health needs. We saw records to show the home contacted relevant health professionals GPs, tissue viability nurses and physiotherapists if they had concerns over people's health needs. Relatives told us, "If you mention to the nurses someone's not well they're straight down to see them and the doctor's called." On the first day of our inspection one person had a visit from the physiotherapist. They told us "the staff provide the care as directed and suggested, the staff communicate and the person is doing very well- they have complex needs."

People were supported to follow their interests both within the home and their local community. This included being supported to go shopping, go out for meals and access local facilities. Relatives told us, "There is a good range of activities; the activity leaders are very good; they bring activities to her." On the first day of our inspection a small group of people went out for lunch. They were supported by two staff that had come in their own time to accommodate this. We asked the people on their return if they enjoyed their trip out- each said they had a lovely time and were grateful to the staff.

People were encouraged to maintain relationships with people that mattered to them. Family members told us that they could visit the home anytime.

There was a system in place to manage complaints. We saw records to show formal complaints had been responded to within the timescales stated in the provider's complaints procedure. Relatives told us that if they had any concerns then they could speak to any staff member or the manager. However there were different opinions regarding whether or not they felt their concerns would be listened to and appropriate action taken where required. For example, two out of the seven relatives we spoke with said they had raised verbal concerns to the manager regarding staffing, and in their opinion "nothing changes." We discussed this with the manager and they were going to arrange more frequent relatives meetings, where issues could be raised and responded to. We recommend that the provider responds to all concerns and complaints to ensure people feel listened too.

Good

Is the service well-led?

Our findings

At our last inspection in May 2014 we found the provider did not have a fully effective system to regularly assess and monitor the quality of service that people received. The provider sent us an action plan describing how they would address the issues raised. During this inspection we found some improvements had been made. These included themed audit visits by the registered manager of another service by the same provider. Reportable incidents have been made to us and the relevant parties such as the local authority safeguarding team when required. The manager has been monitoring the response times to call bells and staff sickness and disciplinary action has been taken where required.

The manager has recently been registered with us, (however there was a delay in them applying to register with us).

All of the staff we spoke with said they understood how they could share concerns about the care people received with the management team. Staff commented there was an open door policy and they could raise any concerns they may have with the management team.

Staff knew and understood what was expected of their roles and responsibilities, as well as the visions and values of the home.The manager said they attend seminars and events regarduing current best practice, which they share with staff during meetings. Staff told us and minutes of staff meetings evidenced that the home had an open and transparent culture.

The provider had systems in place to monitor the quality of the service. This included audits carried out periodically throughout the year by both the home manager and senior management. The audits covered areas such as infection control, care plans, the safe management of medicines and health and safety. The audits showed that the service was working towards improving the laundry area, however the breaches in regulations we have identified with medicines and DoLS had not been identified.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. There were procedures in place to guide staff on what to do in the event of a fire. A maintenance person was employed to deal with any maintenance issues, they told us this included being on call out of hours and at the weekend if necessary. This showed there was a contingency plan in place to cover emergencies such as loss of utilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used the service were not protected against the risk of having their medicines administered and recorded safely. Regulation 13.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment This is a breach of Regulation 18 of the Health and Social care act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The requirements of the Mental Capacity Act were not always followed by the provider when reaching a best interest decision on behalf a person who lacked capacity.