Care Quality Commission

Derbyshire County Council

Whitestones Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection was carried out on the 15 May 2015.

Whitestones Care Home provides accommodation and personal care for up to 41older people. At the time of the inspection there were 41people living in the home all of whom were living with dementia.

The service 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.

During the last inspection carried out on the 12 August 2014 we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people's health, safety and welfare, were not fully safeguarded as sufficient numbers of suitably qualified, skilled and experienced care staff were not

Summary of findings

always provided. We found that this had now been addressed and that there was enough staff to provide the support people needed and that they were deployed appropriately.

People were protected from avoidable risks and staff were aware of their duty of care to the people living at the home. Staff were trained to recognise and respond to signs of abuse. Risk assessments were carried out and reviewed regularly.

Medication was administered, recorded and managed appropriately.

The staff had appropriate training, supervision and support, and they understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was a variety of choices available on the menus and people were supported to have sufficient food and drinks to meet their dietary needs.

People were supported to access other health and social care professionals when required. People were supported to continue their relationships with their family members and friends.

Staff were caring, kind and compassionate and cared for people in a manner that promoted their privacy and dignity. People felt listened to and had their views and choices respected.

Where possible people were involved in the decisions about their care and their care plans provided information on how to assist and support them in meeting their needs. The care plans were reviewed and updated regularly.

The home was managed in an inclusive manner that invited people, their relatives and staff.to have an input to how the home was run and managed.

The home had systems in place to assess, review and evaluate the quality of service provision.

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?
The service was safe.

Good

Staff were recruited safely

People and their relatives told us that the home was safe.

Medicines were managed safely.

Staff were trained to appropriately meet people's needs. There were enough staff to provide the support people needed.

Safeguarding and whistleblowing guidance enabled the staff to raise concerns when people were at risk of abuse.

Is the service effective?
The service was effective.

Good

Staff had an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to eat sufficient and nutritious food and drink.

People had timely access to appropriate health care support.

The staff had received regular training, supervision to enable them to effectively meet the needs of the people they supported.

Is the service caring?
The service was caring.

Good

The staff respected people's wishes and choices and promoted their privacy and dignity.

We observed positive and respectful interactions between the staff and people who used the service.

The staff we spoke with demonstrated that they knew the people they supported well and that they understood their needs.

Relatives were encouraged to visit whenever they wanted.

Is the service responsive?
The service was responsive.

Good

People's needs had been assessed and reviewed in a timely manner, and they were supported to follow their interests or hobbies.

Care plans were up to date and contained clear information to assist staff to care for people.

Care was delivered in an individualised manner.

There was a complaints process in place for people to use.

Summary of findings

Is the service well-led? The service was well led. The quality systems in place recognised areas for improvement. People were enabled to routinely share their experiences of the service and the provider used this information to further improve on the service. The staff were well motivated and felt that their views were listened to and respected.	**Good**

Care Quality Commission

Whitestones 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.

The inspection took place on 15 May 2015, and was unannounced. The inspection team consisted of two inspectors.

We reviewed information we held about the service and this included a review of the previous inspection and a review of the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

Most of the people who used the service did not have verbal communication skills therefore we were only able to speak with three people who used the service. We also spoke with one relative, six care staff, and the registered manager. We also observed how care was being provided in communal areas of the home.

During our inspection we carried out observations and used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us due to their complex needs.

We looked at the care records for five people who used the service and reviewed the provider's recruitment processes. We also looked at the training information for all the staff employed by the service, and information on how the service was managed.

Good

Is the service safe?

Our findings

During this inspection we found that the people who used the service were kept safe from avoidable harm. People told us that they felt safe. One person said, "The staff keep me safe." Another said, "The staff know what they are doing." The home was proactive in recognising and where possible reducing risk to people. The home had sufficient numbers of hoists in place to assist people to move people safely. We saw the staff assist people to move about the home in a manner that protected them from injury and was safe for both the staff member and the person.

The staff demonstrated that they were able to identify concerns and were clear that they were responsible for people's safety. All the staff we spoke with understood the signs of abuse to look out for. One staff member said, "I have been doing this job for many years and not much gets passed me. I would act for the person all the time." Another said that, "I am trained to recognise the signs of abuse and who to report my concerns to." Staff knew the process for reporting potential abuse including informing the local authority. The registered manager was aware of her responsibilities in promoting the safety of people, and our records showed that accidents and incidents had been reported to the CQC and the local authority when required.

We saw risks to people were identified and where possible reduced or eliminated. Risk assessments were personalised and were reviewed monthly or when there was a change in the person's needs. We saw these included identifying falls risks, assisting people to move safely, the risk of developing pressure areas and ensuring people had good nutrition. The staff we spoke with were aware of their responsibility to keep risk assessments up to date and to report any changes so that the risk assessment was updated to ensure the person's safety. For example, when a person fell, there was an investigation into why this happened and what could be done to ensure the person's safety while still keeping them as independent as possible. Footwear was reviewed daily to ensure people were as safe as possible. Where weight loss was identified pressure relieving equipment and nutritional supplements were considered.

There were emergency plans in place should the home need to be evacuated and staff were aware of what to do in the event of a fire. There was an ongoing maintenance plan to ensure the continued good upkeep of the building. Safety equipment such as fire extinguishers had been serviced within the appropriate timescales.

The staff on duty were skilled in caring for the people and there was sufficient staff on duty to care for people in a safe manner. Staffing levels had been calculated using a recognised staffing tool based on the dependency levels of people using the service. We saw that there was enough staff on duty and we saw that people's requests for assistance were responded to in a timely manner.

There was a recruitment process in place to ensure that staff who worked at the home were of good character and were suitable to work with people who needed to be protected from harm or abuse. However, the provider had only requested staff to supply relevant past experience and this led to gaps in the person's employment history. The manager assured us that in future the person's full work history would be established so that they could make a judgement on the person's suitability using all the required information. At the time of the inspection we did not feel that this impacted on the safety of the people.

Staff confirmed that they did not take up employment until the appropriate checks such as, proof of identity, references, satisfactory Disclosure and Barring Service (DBS) certificates had been obtained.

Medicine was administered by senior staff who were trained to do so and their competency was checked on a regular basis. We saw that medicines were ordered, stored and recorded appropriately. We observed staff administering medicines and saw that when people were offered their medicines, staff explained what it was for and gave the person time to take it at their own pace. A review of records showed that when medicines were refused, clear and detailed records were kept on the medication administration record (MAR) chart. If a person continued to refuse their medicines, their GP was contacted so the person's health could be assessed and monitored. Variable doses had been correctly recorded and the back of the MAR chart was used to record additional information in respect of medicines prescribed to be given as required (PRN).

Good

Is the service effective?

Our findings

People told us that they were well cared for. Our observations supported this. We saw that the staff were skilled in caring for people who were living with dementia. One person said. “The staff know me so well, they are like my family.” Another said. “They know how to look after me and do it well.”

Staff had received training so that they could care for people well. New staff had an induction period where they were supported by more experienced staff. Staff told us, “We have done all the training there is so much.” Another member of staff said, “We learn in different ways, sometimes in-house and sometimes we learn from more experienced staff.” A new member of staff told us, “All the staff are so helpful. I could ask anyone anything.” Staff training included assisting people to move safely, care of people who are living with dementia, keeping people safe and how to ensure people’s rights were protected under the Mental Capacity Act.

A review of records and discussions with staff showed that they were supported to care for people. Staff received regular supervision and appraisals to enable them to carry out their role effectively. All staff told us they were receiving supervision. One staff member said, “Supervision is good and is supportive.”

Where people did not have the capacity to consent to their care or treatment, we saw that mental capacity assessments had been completed and a decision made to provide care or treatment in the person’s best interest. This was in line with the requirements of the Mental Capacity Act 2005 (MCA).One person was currently subjected to a Deprivation of Liberty Safeguards (DoLS) due to the constant supervision they required to ensure their safety and others were being considered. All of the staff had been trained in the MCA and DoLS, all had a good understanding of their roles in relation to this. Best interest decisions had been taken for people who no longer had mental capacity. Documentation showed that these decisions had been made with the person’s representative and their GP.

We saw staff routinely got people’s consent to care throughout the inspection. This included if they wanted to take part in an activity or to move around the home. Care plans were drawn up with the person or their representative so that staff knew how people wanted to be cared for.

We observed good interactions between staff and people using the service at lunchtime. Staff ensured that lunch was as social occasion as possible. People could choose where they took their meals and most choose to use one of the dining rooms. At lunchtime we observed staff supporting people to be as independent as possible. All the tables had been nicely set and condiments were available. One person said, “The food is always nice, not bad at all.” Another said, “I don’t have much of an appetite but the food is ok.”

Staff were aware of people’s eating habits and knew how to tempt them to eat. We saw that people were assisted to eat at their own pace and in a manner that promoted their dignity and allowed them to have optimum nutrition. People were offered fortified drinks as appropriate.

We saw that people enjoyed their food and that there was a variety of food available. The lunch menu offered two choices with other options available should people have changed their minds or forgotten what they had ordered. We saw that jugs of drinks were available in all communal areas and that staff encouraged and supported people to take fluids outside of meal and snack times. Staff recorded fluid and food intakes and were aware of the amount of fluid a person at risk of dehydration should be offered and were therefore aware of when to call medical assistance. We saw that where food supplements were prescribed these were provided and recorded in line with the prescription. One person struggled to eat their main course but clearly enjoyed their desert of cheese cake. Staff saw this and they were offered them a second portion to ensure they had enough to eat.

The provider used a Malnutrition Universal Screening Tool (MUST) to regularly monitor if people were at risk of not eating or drinking enough. Records showed that where people were deemed to be at risk of not eating and drinking enough, the provider monitored how much they ate and drank on a daily basis, and their weight was checked regularly. Where necessary, appropriate referrals had been made to the dietetics service and treatment plans were in place so that people received the care necessary for them to maintain good health and wellbeing. This ensured people had optimum nutrition.

Good

Is the service effective?

People had access to health care professionals. We saw that their physical and mental health needs were promoted. People had access to dentist, opticians and GPs. We saw that advice was sought from district nurses to ensure people maintained their good health and independence for as long as possible. A member of staff said, “If I am a bit worried about anyone I ask the advice of the district nurse and if it’s more serious I would call the GP.” People were assisted to attend their hospital appointments. People’s health and well-being had been monitored and responded to by staff.

Good

Is the service caring?

Our findings

All of the people we spoke with told us that they were well cared for and that staff were very kind and compassionate. We saw people were treated with dignity and that their privacy was promoted. People confirmed that staff were very careful to ensure their care was delivered in a manner that promoted their dignity and privacy. One person told us, “The staff are all kind and caring I love it here the staff are so kind and gentle.” Another said, “The night staff are really nice, they check during the night to check I am ok.” A visitor told us, “The staff are all wonderful, they have been so accommodating to [relative] and the family.” The staff we spoke with were knowledgeable about the people they supported and what was important to them. We saw they interacted with the people in a caring manner They had good communication skills and saw that they focused on the person rather than on the task they were completing. We saw them interrupt tasks they were completing to assist the people they were caring for. For example call bells were answered as soon as they rang.

Staff were skilled in caring for people. We observed interactions that were kind and gentle. We saw that staff made eye contact with the person, didn’t rush the person and ensured they understood what the person wanted to say before they left them. We saw and people confirmed that they felt listened to and that their confidentiality was respected. People confirmed that staff always gave them choices. For example we saw that people were offered choice throughout the day and that staff did not act until they were sure that they had the person’s consent. This included what drinks they wanted, where they wanted to sit and what they wanted to do. One person said “I like to wear nice clothes and the girls make sure I always look nice.”

We saw that people’s dignity was promoted. Staff knocked and waited for permission before they entered a person’s room. When assisting people to walk, staff walked side by side with them and allowed the person to set the pace of walking. This promoted the independence and skills of the people staff were assisting. Screens and curtains were used appropriately to preserve and promote people’s dignity.

Good

Is the service responsive?

Our findings

We saw that where possible people were supported to be in control of their lives and that they were occupied and were encouraged to follow their interests. One person who used the service said, “I am happy here the care is good.” Another person said, “I feel better now I live here.” A visitor confirmed there had been an improvement in their relative’s physical and mental condition since moving to the home.

We saw that people’s needs had been assessed before admission and a continuous assessment process was in place. The care plans were easy to read and detailed. People told us that their preferences, wishes and choices had been taken into account in the planning of their care and treatment, and the care plans we looked at confirmed this. Care had been taken to ensure staff were aware of people’s life history before the came to live in the home. This enabled staff to keep people connected with their past and to understand what was important to them. Throughout our inspection we noted the staff we spoke with demonstrated an awareness of the likes, dislikes and care needs of the people who used the service.

People who used the service told us they had the opportunity to make choices. For example, one person said, “I decide when I am ready for bed”. Staff described how they offered people choices about that they wore by holding up two garments if they were not able to respond verbally.

Where possible people were assisted to pursue their hobbies and interests. For example two people were supported to continue their hobby of gardening. This was done by providing raised beds so they could have easy access to the plants they were growing. Other people were supported with their hobbies of knitting and sewing. A mobile shop supported people to be self-sufficient in purchasing toiletries and snacks. We saw that the service provided a variety of planned activities including religious services, musical evenings and student visits from the local schools and colleges. This kept people connected with the local community.

We saw that when ‘do not resuscitate’ forms were used they were completed in consultation with, and signed by the appropriate professionals. People confirmed that getting up and going to bed was at times that suited them. We saw that people were involved in drawing up their care plans and they or their representative had signed to say the plan represented their care needs and wishes.

People felt listened to and they were encouraged to share their experiences. The home had many ways of consulting people on how the home was run, these included residents and relatives meetings. For example the home responded to people who like to garden, but found bending difficult, by installing raised beds so that they could enjoy gardening without assistance.

There was a complaints system in place and the details on how to make a complaint was available in communal areas of the home. We saw that the registered manager kept a record of complaints made and that these were investigated and responded to. We saw that action plans were put in place following complaints so that the incident did not re-occur. One complaint resulted in staff wearing name badges so that they were easily recognised and remembered. All the people we spoke with told us that they found the registered manager easy to talk to and if they had a problem they would talk to her. At the time of the inspection there were no outstanding complaints in the home. We saw that the home had many complements on the care provided.

Good

Is the service well-led?

Our findings

The people who used the service told us that it was well managed. They said that they knew the registered manager and that they were always available in the home?

There was a management structure in place to support staff. Staff said that the structure worked well and they knew their role and responsibilities within it. One member of staff told us, “I could go to the manager about anything.” Another said, “There is good group of staff here and the manager is great and many of us have worked here for ever.” A third member of staff said, “The staff are like one big happy family.” A new member of staff said, “I have a lot to learn and the manager and staff are good and helpful.”

The registered manager promoted an inclusive culture in the home by leading by example. Staff confirmed that morale was good and they felt well supported by the registered manager who was fair and would listen to them about any issues they were having. They told us that on a day to day basis the needs and wishes of the people were central to how the home was managed.

We saw that the registered manager knew the needs of the people. Visitors to the home told us that the registered manager was usually available and was easy to talk to. There were systems in place to capture and act on people’s views in order to provide individualised care. These included an ‘open door’ policy by the registered manager, regular reviews of care and welfare of people and the input from people who used the service and their relatives through meetings and formal questionnaires. We saw that the results of these were very positive.

The registered manager had a quality monitoring system in place. This was used to drive improvements in the care of people. For example, the administration of medication was reviewed daily. This ensured that if a mistake had been made it could be rectified before any risk was caused people.

There were effective checks in place, these included audits of care plans, risk assessments and checks of how people were assisted to move safely. We saw that care plans provided staff with clear information to enable them to support people in the manner they wanted. These care plans were reviewed monthly or sooner if the person’s conditions changed so that they were offered the care they needed.

Incidents and accidents were recorded and investigated to enable the home to learn from them and to minimise the risks to people. For example if a person fell more than once they were referred to a falls clinic or to their GP. This ensured they were as safe as possible while still promoting their independence.

Staff told us that they felt empowered to raise issues and told us that whistle blowing had been covered in training. Information on who to call was available throughout the home should they need to. They felt that there would be no need to use it as any of the management team would respond to their concerns; however should this change, they would have no hesitation in using it.

People told us that any issue they raised were taken seriously and investigated. Because the registered manager was available and listened to concerns, these were resolved straight away. This showed that the home had an open culture and was open to listen to and act on people’s concerns.