

## Strathmore Care Limited

# Whittingham House

### 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Whittingham House is a residential care home and provides accommodation and personal care for up to 70 older people, including people living with dementia. At the time of our inspection, 32 people were living at the service.

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

At this inspection, we found some improvements had been made which had improved the service. However, further improvements were required to ensure the quality assurance systems and processes in place were robust, fully embedded and sustained.

People were supported to take their medicines from staff who had received training to do so, however further improvements were required to ensure the safe management of medicines; this included the safe management of PRN (as and when required) medicines.

Although people felt safe living at the service, improvements were required to ensure people's care plans, including any associated risks, were up to date and reflective of their current care and support needs. Improvements were also required to make sure contemporaneous records were kept at all times and people's communication needs met. We have made a recommendation about good practice on meeting people's communication needs.

Staff had received safeguarding training and were aware of how to report any concerns about neglect or abuse and were confident any concerns would be addressed. Whilst there had been no safeguarding alerts raised since our last inspection, the service had received a complaint which indicated a safeguarding concern and a safeguarding alert was not made. We have made a recommendation about seeking good practice guidance on recognising and acting on safeguarding concerns.

Recruitment procedures were safe. Staff had been recruited following relevant checks being completed. Staff enjoyed working at the service and told us staff morale had improved since our last inspection and could approach the registered manager for support and guidance at any time. Staff received on-going training, supervision and appraisal to enable them to fulfil their role and responsibilities.

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.

People were supported to maintain good health and access health care professionals. However, people were not routinely supported to access dentists and people did not have oral care plans in place. We have made a recommendation the provider seeks oral health care guidance.

Where required, people were supported with their nutritional needs.

People told us staff were caring. They, and their relatives, told us they were very happy with the care and support they received. They spoke positively about the kind, caring attitude of staff and felt safe in the presence of staff. Our observations and feedback from people and relatives confirmed improvements had been made since our last inspection.

An activities coordinator had recently been recruited and people had access to a range of activities during the week.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 18 February 2019) and there were multiple breaches of regulation. At this inspection, we found improvements had been made, however there were continued breaches of regulations 9 [person centred care], 12 [safe care and treatment] and regulation 17 [Good governance].

This service has been in Special Measures since 7 February 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective, responsive and well led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whittingham House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Whittingham House

## 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 team consisted of two inspectors, one assistant inspector, one inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Whittingham House 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service, one relative and one health care professional about their

experience of the care provided.

We spoke with 13 members of staff including the registered manager, senior care workers, care workers, activities co-ordinator and the chef. 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 reviewed a range of records. This included 14 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We also reviewed feedback received from a health care professional who regularly visits the service.

# 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 Inadequate. At this inspection this key question has now improved 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 ☐

At our last inspection, the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Improvements were required for PRN (as and when required) medicines. For example, two people who were prescribed PRN medicines, to be administered up to twice daily should they become anxious or distressed were being administered their medicines twice daily irrespective of their anxiety levels. No PRN protocols were in place for these medicines. Furthermore, there was no guidance in their care plans for staff on how to manage or deescalate people's behaviours to try and prevent the need for administration of their PRN medicines.
- People who are prescribed pain-relieving patches should not have these applied to the same area within three to four weeks. Medicine administration records (MARs) showed two people were prescribed pain relieving patches and these had been applied to the same area of their body every 14 days.
- Staff who had not been trained were administering prescribed medicated cream to people. We brought this to the registered manager's immediate attention. They told us they would take action to ensure medicated creams were only administered by trained staff.
- Regular audits were undertaken by the registered manager and senior staff, however, they had failed to identify the issues found.
- Staff had received medicines training and their competency had been assessed.
- Staff were observed supporting people to take medicines in a kind and compassionate manner.

We found no evidence that people had been harmed however, the systems in place were not robust enough to demonstrate the safe management of medicines. This placed people at risk of harm and was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

At our last inspection, we found the provider had failed to ensure people were protected from risks. This

included staff practising unsafe moving and handling techniques, broken wheelchairs being used, freestanding wardrobes not affixed to walls in people's bedrooms and ineffective systems in place to manage pressure area care. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements had been made.

- Staff were observed to use safe manual handling techniques. One person told us how their arms had become sore because staff used to pull them up under their arms. They said, "I had to have paracetamol for the pain, but now I have this [standing hoist] in my room, so they don't pull me up anymore."
- Following our last inspection, wardrobes had been fixed to the walls to prevent the risk of any injuries and wheelchairs were all in good working order.
- Risks assessments were carried out to identify the risks associated with people's care and healthcare conditions. However, although improvements had been made since our last inspection, the content of people's care plans and associated risk assessments varied. This presented a risk that some people may receive unsafe care as their care records did not reflect people's current care and support needs. For example, one person's care plan and associated risk assessments had not been updated following their discharge from hospital in June 2019. We discussed this with the registered manager. They informed us they would update the person's care plan immediately. They went on to say they were in the process of transferring to new care plan documentation.
- Personal emergency evacuation plans (PEEPs) were in place to assist staff and emergency services with evacuating people safely. However, these did not contain enough information such as people's current mobility needs. We discussed this with the registered manager who informed us the PEEPs would be reviewed to ensure they contained relevant information.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood their responsibility to report any concerns. They described to us the actions they would take to protect people and said they were confident to raise any concerns.
- The registered manager told us there had not been any safeguarding concerns since our last inspection. However, a complaint the service had received indicated a safeguarding concern. We discussed this with the registered manager. Although appropriate action had been taken, they had not recognised the nature of the complaint as a safeguarding concern and that it was their responsibility to raise a safeguard alert.

We recommend the provider seeks good practice guidance on recognising and acting on safeguarding concerns and this is cascaded to the registered manager.

- People told us they felt safe living at Whittingham House and told us staff were trustworthy. One person said, "Nobody's ever shouted or been unkind to me, the night staff are quite good to me too."

Staffing and recruitment

At our last inspection, we found the deployment of staff was not always suitable to ensure there were always enough staff available to meet people's needs and to support communal lounge areas. We found at this inspection improvements had been made.

- People, relatives and staff told us they felt there were enough staff. One person said, "I think they've got enough staff on now. If I press my buzzer they normally come straightaway, even at night they come quickly." However, one person said, "It varies [when pressing call bell]. It can be slow but then they might have trouble with someone else, most will apologise when that happens."
- A visiting healthcare professional told us there were always staff available to accompany them when they visited the home.



- Following our last inspection, the local authority had placed a suspension on admissions to the home. Except for five people on the first floor, people's bedrooms were all located on the ground floor. Our observations throughout our inspection showed there were enough staff effectively deployed to safely meet the needs of people.
- Staff were recruited safely. This included undertaking appropriate checks to protect people from the employment of unsuitable staff.

#### Preventing and controlling infection

- People were protected from the spread of infections.
- Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons. One person told us, "The girls always wear gloves when helping me, and they always clean things well like the commode, it's never left in a bad state."
- People told us any spillages or other accidents were always dealt with quickly. One person who preferred to spend time in their room told us, "They come in all the time to Hoover, clean up, wipe down the tables etc, they don't leave things like that."

#### Learning lessons when things go wrong

- The registered manager told us lessons learned would be shared with staff at shift handovers, team meetings and at staff supervisions.

# 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 Requires Improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Where required, people had their fluid intake monitored, however the systems in place to effectively monitor people's fluid intakes were not robust. Some fluid intake charts had not been completed or totalled each day to evidence people had achieved their fluid intake target. One person had a very low fluid intake between 4 and 11 July 2019. Their fluid intake chart showed they had drunk 300mls or less on some days. Although there had not been any significant impact on the person, records showed no action had been taken to try and increase their fluid intake or checks carried out to ascertain whether staff were recording information accurately. One member of staff told us, "We should total, sometimes we just write it down, it should be totalled otherwise we don't know." This presented a potential risk of people's needs not being met because checks were not made on what had been consumed. We discussed our findings with the registered manager. They told us staff should be completing the charts when supporting people. They assured us staff would be reminded to do this.
- The mealtime experience for people had improved since our last inspection. People did not have to wait long for their meals and staff were not task focussed. Where people required assistance with their meals, this was done sensitively, and staff engaged with people well. One person could not decide which meal to order and staff showed great patience with them. They displayed empathy towards them, understanding any choices made the person anxious.
- People were generally complimentary about the meals and repeatedly told us they always had plenty to eat and drink. A relative told us, "Since being here [person's] appetite has increased, I've seen the lovely breakfasts they're offered, and main meals always smell very nice."
- The chef was knowledgeable about people's dietary needs. They told us they were currently developing a new four-week rotating menu with the involvement of people.
- Additional snacks and drinks, including fruit, were offered to people throughout the day.

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

- People were not supported to access regular oral health checks and did not have oral care plans in place. It could not be determined from daily care records what oral care people had received. We also found dry toothbrushes during our inspection which indicated they had not been used. We discussed our findings with the registered manager who said staff do undertake oral care and this should be recorded. They went on to say people were supported to access dentists if they were in pain, however people were not generally

supported to access dental check-ups. The registered manager told us they were aware of a recently published oral thematic review report but they had not yet read it.

We recommend the provider seeks good practice oral health care guidance to ensure people's oral healthcare needs are met.

- People were helped to access healthcare services such as GPs, opticians, physiotherapists and district nursing team. A GP held weekly surgeries at the service. One person told us, "They notice if my chest's not good, and they'll call a doctor in if they're worried about me."
- One relative told us, "When [name] came here, within two weeks they got the physio in, who arranged a stand-up hoist, they all encouraged [name] back onto their feet and now they can sit in a normal armchair. As a result, they are more comfortable, and socially [name] can now go out with us in the wheelchair, we weren't able to do that before." A healthcare professional told us, "The service is improving and working well with residents and their relatives to give them the care they require and request."

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 did not have oversight of which people had Lasting Power of Attorney (LPA) arrangements in place. A LPA is a legal document where people had given authorisation to another person(s) to make decisions about their health and welfare or financial affairs. The registered manager told us they would take immediate action to request copies of LPAs from families.
- Staff had received MCA training and demonstrated a basic understanding of the principles of the MCA.
- Where people had been deprived of their liberty, applications had been made to the local authority for DoLS assessment. DoLS which had been authorised were not subject to any conditions.
- People told us their decisions were respected. For example, one person told us they could choose where they wanted to spend their time during the day. Throughout our inspection, we observed staff seeking people's consent with regards to their day to day support.

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

- People's needs were assessed and reviewed to ensure the care they received met their choices. Where appropriate best practice assessment tools were used. However, where people presented behaviours that could challenge, we saw care plans did not always include guidance for staff on techniques to manage incidents with minimal impact on the person and others affected. As highlighted in the safe section of this

report, people were being administered PRN medicines to manage their behaviour regularly each day.

Staff support: induction, training, skills and experience

- Newly appointed staff received an induction to the service. This included shadowing experienced staff.
- Staff completed training to enable them to acquire the knowledge and skills to fulfil their role.
- Since our last inspection, some staff had completed specialist training such as catheter care, pressure ulcer care and sepsis awareness.

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

- People were able to move around the home freely and access the garden, which we saw several people using. The grounds were secure to help keep people safe.
- Some areas of the home looked worn and tired and there was limited signage to help people navigate and orientate their way around the home.
- The registered manager told us they were in the process of seeking advice from the local dementia team to enable them to make the environment more dementia friendly.

# 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 Requires Improvement. At this inspection this key question has now improved to Good.

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 told us staff were very kind, caring and friendly. One person told us, "I think they're better than they used to be, most of the staff are very good and kind to me." Another said, "The staff are all wonderful. They never show impatience with me or rush me. We often have a laugh together."
- Relatives also spoke positively about the caring attitude of staff. One relative told us, "They do know that [person] has good and bad days. They can get a bit down sometimes and staff recognise when they're like that, and they'll sit and chat with them." They went on to say their family member had recently celebrated their birthday. They said, "We took [person] out, but when we came back they offered to do us a family tea in the café with a cake. My [family member] came here after work, and we had a very special time together. We thought that was very thoughtful of them all. I have noticed [since our last inspection] that things like that are much better, staff listen more and offer more to people."
- Throughout our inspection, we saw many examples of staff showing kindness and compassion towards those in their care. Staff showed genuine interest in people and engaged in meaningful, friendly conversations with people which often led to laughter and pleasant banter. They showed patience in listening to people's concerns and worries and took time to explain things, sometimes in great detail which helped to diffuse tense situations when people became anxious or distressed.
- People's diverse needs were respected, and care plans identified people's religious, cultural and spiritual needs. We noted care planning documentation did not contain information on people's sexuality needs. We discussed this with the registered manager. They informed us no one would be discriminated against and told us they would update their documentation to include any needs associated with people's sexuality.

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

- People told us they were able to choose how and where they spent their day. One person said, "I like this [small] lounge because it's quieter, we can hear the TV; it's not relaxing in the other ones." Another person told us they preferred to spend time in their room and staff respected this.
- We observed staff checking with people before providing support and encouraging them to express their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully, and staff were committed to providing the best possible care for people.
- People's independence was promoted, and staff encouraged people to do as much as they could for

themselves.

- People's privacy and dignity was respected. Staff could tell us how they protected people's dignity, for example when providing personal care, by ensuring doors and curtains were closed.
- People were supported to maintain their personal appearance to ensure their self-esteem and self-worth.

# 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 Requires Improvement. At this inspection, this key question has remained the same.

This meant people's needs were not always met.

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

At our last inspection, the provider had failed to ensure care plans reflected people's holistic care and support needs or provide enough guidance for staff as to how these were to be met. There was also a lack of meaningful activities for people. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- We saw a variance in the quality of care plans. For example, some care plans contained contradictory information or had not been updated to reflect people's current care and support needs.
- The registered manager informed us they were in the process of transferring to a new care planning documentation and confirmed all care plans would be reviewed and transferred to the new care planning documentation by 31 August 2019.
- Where care plans had been reviewed and updated, we noted these were more person centred and provided staff with detailed guidance. However, there were still areas which needed to be improved; for example, more detailed guidance on diversionary techniques on how to support people with behaviours that may be challenging.
- Although further improvements were required to the content of care plans, staff demonstrated they knew people and their needs well. We noted there had not been any significant impact on people through the lack of detailed care plans. However, there was a risk of new staff not providing care in line with people's wishes and preferences. A member of staff told us, "I know we're down on [care planning documentation]. I know that's the worst thing here. We plan to do it electronically. Now we are still doing handwritten care plans. It's not always clear and I'm not saying its 100% but it is improving."
- We found a lack of evidence to demonstrate where people and, where appropriate, their family's involvement in the on-going review of their care. However, one person told us they had seen their care plan and showed us notes which were kept in their room; they said, "They don't hide anything from me, I can always see what they write about me."

Although we found no evidence that people had been harmed, further improvements were required to

ensure people's care plans reflected their current care and support needs. This was a continued breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- An activities coordinator had recently been recruited. They knew people well as they had previously been employed in a different role at the service.
- A range of activities was available for people to participate in such as cheese and wine evenings, bingo, sensory therapy games and light armchair exercises. The activities coordinator told us they had to be sensitive to people's moods and needs and be flexible about what activity was offered to people.
- On the first day of inspection we saw the activities coordinator and staff engaging positively with everyone and encouraging them to take part in an activity of their choice. Where people did not wish to participate their decision was respected. We saw one person sitting outside with a member of staff enjoying the afternoon sunshine. They told us, "I just love to get out. I didn't used to be able to, but now this darling brings me out. Look, we've picked some flowers, it's just lovely to get some fresh air."
- On the second day of inspection, a group of people were supported to go out on a zoo trip. This was a second trip to the zoo as people had enjoyed going there the previous week. One person told us, "I went to Colchester Zoo last week. We went in a minibus, I enjoyed being in the lion house, we had a good day." A relative told us, "There are more activities on offer now."
- Staff told us improvements had been made since our last inspection and people were offered more activities. Feedback included, "We have an activities coordinator. We went to the zoo last week, there's something happening every day. Some people just like to be spoken to and talk about the old days." Another said, "Some people are sleeping all the time, [activities coordinator] is doing their best. It can be hard to motivate people. We take them out to the seafront. We also have a lovely garden and having a summer fete and BBQ. We're trying to get the families more involved. I think there is still more we can do."

#### 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.

- The service identified people's information and communication needs by assessing and recording the information.
- The registered manager assured us no one would be discriminated from accessing the service and information would be made available to ensure people's communication needs were met. However, some people living at Whittingham House had limited understanding of English. This presented a risk of them feeling socially isolated and not being able to express their needs and preferences. One member of staff told us, "We don't understand [person]." Another said, "[Name] doesn't understand our language, we don't understand theirs, it's difficult. The new senior [name] understands though." We noted the new member of staff had spent time with some of the people and was in the process of getting to know them. There was a risk that reliance was being placed on one member of staff to communicate and understand people's preferences and wishes.

We recommend the provider researches good practice guidance on meeting people's communication needs.

#### Improving care quality in response to complaints or concerns

- The provider displayed their complaints policy and people had the information they needed if they needed to raise a concern or complaint.



- People told us they knew how to raise a complaint and felt they would be listened to, and their concerns acted upon. One person told us, "I did once complain about [person]. They don't like me and used to make my life a misery. Now staff will try to keep them away from me. I appreciate that, it's got a bit better." Another said, "[Registered manager] got to hear that I'd complained about the food. They came up to see me about it. They're very good at listening to us, I don't see a lot of [registered manager], but I appreciated him popping up."
- There had been two complaints since our last inspection and these had been dealt with in a timely manner. However, one complaint indicated a safeguarding concern as highlighted in the safe section of this report. as health care service was not sourced for a person. We discussed this with the registered manager. They said they had not sought a health care appointment for the person as they were waiting for funds from the family. They had not recognised this as a safeguarding concern.

#### End of life care and support

- The service did not offer nursing care, but the registered manager told us people would be supported to receive end of life care at the home.
- With the exception of one person who was receiving end of life care, people's care plans did not document their end of life wishes and preferences. Some care plans indicated people and their families did not wish to discuss this aspect of their care needs. The registered manager informed us this would be discussed with families as care plans were updated onto the new care planning documentation.

# 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 Inadequate At this inspection this key question has now improved 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.

At our last inspection, there were inadequate arrangements in place to monitor the quality of the service. Furthermore, the standard of record keeping was inconsistent and was not being effectively audited and monitored to ensure it improved. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action against the provider.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- There were systems in place to monitor the quality of the service including reviewing care records, medicines, health and safety and incidents and accidents. However, the checks in place were not always sufficiently robust and had not identified the concerns we identified such as inconsistent record keeping and shortfalls in risk management. For example, where people had sustained falls, these were recorded, however a more in-depth falls analysis had not been completed to effectively reduce the numbers of unwitnessed falls. For example, one person had five falls between December 2018 and May 2019. No referrals had been made to other professionals such as the falls team or occupational therapists' team to help assess and provide guidance about how to support the person as safely as possible.
- We continued to find concerns with some aspects of person-centred planning. Since our last inspection nine care plans had been audited and we found some of the actions from these audits, including those identified by the local authority, had not been completed. The registered manager acknowledged this area still required improvement and during the inspection shared with us an action plan they would be implementing immediately to enable them to have more managerial oversight and ensure all actions from audits were completed. They assured us every person's care plan would be reviewed and, where necessary, updated onto the provider's new care planning documentation by 31 August 2019.
- Improvements were required to record keeping. We saw examples of inconsistent record keeping; such as in relation to the monitoring of people's fluid intake as highlighted in the effective section of this report and the recording of when people had been supported with bathing and showering. For example, in June 2019, four people had a bath and in July 2019 one person had a bath and another had a shower. One person's care record showed they had last had a shower on 17 April 2019 and, prior to that, on 3 October 2018. The

registered manager told us they were working with staff to improve record keeping to evidence people were being supported with bathing and showering.

- Whilst we found some improvements had been made since our last inspection, further improvements were required to ensure robust auditing and monitoring of the service.

Although we found no evidence that people had been receiving poor care or had been harmed, accurate records were not always kept evidencing people had received the care they needed to maintain their health and well-being. Furthermore, the systems in place to check the quality of the service did not always demonstrate safety and quality monitoring of the service was effectively managed. This placed people at risk of unsafe care and treatment. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The ratings and report from our previous inspection were displayed in the entrance of Whittingham House and on the provider's website.
- Throughout our inspection, the registered manager was receptive to our suggestions and showed commitment to improving the service to enable greater oversight and governance of the service, ensuring people received safe care and treatment.

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

- The registered manager encouraged an open and transparent culture.
- Staff felt supported by the registered manager and told us staff morale had improved since our last inspection. Without exception, staff told us they could approach the registered manager at any time for guidance and support.
- The registered manager conducted daily walkarounds. People knew who the registered manager was. One person said, "[Registered manager] is a lovely person, they're always smiling and happy, and pops in and check if we're all ok." Another person said, "I don't see much of the manager, but they seem ok, they're a nice person. I'd recommend the home to anybody."
- People, relatives and staff were positive about the changes since our last inspection. A relative told us, "[Registered manager] is very approachable, they even moved some flower tubs in the garden to outside these lounge windows so that [person] can see them from their chair. We had told them about how much [person] missed their garden, we thought that was very thoughtful of them." They added, "We can see the improvements [since the last inspection]. There's been such a change, I'd give them 9/10 now." A member of staff said, "The company has changed with how it is supporting the staff. We get that support now. Anything we want or need the [provider] gets it."
- The registered manager held regular staff meetings. Staff told us they felt they could raise any ideas and felt these would be listened to.
- The registered manager had informed CQC of events which affected the running of the service. Duty of candour requirements were understood by the registered manager if anything went wrong in providing personal care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People who required additional communication needs had not always been regularly asked for their views on the service or involved in their care planning. There were plans in place to address this and during our inspection, the registered manager showed us how a member of staff was translating a care plan into a person's first language.

- Staff felt supported and valued by the registered manager. Feedback included, "[Registered manager] is very supportive." Another said, ""They're fair and notices what you do. Their office door is always open, if you need something you can just go and ask."
- Regular resident and relatives' meetings were held. This included a meeting held shortly after our last inspection to discuss the report and how the service was going to address the issues we had identified. A relative told us, "We have regular relatives' meetings which are very helpful. They tell us some of their plans, and we can voice our views too. After the last CQC report, which wasn't good, (registered manager) had us in to explain it all and let us know what their plans were to improve things."
- No questionnaires had been completed since our last inspection. The registered manager informed us these were undertaken annually and were due to be completed within the next few months.
- During our inspection, the registered manager was very responsive and open to our feedback to develop and further improve the service.

#### Working in partnership with others

- The service worked closely with the local authority and other professionals to help drive improvements.
- A health care professional told us, "The service has improved a lot in the last six to 12 months with better continuity and organisation, with a positive culture to improve further."

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 9 HSCA RA Regulations 2014 Person-centred care  People using the service did not always receive appropriate person-centred care that met their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Further improvements were required to ensure the safe management of medicines.