

Qualitas Care Limited

Whitelow House Nursing and Residential Home

Inspection report

429 Marine Road East
Morecambe
Lancashire
LA4 6AA

Tel: 01524411167
Website: www.whitelowhouse.co.uk

Date of inspection visit:
26 May 2016
21 June 2016

Date of publication:
12 August 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 05, 06 and 09 November 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 14 Meeting nutritional and hydration needs and of Regulation 18 Notifications of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They sent us an action plan setting out what they would do to improve the service to meet the requirements in relation to the breaches and identified a date by when this would be completed.

We carried out an unannounced focused inspection on 26 May 2016. The provider was not present. We wanted to speak with the provider and check the actions had been completed. We therefore returned to the service on 21 June 2016 on an unannounced visit.

We carried out this focused inspection to check they had followed their plan and to confirm the provider now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whitelow House on our website at www.cqc.org.uk

Whitelow House Nursing and Residential Home is a 32 bed care home with nursing, situated on Morecambe seafront. A passenger lift is available allowing access between the four floors. It offers both long term and short-term care. At the time of our inspection visit, 32 people lived at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had systems to record safeguarding concerns, accidents and incidents and took necessary action as required. Not all staff had received refresher training. However, staff we spoke with showed they understood their responsibilities to report any unsafe care or abusive practices. The registered manager told us they were working towards all staff receiving the training.

Staff felt supported in their roles, however there was no formal system in place to provide staff with regular formal supervision.

The environment was clean and hygienic when we visited. The home was tidy, well maintained and smelt pleasant throughout.

During this inspection, we found the registered manager had met the requirements of the regulations. People were happy with the variety and choice of meals available. Staff were available when necessary, to

offer people support with their meals. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We found staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. Staffing levels were determined by the number of people being supported and their individual needs.

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working in the care centre. This was confirmed from discussions with staff.

We found medication procedures were safe. Staff responsible for the administration of medicines had received regular training to ensure they maintained their competency and skills. Medicines were kept safe and appropriate arrangements for storing were in place.

Staff received training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People's representatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Interactions we observed demonstrated people were satisfied with the service they received. The registered manager and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people in their care.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included audits and surveys, which were issued to people to encourage feedback about the service they had received. The relatives we spoke with during our inspection visit told us they were happy with the service. Quality audits had been used and reviewed at the time of our inspection. The registered manager had oversight of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff who were aware of the assessments to reduce potential harm to people.

We found that positive action had been taken to maintain the property and equipment since our last inspection.

There was enough staff available to meet people's needs, wants and wishes. Recruitment procedures the service had were safe.

Medicine protocols were safe and people received their medicines correctly according to their care plan.

Is the service effective?

Requires Improvement ●

The service was effective.

Staff we spoke with did not have regular formal supervision. However, staff told us they felt supported by the management team.

Records we looked at showed staff had received training to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

We found action had been taken that ensured people were protected against the risks of dehydration and malnutrition, since our last inspection.

Is the service well-led?

Requires Improvement ●

The service was well led.

The registered manager had a visible presence within the service.

People and staff felt the registered manager was supportive and approachable.

The management team had oversight of and acted upon the quality of the service provided. There were a range of quality audits, policies and procedures.

People had the opportunity to give feedback on the care and support delivered.

We found action had been taken by the registered manager on what incidents require notifications to be submitted.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Whitelow House Nursing and Residential Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Whitelow House Nursing and Residential Home on 26 May and 21 June 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 05, 06 and 09 November 2015 inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service safe, is the service effective and is the service well led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by one adult social care inspector.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

On the day of our inspection, we found it difficult to gain a variety of verbal feedback from people living at Whitelow House Nursing and Residential Home. People were living with advanced stage dementia and or complex needs. We used a method called 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 observed how staff interacted with people who lived at the home and how people responded to support. We observed how people were supported during meal times and during individual tasks and activities.

We spoke with three people and five relatives during our inspection. We also spoke with the registered manager and five members of staff.

We looked at four people's care records and the medication records of four people. We also reviewed four

staff files including recruitment, supervision and training records. In addition, we looked at records for the maintenance of facilities and equipment people used. We also looked at further records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

At our comprehensive inspection of Whitelow House Nursing and Residential Home on 05, 06, and 09 November we found people who lived at the home were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. For example, there was torn flooring in one ensuite bedroom which exposed the floorboards beneath. In one communal shower room, scissors and a disposable razor were accessible to anyone who entered the room. This was a breach of Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014. Safety and Suitability of Premises.

During this inspection carried out 26 May and 21 June 2016, we found improvements had been made.

On the day of our inspection, we found it difficult to gain verbal feedback from most people living at Whitelow House Nursing and Residential Home. People were living with advanced stage dementia and/or complex needs. However, during our inspection, we spoke with three people and relatives visited and shared their views with us.

The registered manager had procedures to minimise the potential risk of abuse or unsafe care. Staff we spoke with demonstrated a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Care staff said they would not hesitate to use this if they had any issues or concerns about the management team or colleagues' practice or conduct. One staff member told us, "We focus on good care here." There were procedures to enable staff to raise an alert. At the previous inspection, the safeguarding telephone number held in welcome packs was out of date. This had been updated with the current number.

During this inspection people we spoke with told us they felt safe when supported with their care. Observations made showed people were comfortable in the company of staff supporting them. One person who lived at the home told us, "I feel safe here, I sleep well at night." One relative told us, "I visit at different times, I've even done night time checks. I have no concerns."

We found equipment within the home had been serviced as required. For example, records were available to evidence hoists had been serviced and gas appliances were safe for use. We observed staff making appropriate use of personal protective equipment, for example, wearing gloves when necessary. This showed the provider had taken measures to protect people against the risk of infection.

The water temperature was checked during our inspection from taps in bedrooms, bathrooms and toilets. All were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding.

Window restrictors are fitted to limit window openings in order to protect vulnerable people from falling. Window restrictors were present and operational in all the bedrooms, bathrooms and toilets checked. This showed the provider had taken action to ensure the safety of people who lived at Whitelow House Nursing and Residential Home.

During the previous inspection, we undertook a tour of the home including bedrooms, the laundry room, bathrooms, the kitchen and communal areas of the premises. We found these areas were clean, but not always well maintained. We observed several areas of concern relating to safety and infection prevention.

During this inspection, we took a tour of the home. We found the home was clean, tidy and smelled pleasant throughout. We found no areas of concern relating to health and safety or the maintenance of the building. We noted the magnetic automatic door closers on two bedroom doors that were previously broken had been fixed. On the day of our inspection, a third door was being repaired. This showed the provider had ensured the premises and equipment were maintained to protect people's safety.

There was a business continuity plan to demonstrate how the provider planned to operate in emergencies. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.

The registered manager had systems to manage and review accidents and incidents. If an accident occurred, a form would be completed and submitted to the management team. They analysed the information and completed any follow up action as required. We saw incident documentation was submitted to the required authority.

We checked rotas to assess whether people's needs were met by sufficient numbers of skilled staff. We noted skill mixes were suitable to support people and staff during the day, worked in allocated areas throughout the home. When we discussed staffing levels with staff and people who lived at the home, nobody raised any concerns. One relative told us, "The staff always respond to people."

The registered manager had a recruitment and induction process that ensured staff recruited were suitable to support people. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at four staff files and noted they contained the relevant information. This included a valid Disclosure and Barring Service [DBS] check identification number. The DBS check helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

We looked at how medicines were dispensed and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed, stored, and disposed of correctly. There was an extra nurse placed on shift on the day medicines were received into the home. This allowed the nurse to store the medicines safely and without interruption. The registered manager completed audits to monitor medication procedures. This meant systems were in place that ensured people had received their medication as prescribed. Staff had recorded in the audits to confirm medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed the nurse administer medicines in the dining room at breakfast. All medicines were given in accordance with the information documented on the person's Medical Administration Record (MAR) sheet. The staff member administering the medicines spent time with the person explaining what was happening and asking if they would take the medicine. One person stated the medicine tasted horrible. The staff member agreed with the person, never forced the person to take the medicine but used humour to encourage them to have the medicine. We looked at one care plan, which showed the person received their medicine covertly. We saw the GP and family had been involved in the best interest decision-making process. This showed us the registered manager understood their responsibilities regarding the administration of medicines in line with the Mental Capacity Act (MCA) 2005.

Is the service effective?

Our findings

At our comprehensive inspection of Whitelow House Nursing and Residential Home on 05, 06, and 09 November we found people who lived at the home did not receive food in a timely manner. Food was not served and maintained at the right temperature. For example, the two staff allocated to the task found it difficult to support everyone in a timely manner. As a result, it took time for everyone to get their food and, those people who needed help with food had to wait. This was a breach of Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs.

During this inspection carried out 26 May and 21 June 2016, we found improvements had been made.

People and relatives we spoke with were complimentary and positive about the care provided at Whitelow House Nursing and Residential Home. One relative told us, "I love the staff, they know what they are doing." A second relative commented, "The staff are on the ball, they are good."

We asked staff if they received supervision. The staff we spoke with told us they did not receive regular supervisions. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their training needs, role and responsibilities. We spoke to the registered manager about the supervision of staff. They told us they were behind with supervisions but were working to ensure all staff received regular formal supervision.

We spoke to staff members about training. We were told when they started working at the home, they worked alongside a senior carer until they were assessed as being competent. One staff member told us, "I was supervised by the senior carer, they were very good." The provider had a structured induction for staff. All staff we spoke with completed computer based training prior to starting their role. We were told there was a meeting every morning to share information with staff relating to people who lived at the home. A staff member commented, "We have a staff meeting every morning with the nurse. Anything I don't understand I ask at the meeting, I have learnt a lot." This showed the provider reviewed work based skills to ensure staff supported people effectively.

The 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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. The registered manager was aware of the changes in DoLS practices and had policies and

procedures regarding the MCA 2005 and DoLS. Discussion with the provider confirmed they understood when and how to submit a DoLS application. When we undertook this inspection, 32 people were subject to DoLS.

At our last inspection, we noted the provider did not ensure the appropriate level of support and encouragement needed with food and drinks. At this inspection, we observed people received an appropriate level of help. Breakfast was staggered throughout the morning depending upon the time people chose to rise. People were offered several choices and we observed people had more than one serving. At lunchtime, we observed one person did not want what they had previously chosen for their lunch. Staff discussed what the person would like, this was telephoned through to the kitchen, and their preferred choice delivered shortly after. People who required assistance with their meal were offered encouragement and supported effectively. The staff did not rush people, allowing people sufficient time to eat and enjoy their meal.

The chef was aware of food preferences and which people were on special diets or required pureed or soft foods. Staff had knowledge of who required special diets, people's likes and preferences and who needed support. One staff member told us the registered manager checked on the food being served. They also commented the management team checked on how staff were supporting people with their meals. We observed staff at the end of the meal, documented food and fluid intake in care files.

Drinks were offered throughout the day. Teas, coffees and juice drinks were available with meals and in between times. We observed staff encouraged people to drink fluids during the day. One staff member told us, "It is very important to write fluids down for people. If they do not drink enough we have to inform the doctor." This showed people were supported throughout the day to meet their nutritional needs and prevent the risk of malnutrition and dehydration.

The provider and catering team had knowledge of the food standards agency regulations on food labelling. There was an information sheet in the entrance porch for all visitors to read. This showed the provider had kept up-to-date with legislation on how to make safer choices when purchasing food for people with allergies. The current food hygiene rating was on the wall outside the kitchen advertising its rating of five. Services are given their hygiene rating when they are inspected by a food safety officer. The top rating of five meant the home was found to have very good hygiene standards.

Is the service well-led?

Our findings

At our comprehensive inspection of Whitelow House Nursing and Residential Home on 05, 06, and 09 November we found the provider had not reported allegations of abuse and other incidents to CQC. For example, One person who lacked capacity had left the building unsupported and another person had made an allegation of abuse. This was a breach of Regulation 18 Health and Social Care Act 2008 (Registration of Regulated Activities) Regulations 2009. Notification of other incidents.

During this inspection carried out 26 May and 21 June 2016, we did not find any unreported incidents of abuse.

Staff, people who lived at the home and relatives said the service was well led. One person who lived at Whitelow House Nursing and Residential Home told us, "The registered manager, he's good at his job." A staff member told us, "The registered manager watches what we are doing, to make sure we are doing things right." A second staff member told us, "The registered manager does a walk round [the building] checking everything."

At our last inspection, we noted two safeguarding incidents had gone unreported. The registered manager had not completed the necessary notifications related to these incidents. At this inspection, we discussed regulatory responsibilities with the registered manager. They had researched information to underpin their knowledge on what and when to notify and we found no evidence incidents went unreported to the care quality commission. The rating for this domain has not changed. We wish to allow time for the knowledge and practice to become embedded within the service delivery. We will review this at our next inspection.

Our conversations with staff demonstrated they had a good understanding of their roles and responsibilities. Care staff had clear guidance throughout their shifts from senior care staff who worked alongside them. We observed clinical questions were dealt with effectively by the nursing staff on duty.

Throughout our inspection, we observed the office door was not closed, relatives and staff called in. We observed people who lived at the home and families both approached the management team throughout the inspection. This showed the registered manager was visible and available to people staff and visitors.

Annual surveys to people and their relatives took place with the information collated, reviewed and acted upon, where appropriate. For example, through the survey it was suggested by a relative the gardens could be improved. The registered manager employed a gardener to visit regularly to attend to the gardens. The relative told us they were pleased their comments had been acted upon.

The registered manager had procedures to monitor the quality of the service being provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, infection prevention, reviewing care plan records and medication procedures. This meant the provider monitored and maintained the home to protect people's safety and well-being.

We noted the service safety certificates for gas, fire alarms, fire extinguishers and emergency lighting were up-to-date. This showed safety measures were in place and regularly checked to protect people from harm. The registered manager had employed a professional agency to complete a fire plan related to the home intended to protect people in the event of a fire.