Colten Care Limited

Whitecliffe House

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 12 February 2016. It was carried out by one inspector.

Whitecliffe House provides residential care for up to 31 older people. There were 22 people living in the home at the time of our visit, some of whom were living with dementia.

There was a registered manager who was promoted to the post four years ago. 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.

People's risks were assessed. Staff were able to describe how they supported people to minimise their risks. However peoples care plans did not always reflect changes in their risk assessment. There were not sufficient quality checks in place to identify if peoples care plans were updated as required. This meant the records were not always up to date.

People had access to healthcare when they needed it. Most healthcare professionals reported that staff communicated with them and followed recommendations that they made. Although one healthcare reported that staff did not always engage with them during their visits to the home. Other feedback from healthcare professionals was positive. One told us that they had requested staff to follow specific guidance in relation to one person's care. They told us that staff had done a very good job.

There were enough staff to meet people's needs and people told us the staff were kind to them. People, relatives and staff described the home as being "like a family." We saw staff being caring and respectful to people. People and their families told us they felt involved in decisions about their care. People had their privacy and dignity respected.

There was a varied programme of activities which included trips out, social events, crafts and quizzes as well as exercise. People who remained in their rooms were provided with one to one time and given a choice of activity, such as puzzles, reading or talking.

People told us they felt safe living in the home. One relative told us they had "total confidence" in the staff. People told us the food was excellent and they were provided with a choice. Relatives were able to have a meal with their loved one.

Peoples had personalised care plans which were informative and indicated peoples likes, dislikes and preferences. People were provided with choices about all aspects of care and support they received. Staff were able to talk with us about people and demonstrated to us they knew people as individuals.

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 Mental Capacity Act (2005). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had made DoLs applications for a number of people living in the home. Staff understood these Safeguards.

There was a clear management structure. The registered manager was supported by a head of care and staff told us they were supportive and approachable.

Medicines were stored and administered safely. There were regular checks to ensure that the Medicine Administration Records (MAR) were signed to indicate people had received their prescribed medicine.

There was a breach of regulations ,people's records were not updated when their needs changed. There were insufficient quality checks in place to ensure that changes were made. You can see what action we have asked the provider to take at the back of the full version of the report.

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. There were sufficient staff to meet people's needs..

Medicines were administered and stored correctly.

People were at reduced risk from harm and abuse. Staff had received training and were able to tell us how they would recognise abuse and how they would report it.

People had their risks assessed.

Is the service effective?

Good

The service was mostly effective. People had access to healthcare when they needed it. Although one healthcare professional experienced staff as not engaging in their visit as helpfully as they expected.

People were cared for by appropriately trained staff.

People had sufficient food and drink. They were provided with choices.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

Is the service caring?

Good

The service was caring. People were cared for by staff who treated them with kindness and respect.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive. People had opportunity to engage in a range of social and leisure activities.

People had personalised plans which took into account their

likes, dislikes and preferences.

People told us they knew how to raise concerns. Staff knew how to deal with concerns and complaints.

Is the service well-led?

Requires Improvement

The service was mostly well led.

There were insufficient quality checks in place to ensure that care plans were updated when people's needs changed.

People and staff told us the registered manager was accessible and available.

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Whitecliffe House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 February 2016; it was carried out by one inspector and was unannounced.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report. At the inspection we asked the provider to tell us anything they thought they did well and any improvements they planned to make.

We spoke with six people, two people's relatives and a visitor. We also spoke with twelve staff which included the registered manager the operational manager, head of care and housekeeping staff. As well as the cook, a registered nurse, a gardener, two care workers and an activity coordinator. We looked at four care records and four staff files. We also spoke with four healthcare professionals who worked with people in the home and contacted a representative from the local authority. We saw four weeks of the staffing rota, the staff training records and other information about the management of the service.

We used the Short Observational Framework for Inspection (SOFI).This is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People were cared for safely.There were sufficient staff to meet people's needs. The registered manager told us they assessed each person to identify how much care and support they needed. This meant staffing was planned around people's individual needs. For example two people required support from three staff during personal care. The registered manager told us they needed to ensure there was always a minimum of four staff during daytime hours to support people safely. At certain times of the day, for example mornings and evenings staffing numbers increased. People told us there were enough staff and staff told us they did not feel rushed or under pressure. One care worker told us we work as a team to. There was system for monitoring how long staff took to respond when people pressed their call bell. Where there were occasions when people had to wait for longer than five minutes the registered manager had investigated and taken actions to reduce the risk of it happening again.

There was occasional use of agency staff, the registered manager told us when agency staff are needed they request staff who are familiar with the home. Staff told us they cover for each other as much as possible to ensure that people are cared for by staff who knew them well.

Staff were recruited safely. The provider ensured all the necessary checks were carried out prior to the person starting work, for example references were obtained and relevant criminal records checks were completed. There was one nurse vacancy, which was being recruited to.

People had a full assessment of their needs which included specific risk assessments, such as pressure areas, eating, drinking and mobility. When a risk was identified a care plan was developed which provided guidance to staff about how to support the person in such a way as to reduce the risk. For example one person was assessed as being at high risk of falling, their care plan provided guidance to staff to ensure the person had the correct footwear and the right equipment to reduce the risk of them having a fall. Staff were able to describe to us how they supported people to minimise risks.For example one member of staff could explain about the correct equipment that was required for another person when they were being supported to move from a sitting position and we saw the equipment being used appropriately.

People were at reduced risk of harm and abuse. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. Staff were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice. Staff were aware of whistleblowing procedures. People told us they felt safe living in the home and one relative told us they had "total confidence in staff to keep (name) safe."

There were robust systems for ensuring the home was well maintained. There was a schedule which indicated when relevant checks were due and when they had been carried out.

Good

Is the service effective?

Our findings

People had access to a range of healthcare when they needed it. Appointments with a variety of healthcare professionals such as community mental health nurses, the GP and a physiotherapist were detailed in peoples care records. Most healthcare professionals were positive about staff and told us they followed their recommendations. One healthcare professional told us staff referred people appropriately and communicated well on the first contact. However they told us staff tended to "leave me to it," when they visited people in the home. They did not have concerns about people receiving the correct care and support however felt that there was a missed opportunity for closer working and staff learning.Another healthcare professional told us they received appropriate referrals and staff communicated with them well. They described some recommendations that they had asked for staff to complete. They were satisfied with the way staff carried out the recommendations and did not have any concerns. They found staff helpful and friendly. Other healthcare professionals expressed confidence in staff and stated that there was good communication with them.

People were supported to eat and drink. People had nutritional assessments so that any concerns were identified and if needed a special diet was provided. For example one person needed a lower calorie diet which was provided for them. When people moved into the home the chef visited them to ask about their food preferences, they would follow this up with people as they got to know them more. The chef told us they maintained contact with people daily and that it was important to "give people what they want." There was list in the kitchen of people's diets and likes and dislikes. The chef attended a daily meeting which meant there was an effective process for communicating between care staff and the kitchen. One person told us "the food is excellent,we have a good varied diet." There was a choice of two meals and if people wanted something different the cook told us they would prepare it. On the day of our inspection one person did not like what was on the menu the next day and had requested macaroni cheese, we were told the chef would prepare it for them. We saw relatives eating with people, one relative told us they had a meal with their loved one, once a week. They told us the food was very good. People could choose to eat in their rooms or in the dining area.

People received care and support from staff who had the appropriate skills and training. Staff told us they had received sufficient training to carry out their roles. Staff progressed through a training programme. Once they had completed essential training such as health and safety and moving and handling, they were able to complete further training such as person centred care or dementia training. The registered manager told us they had a training plan which ensured that all staff received essential training. Examples of forthcoming training sessions were basic life support and safeguarding.

New staff completed an induction, they were allocated a mentor who supported them through the process. Their induction was role specific and dependant on the job they would be doing. Care workers had a full week of shadowing experienced staff and were assessed before working unsupervised. All new staff were provided with an induction book which provided them with useful information about the home and the values of the company. New care workers were also enrolled in the new nationally recognised industry specific Care Certificate and they were supplied with a "learning journey folder." One care worker was

undertaking the care certificate and all experienced staff were given a care certificate self- assessment workbook. This meant they could reflect on their own skills and experience.

The registered manager told us they had identified that some staff appraisals were overdue and had reflected why this had happened. They told us they had introduced a new system so that all staff would receive their appraisals when they were due. Staff received regular supervision in line with the supervision policy. As well as individual supervision, the registered manager organised group supervision with a particular theme, such as communication or nutrition and hydration. Staff told us they experienced supervision as supportive.

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 by 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the MCA and how it applied to their work. Staff were able to explain to us how people consented to their care and we saw several examples of staff asking people first before proceeding to assist them. One person told us " You can make your own decisions, there's no restrictions." Mental capacity assessments had been completed appropriately. Some people did not have capacity to consent to being in the home and to receive care and support. The registered manager had made the appropriate DoLS applications to the local authority. One person had been assessed by the local authority and had a DoLs in place, which had conditions attached to it. We saw staff had adhered to the conditions and had updated the care plan accordingly. When people needed an aspect of care and support provided to them in their bst interests we saw the correct processes had been followed.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and compassionate. One person told us "staff are all lovely, everyone is so kind." A relative told us that "they are as kind to me as they are with (name)."

One person told us they had known the home long before they moved in and had visited it frequently. They told us they were so confident about how staff treated people that when the time came for them to need more help and support they chose to move into Whitecliffe House. They told us they had never regretted their decision and that staff always do everything to make them comfortable.

People, relatives and staff all talked about the "family ethos" of the home. One member of staff told us they had worked in the home for several years and they considered people and their relatives as family. Another member of staff told us "I love it here, it's small and personal, like a family." Staff interacted with people and their families in a way which demonstrated they had a positive relationship with them. They had a good rapport and the two way exchange demonstrated that staff knew people as individuals. Staff spoke with people whenever they walked in the room and we heard joking and humour being appropriately used. One person told us "it's a happy place." There was a key worker system, staff told us they liked to be part of a keyworker team. It meant as a keyworker they had more responsibility for a small group of people, who they got to know really well.

Staff talked warmly about people and were enthusiastic and motivated about their work. One member of staff told us "I love my job, I treat people like they are my mum and dad." Another member of staff told us they enjoy hearing about peoples experiences, they told us it is an honor to listen. They told us they would never have met or spoken to as varied a background of people and it was special have that experience. The registered manager told us that all staff were expected to complete training in equality and diversity, to ensure they were respectful of peoples individual differences. Staff demonstrated effective use of body language when talking with people, which showed people they were listening and interested.

Staff were respectful of people's privacy and dignity. We saw staff knocking before entering people's rooms and personal care was carried out discreetly. Staff used a do not disturb sign so that they would not be interrupted when supporting people with personal care. People told us staff offer them choices and talk with them before assisting them with personal care. One person said "They always check- do I want to get up and they ask what clothes I want."

People and their families had involvement in decisions about their care. One person told us "I make all my own decisions." The care records indicated that people had been involved in their care plans and had signed to agree to the care which was being provided.

The home planned to work towards accreditation with the Gold Standards Framework in Care Homes (GSF).This is a nationally recognised award which recognises the high quality of care provided for people at the end of their life. One care worker told us four staff had signed up to complete training and they had time booked with the GSF facilitator. They were using the principles of the GSF to identify people at end of life

and liaised with people's healthcare teams as required. The registered manager told us it was important to remember people after they had passed away. They had a memory book which contained a photograph of people with fond memories of them. They told us this was a comfort to people and staff.

Good

Is the service responsive?

Our findings

People had access to a wide range of social and leisure activities. There was an activity coordinator who organised activities to take place seven days a week. Activities were organised according to people's needs and their preferences. Staff told us they asked people what they want and tailor activities accordingly. Some people were unable to or chose not to engage in group activities. The activity coordinator did room visits to these people each morning so that they could offer people one- one time. They had a trolley which had items such as a prayer book, crosswords and puzzles. They told us sometimes people just liked to talk, such as one person had spoken with them that morning about local history.

Group activities were varied for example quizzes, crafts, relaxation, fitness and trips out. The gardener was planning to involve people in growing potatoes, sunflowers and sweet peas.There was a local community group which ran a craft club on a monthly basis and there were musical entertainers booked on a weekly basis. The home had taken part in a local scarecrow competition. This meant people were supported to have involvement in the local community.Staff told us they varied the entertainment so they catered for people's different tastes. One person told us they enjoyed visits from a specially trained dog. Another person told us "they have quizzes , board games, entertainers- you couldn't get bored." A relative expressed how pleased they were, "there's always something going on, it's so cheerful."

Each day before lunch staff took a drinks trolley round and people were able to order an alcoholic/non-alcoholic drink. People told us how much they enjoyed this and one relative said, "it makes all the difference- it's a social event each day."

People told us they are able to receive holy communion in the home which was important to them. The provider told us they considered peoples cultural and spiritual needs and would ensure any arrangements were made to meet these needs.

People received personalised care and support based on their individual's preferences, likes and dislikes. Care plans contained information about peoples' preferred daily routines such as what time they liked to get up and where they liked to eat their meals, as well as details about their interests. This meant staff knew people as individuals and could initiate conversations with them on topics which would be of interest. Staff were able to tell us about the persons interests and at another time during our inspection staff were engaged in a discussion about gardening with them.

People had their care plans reviewed on a monthly basis, relatives told us they were kept informed. One relative told us they asked for a review of their loved one as they recognised their care needs had changed.

One person told us there was a monthly meeting where "we can have our view." They told us they felt they would be listened to and would make suggestions if they had any.

Concerns and complaints were managed appropriately. Staff told us they responded to concerns as they arose to avoid them being escalated into a complaint. We saw when there had been a formal complaint the registered manager had conducted an investigation and responded to the complainant. There was a clear audit trail of what actions had been taken and what the outcome was.

Requires Improvement

Is the service well-led?

Our findings

The service was mostly well led. Peoples care plans were not always updated to reflect changes in their care needs. Risk assessments were reviewed either monthly or sooner if people needed it. The care plans did not always reflect the changes in peoples risk assessment. One person's care plan indicated they were at risk of skin damage , when the risk assessment was last completed in January 2016 the person's risk of skin damage had increased to very high risk. The care plan was not updated to reflect the change. Another care plan had not been updated to reflect a person had a catheter. Staff were monitoring how much they drank and their urine output. However the care plan did not provide guidance on how much the person needed to drink. The charts were not routinely completed and therefore there was not always an accurate record of the persons fluid input and output. Staff could tell us about the care and support that people needed and how they provided it. However the records did not reflect the care that was being given. There were insufficient quality checks to identify if people's care plans were updated as required. This meant the records did not demonstrate the support people needed and there was a risk people would not receive the right care.

This was a breach of regulation 17 (1)(2)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us there was a system for quality monitoring within the home and there was a schedule of when checks were due. They completed monthly reports to senior management and there were twice yearly performance reviews of the home. As well as this there were senior manager support visits. They carried out checks on the home and made some recommendations, for example to remove surplus furniture. Actions were either signed off as they were completed or it was recorded they were on-going. The provider also arranged for an independent agency to carry out checks for example making contact by telephone or arranging a visit to the home. The registered manager told us this was an additional method of carrying out quality monitoring checks on how staff responded to enquiries and on the home.

We did not receive a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager told us they had completed the PIR although they had not been able to submit it to us. This was due to technical issues within the Care Quality Commission. Following our visit they provided us with information they told us they had recorded in the PIR.

There was a clear management structure which included the registered manager and a head of care. They were supported by an operational manager who had regular contact with the home. The head of care or the registered nurse coordinated each shift. They supervised staff to ensure people received the care and support they needed. There was a meeting each morning with representatives from each staff group. This was a way of ensuring all of the team were updated on any changes and arrangements for that day.

People told us the home was well managed. One person said "it's very well run by very nice people." Staff described the managers as approachable and supportive. One relative described the registered manager as

"very nice, very friendly always improving things."

There was a varied staff team which included: the management team, registered nurses, care workers, housekeeping and kitchen staff as well as a chef and a gardener. There were waiting staff to serve food with guidance from care workers to ensure people received the correct diet. Staff were clear about their individual roles and responsibilities and told us they worked well as a team. They were friendly and relaxed with each other.

Staff told us they were confident about making suggestions and most felt they were listened to. An example of this was one member of staff made a suggestion about some cleaning equipment. Their suggestions were supported and the equipment was purchased. However one member of staff told us they did not feel that management always listened to them. They told us they raised an issue which was not instantly resolved and they needed to repeat their concerns before any action was taken.

People and their relatives received an annual quality questionnaire. The last one in May 2015 was mostly positive and we saw actions had been taken to address any negative comments. The provider produced a regular news bulletin which gave updates on Whitecliffe House as well as other homes owned by the provider. There was also a journal for clinical staff which gave them regular updates such as information for nurses on revalidation of their registration.

Accidents and incidents were reported in accordance with the service policy. There was a process for monitoring accidents and incidents so that patterns could be identified. An example of this was as a monthly falls analysis to identify trends and take actions to reduce the risk to people of having a fall. We saw after a particular incident , staff were supported to reflect on what actions they could have done to prevent the incident. There was a reflective practice improvement plan to ensure staff learnt from their reflections and actions were taken to prevent a reoccurrence.

There was a range of meetings held within the home. For example there were meetings for staff, registered nurses, care workers and health and safety. One member of staff told us they felt actions were followed up following meetings. For example it was suggested in a staff meeting for there to be a photograph of people's key workers in their room. We saw that there were photographs of the key worker team in each person's room in their care file.

The registered manager told us the home had won the providers achievement award in 2015. They told us they were proud of the care they provided to people who lived in Whitecliffe House.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Breach of Regulation 17 (1)(2)(a)(c) People's care plans were not always updated appropriately. There were insufficient quality monitoring systems in place to identify when peoples care plans had not been updated.