

Qualitas Care Limited

# Whitelow House Nursing and Residential Home

## Inspection report

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### Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

The inspection visit took place on 05, 06 and 09 November 2015 and was unannounced.

Whitelow House Nursing and Residential Home is a 32 bed care home with nursing situated on the 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 there were 31 people who lived at the home. Whitelow House

Nursing and Residential Home can accommodate up to 32 people who require nursing or personal care, diagnostic and screening procedures and the treatment of disease, disorder or injury. People who live in Whitelow House Nursing and Residential Home are older people and may have conditions such as dementia, mental health needs or a physical disability.

# Summary of findings

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.

At the last inspection on 29 May 2013 the service was meeting the requirements of the regulations that were inspected at that time.

Through our observations and discussions with people during this inspection we noted a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition we also found a breach of The Health and Social Care Act 2008 (Registration of Regulated Activities) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

We have made a recommendation about the deployment of staff at night time and to review the lines of responsibility and accountability within the management structure.

During this inspection, the registered manager had systems in place to record safeguarding concerns, accidents and incidents. However we noted that one safeguarding concern had been recorded and investigated but not reported to the Care Quality Commission (CQC). A second safeguarding concern had not been recorded or reported. Records we looked at showed staff had received safeguarding training which indicated they had been told of their responsibilities to report any unsafe care or abusive practices. People who lived at the home said they felt safe and their rights and dignity were respected.

The environment was clean but not well maintained in some areas when we visited. No offensive odours were noted during the inspection.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

We found medication procedures in place were safe. Medicines were safely kept and appropriate

arrangements for storing medicines were in place. People told us they received their medicines at the times they needed them. Extra nursing staff worked on the day medicines were delivered to Whitelow House. This was to allow the medicines to be booked in safely without interruption.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their personal care needs. We found daytime staffing levels were sufficient with an appropriate skill mix to meet the needs of people. Staffing levels were determined by the number of people being supported and their individual needs. Staffing levels at night require further analysis to ensure staff are able to meet people's care needs. This was because the three staff on duty were expected to cover all four floors and were required to provide personal care in addition to completing cleaning and laundry tasks. The personal care could require two staff to complete. This left one staff member available to respond to people across the four floors of the home. This increased the risk of failing to monitor and respond to people in a timely manner.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The cook had information about people's dietary needs and these were being met. We saw an alternative meal was offered if people wanted something different. However through our observations we noted at lunchtime there was not enough staff to ensure that everyone received a hot meal.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Discussion with the registered manager confirmed they understood when an application should be made and in how to submit one.

Care plans we looked at contained an assessment of people's support needs before they moved into the home. We saw the person or a family member had been involved in the assessment and had consented to the support being provided. People we spoke with said they were happy with their care and they liked living at the home.

# Summary of findings

People's health needs were being met and any changes in health were managed well. The people we spoke with said they had access to healthcare professionals when they needed them. This was observed on the day of our inspection when a health professional visited.

A complaints procedure was available and people we spoke with said they knew how to complain. We saw there had been five complaints documented with four having had an investigation and outcome documented.

The registered manager had sought feedback from people receiving support or their friends and family. They had consulted with people they supported and their relatives for input on how the service could continually improve. External quality audits had been completed regularly. People we spoke with during our inspection and their visiting relatives and friends said they were satisfied with the service delivered.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

#### The service was not always safe.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and raise concerns about poor practice.

Risks that related to personal care and behaviour were managed by staff. Staff were aware of the assessments in place to reduce potential harm to people.

The provider had not ensured the premises and equipment were properly maintained to protect people's safety.

Staffing levels during the day were appropriate to safely meet people's needs. However further analysis is required by the provider for staffing levels at night. Recruitment procedures the service had in place were safe.

Medicine protocols were safe and people received their medicines correctly in accordance with their care plan.

Requires improvement



### Is the service effective?

#### The service was not always effective.

Staff had the appropriate training and supervision to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguard [DoLS] and had knowledge of the process to follow.

People were protected against the risks of malnutrition. However staff support at lunchtime could be better organised to ensure people receive appropriate assistance to eat their meals.

Requires improvement



### Is the service caring?

#### The service was caring.

People were treated with dignity and respect and were responded to promptly when they required support.

We observed people's privacy and dignity were maintained.

People were looked after by a staff team who were person-centred and kind in their approach.

Good



### Is the service responsive?

#### The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

Good



# Summary of findings

People were encouraged to participate in a variety of activities that were available daily.

People's concerns and complaints were listened to and documented.

## Is the service well-led?

### The service was not always well-led.

The registered manager did not always have clear lines of responsibility and accountability in place when absent from the home.

The registered manager had a visible presence within the service. People and staff felt they were supportive and approachable.

The registered manager had not fulfilled their regulated responsibilities. Allegations of abuse had not been reported to CQC.

The registered manager had consulted with people they supported and their relatives for input on how the service could continually improve.

Requires improvement



# Whitelow House Nursing and Residential Home

## Detailed findings

### Background to this inspection

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

The inspection team consisted of two adult social care inspectors, a specialist professional advisor 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. The specialist professional advisor was a trained nurse. The expert by experience for the inspection had experience of supporting people living with dementia.

Prior to our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered manager, 11 members of staff, four people who lived at the home, three visiting family members and a visiting healthcare professional. We also spoke with the commissioning department at the local authority and the Clinical Commissioning Group (CCG). This helped us to gain a balanced overview of what people experienced accessing the service.

Not everyone was able to verbally share with us their experiences of life at the home. This was because they were living with dementia. We therefore 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 observed how the staff interacted with people who used the service. We looked at how people were supported during meal times and during individual tasks and activities.

We looked at the care records of four people who lived at the home, training records of five staff members and the duty rota. We also looked at the training matrix, menus, records relating to the management of the service and the medication records of five people.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe when supported with their care. We observed individuals were comfortable in the company of the staff. One person said, "I feel safe, there's always someone around. They check all the time." A second person said, "I have been here for about 12 months. I do feel safe living here." A visiting relative said, "We know she's safe and we know she's clean."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen contained evidence that the registered manager and staff had received safeguarding of vulnerable adults training. There were procedures in place to enable staff to raise an alert. Staff demonstrated a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Care staff said they wouldn't hesitate to use this if they had any issues or concerns about the management team or colleagues' practice or conduct. Training records we reviewed held evidence that staff had received related information to underpin their knowledge and understanding. We looked at the welcome pack found in each person's bedroom which contained safeguarding information. The safeguarding telephone number was out of date which indicated that the information was not up to date and accurate. This information was shared with the registered manager during our inspection who told us that this would be updated as a priority.

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. No offensive odours were noted by the inspection team during our inspection. 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 ten bedrooms, two bathroom and three 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 but not operational in all the ten

bedrooms, one bathroom and two toilets checked. One bedroom had no window restrictor and one bedroom had a broken restrictor. We informed the administrator on the first day of our inspection about our observations. We requested these be repaired as a priority.

During the 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. 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. At the time of the inspection there was only one person who lived at the home that was mobile and able to access the shower room independently.

We also noted the magnetic automatic door closers on two bedroom doors were broken. Maintenance records showed the doors had not been consistently working leaving people at risk should a fire occur. The provider had not ensured the premises and equipment were maintained to protect peoples safety. We discussed this with the registered manager on the day of the inspection who told us that these would be repaired as a priority.

This was a breach of Regulation 15 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not ensure the premises and equipment were properly maintained.

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

Accidents and incidents were recorded and staff had knowledge of who was at high risk of having an accident. Strategies were in place to minimise the risk to people. For example pressure mats were used when it had been identified someone could be at risk if they got up from their bed in the night. One person's care plan had evidence which showed support from an outside agency. The registered manager identified that the person, due to having complex behavioural needs, required two carers for support with their personal care. This was to minimise risk and keep the person safe whilst support was provided.

## Is the service safe?

The registered manager had recorded within staff records where disciplinary proceedings had been commenced to address poor practice. The documentation was clear, comprehensive and delivered an outcome. This showed us the registered manager had the knowledge and skills to manage unsafe working practices and keep people safe.

The provider had two large dogs which remained on the basement floor of Whitelow House. When the provider was present they supervised the dogs and took them home at the end of the day. During two days of our inspection the dogs slept at Whitelow House as the provider was away. There was no assessment to manage the risks around the dogs. We were advised by two staff during our inspection to be wary as one dog could be, 'feisty'. The dogs were behind a locked door so were never unsupervised with people who lived at Whitelow House. We observed the dogs sought what was on the food trolley as the trolley was left unattended outside the kitchen. After we had shared our concerns we noted a barrier placed between the trolley and the dogs to promote health, safety and infection prevention.

One person who lived at Whitelow House had been admitted to the home with a pressure ulcer. Pressure ulcers are localised injuries to the skin and/or underlying tissue. Staff showed knowledge of the care delivered and the ongoing treatment plan. The treatment of the ulcer was under regular scrutiny with improvements documented. The registered manager had notified the Care Quality Commission (CQC) as required. This showed the provider had managed the risk to the individual and was aware of their statutory duties regarding notifications relating to this.

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 day time staffing levels with staff and people who lived at the home, we were told these were good. We saw that additional staff worked over the busy lunchtime period. We observed staff during the day that supported individuals in a relaxed and unhurried manner, they used a caring and patient approach. One relative told us, "The residents are properly supervised." They also commented, "The staffing levels are excellent." However following our observations and discussions with staff who worked through the night, we noted there was three staff

working throughout the night. One trained nurse and two care staff. The night staff washed wheelchairs and completed laundry whilst monitoring and responding to people. When asked how they managed to take breaks and still monitor and support people, we were told, "We do the best we can." They also commented, "If the sensor goes off we run [to offer support]." In response the provider has commented the night staff do rounds every two hours and answer resident call bells in between. If a call bell rings then they go to answer it immediately. They do not wait to finish cleaning their wheelchair. No delay is introduced by the domestic duties.

We asked that night time staffing levels and responsibilities be further analysed and kept under review. We did this because staff were involved in domestic duties as well as providing personal care across a large area over four floors. This increased the risk of failing to monitor and respond in a timely manner to people on different floors.

The registered manager had a recruitment and induction process in place to ensure 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 five staff files and noted they contained the relevant information. This included a Disclosure and Barring Service [DBS] check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. 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 and 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 had audits in place to monitor medication procedures. This meant systems were in place to ensure 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 lunch time. All medicines were given in accordance with the information documented on the person's Medical Administration Record (MAR) sheet. We looked at one care



## Is the service safe?

plan which showed [the person] received their medicine covertly. We saw the General Practitioner (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 MCA 2005.

**We recommend that the service review their night-time staffing levels in relation to supporting people with complex needs.**

# Is the service effective?

## Our findings

People we spoke with including relatives commented the care and support staff provided was good and expressed satisfaction with the way their needs were met. People told us staff explained what they were doing before any care or support commenced. Our observations confirmed staff were kind and patient and informed people the personal care tasks they wanted to undertake. One relative we spoke with said, "The standard of care is excellent and the residents are properly supervised." A second relative commented, "I cannot fault them [staff] they are so thorough." They also stated, "We don't accept second best. Our [relative] is important to us." We noted the atmosphere was relaxed and people appeared comfortable in the company of staff.

The provider ensured there was a mix of staff skills and experience on each shift. The registered manager completed rotas to ensure a mix of experienced and new staff. On the day of inspection we observed a new staff member worked alongside the nurse on duty. This allowed the trained nurse to share knowledge and skills with the new staff member. The provider had a structured induction in place for staff. All staff we spoke with completed computer based training prior to starting their role. We were told by a member of the management team new staff only finished their induction once their line manager had stated they were competent. This showed the provider reviewed work based skills as well as training courses completed to ensure staff supported people effectively.

Staff we spoke with told us they had regular supervision meetings and regular staff meetings. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their training needs, role and responsibilities.

People's healthcare needs were monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded. For example one person who could no longer swallow safely had been assessed by a speech and language therapist regarding having their meals pureed. Care records reflected this and staff were aware of the outcome and ensured the person was supported appropriately. Records of health visits to professionals were informative and had documented the reason for the visit and what the outcome had been.

A visiting healthcare professional told us the provider delivered a good level of care. They also stated the level of care had greatly improved and the trained staff member asked the appropriate clinical questions. This showed they had the required skills and knowledge to be effective in their role.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met

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. The registered manager confirmed they had made an application under DoLS to the supervisory body to deprive one person who lived at the home of their liberty. At the time of our inspection the authorising body (the local authority) had not made a decision on this application. Care records we checked contained documented evidence of consent to care and support and mental capacity assessments. One relative we spoke with told us, "We had a very good pre assessment meeting which included working in my [relative's] best interest as they could not consent." This showed the provider had acted in line with the MCA 2005.

On the day of our inspection we observed lunch being served in the dining room and the garden lounge. Choices of foods were offered. In addition gravy was offered as an option with the meal. People were asked whereabouts they would like the gravy on the plate. The food looked appetising and plentiful and staff explained to each person what was on their plate. In the dining room one person had three separate staff members to support them with their

## Is the service effective?

meal. One staff member initiated the support with the meal but left to attend to another task. After a few minutes a second staff member sat and delivered support and finally after being left again a third staff member sat and offered support with the meal. There was no plan regarding who was supporting the person with the meal, no request to take over support and little communication with the person who required support. There was no communication between staff as to how to co-ordinate support for people sat in the dining room. This showed us the support provided was not well managed and people were at risk of not receiving a warm nutritious meal. During our observation everyone in the dining room did receive their meal and one person requested and received a second portion. We asked people if they liked the meals one person said, "If you want something special for lunch they'll get it, I like salad." A second person told us, "The majority of it is pretty good; I like the fish and chips especially."

We observed lunchtime service in the garden lounge on the same day where there were 13 people and two staff members. The two staff members on duty had positive interaction with people and reassured those who were waiting they would receive their meal. However, it was very difficult to support everyone in a timely manner. They were helped by two visitors who had visited their relatives. One of the visitors also helped another person. As a result, it took time for everyone to get their food and, those people

who needed help with food had to wait. We asked one of the staff members how long it took for everyone to have their meal and was told approximately one hour. This did not ensure people were served hot food. There was a microwave on a table outside the garden lounge but this was not used to warm any meals during our observation.

This was a breach of Regulation 14 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not ensure the appropriate level of support and encouragement needed with food and drinks.

People who required additional support had plate guards, adapted cups and meals cut or pureed to aid with the eating of their meals and drinking of fluids. Staff had knowledge of who required special diets, people's likes and preferences and who needed support. We observed staff at the end of the meal, document 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. This showed people were supported to throughout the day to meet their nutritional needs and prevent the risk of malnutrition and dehydration. All people had their weight monitored regularly. Personal care tasks had been recorded along with fluid intake where required.

# Is the service caring?

## Our findings

As part of our observation process [SOFI], throughout the day we witnessed good interactions and communication between staff and people who lived at the home. Relationships between people and staff were open and friendly. The staff members on duty were kind caring and positive in the support given to people. Interactions included a closeness people who lived at the home responded positively to. For example there was hand massage, hairdressing and holding hands. Staff members were knowledgeable about people's past histories and present likes and dislikes. One person who lived at the home commented, "I've been here two years. It's alright, they are very good. They will do whatever you want. They are caring." A visiting relative we spoke with said, "We like the calm atmosphere. They are very caring they can't do enough." Another relative requested to speak to us during our inspection. They wanted to share their views stating, "Nothing is to much trouble, the staff are so caring." They also commented, "Staff have a positive outlook, they are attentive clean and tidy."

When we looked in people's bedrooms we saw they had been personalised with photographs, pictures, ornaments and furnishings from home. Rooms were clean and tidy which demonstrated staff respected people's belongings. Each person had a framed document in their bedroom which identified their named nurse and named keyworker. The keyworker was responsible for liaising with family members. They also listened to the person and managed all their wishes and care requirements which were not nursing led. This showed the provider had put systems in place for staff to listen and respond to people regarding their care.

Whilst we walked around the home we observed staff members undertaking their duties. We noted they knocked on people's doors and waited for a response before entering. We spoke with people who were in their rooms and asked if staff respected their privacy. People we spoke with felt staff were very good at knocking on doors and waiting to enter.

Care plans were personalised around the individual's requirements, they held detail of valuable personalised information. The personalised information gave staff knowledge to build their relationships on. For example one plan had recorded, '[person] likes flowers' and, 'talk about

cooking.' Another care plan had recorded, 'talk about knitting' and 'talk about TV programmes.' The care plan also documented which subjects to avoid, 'as the subject upsets them a great deal.'

We observed one person transferred by staff from a chair to wheelchair using a hoist. The two staff members talked through what was happening, went at a sedate pace and gave the person lots of eye contact. Staff walked with people at their pace and when communicating they got down to their level and used eye contact. This showed positive relationships and staff actively listened to people and responded to their questions.

We observed staff were respectful towards people. We noted people's dignity and privacy were maintained throughout our inspection. We observed staff members demonstrated compassion towards people in their care and treated them with respect. Within the welcome pack we noted staff supported people outside if they wished to smoke. This showed us the provider listened and respected a person's right to make risky or unwise lifestyle choices.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager showed good knowledge on the subject and the welcome pack had details of how to access local advocacy services. This ensured information was available on additional support outside of the service to act on people's behalf if needed.

Relatives and friends we spoke with told us they were made to feel welcome and there are no restrictions on when they visited. One relative said they visited every day to help with their relative's care which included supporting them with their meal. They commented when they were unable to visit, staff would report back what they had eaten. When they received positive news, such as their relative had eaten well. The family member told us, "That made my day." This showed the registered manager had encouraged relatives to take an active part in people's care, where they wished to be involved.

Within the Whitelaw House welcome pack it stated 'they welcome visitors to residents and will give them a cup of tea or coffee if appropriate. There is no need for visitors to feel reticent about calling.' A relative mentioned the family atmosphere saying, "The staff are happy with the high level of family contact." We observed positive interactions between staff and visitors and three people we spoke with

## Is the service caring?

referred to family visits. The open door policy and welcoming attitude showed the registered manager recognised the positive impact family and friends had on people being supported.

We saw evidence recorded in care plans conversations had taken place with people who lived at the home and family members about end of life wishes. There was a do not attempt cardiopulmonary resuscitation [DNACPR] register

in place to ensure end of life wishes were valid and current. The register also highlighted who had a DNACPR in place and who did not. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. This showed us the provider had recognised end of life decisions should be part of a person's care plan and had respected and supported decisions made.

# Is the service responsive?

## Our findings

People were supported by staff that were experienced, trained and responded to the changing needs in their care. Staff had a good understanding of people's individual and collective needs. People received personalised care that was responsive to their needs. For example one person told us, "If you say anything you want doing they will do it for you." This showed us staff listened to and acted upon people's views.

We looked at care records of four people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. Staff had developed the care plans where possible with each person identifying what support they required and how they would like this to be provided. The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed and changed in recognition of the changing needs of the person. For example due to weight loss one person's care plan was amended so dietary intake could be documented over a three day period. The information was to be reassessed and if their intake was inadequate the person was assessed as high risk. This showed the provider monitored and responded to changing needs.

The daily notes of one person showed how the service had responded to an identified health concern. We saw staff had requested a visit from the person's GP. The outcome of the visit had been documented. Within the care notes of two other people we looked at we saw evidence a dietician and physiotherapist had been involved. In a fourth plan we noted that part of one person's care was to see a vicar.

The registered manager told us one person was waiting to move to another care centre. Their complex needs meant their increasing support needs were negatively impacting

on other people who lived at Whitelow House. This showed the provider responded appropriately and in a person's best interest where they could no longer meet the care and diverse needs of people they supported.

The registered manager and staff encouraged people and their families to be involved in their care. This was confirmed by talking with people and relatives. For example a relative told us about their family member's care requirements, "I am kept informed about [my relative's] care plan and can talk to the manager and the nurse."

There was a weekly timetable of activities which were delivered by the staff on duty in the afternoons. On activities, one person who lived at the home told us, "I enjoy joining in the activities there's lots of things." A relative told us, "Staff play games with [my relative]." We observed two activity sessions during our inspection. We watched balloon volleyball in the garden lounge. The staff member leading the activity knew people well and how to engage and encourage people to take part. A number of people took an active part and enjoyed the game. We observed a reminiscence session in the lounge which was less successful. This involved asking people about their past and received a poor response.

The service had a complaints procedure which was made available to people on their admission within the welcome pack. The procedure clearly explained how a complaint should be made and would be responded to appropriately. People told us they were comfortable with complaining to the staff or the management team when necessary. One person said, "If I am not happy with something I will ask." A second person told us, "If I had a complaint I'm not afraid to open my mouth." Records showed the service had received five complaints, four had been managed appropriately. The registered manager had investigated and responded to the complainant and taken action to resolve the issue where possible.

# Is the service well-led?

## Our findings

A relative told us they thought the registered manager was very good and approachable. For example one relative told us, “The registered manager is good, they spoke to me before my [relative] came here. They did a good pre assessment.” A member of staff said, “They [The registered manager] get the job done. They just get on with it.”

The registered manager was not present during the first two days of our inspection. We asked who was responsible for the service in the absence of the registered manager. The staff members we spoke with were reluctant to accept management responsibility. Staff took responsibility for their own area of expertise. The administrator was in charge of the office and the nurses were in charge of medicines and nursing care. Staff told us if the registered manager wasn't on the premises, even when out of the country, they were contactable. This meant the staff member had someone they could speak with for advice in the event of an emergency situation happening at the home. However we found the service did not have clear lines of responsibility and accountability for the service. There was no structure in place to identify who was leading the service and who made management decisions within Whitelow House when the registered manager was not present.

On the third day of our inspection the registered manager was present. The registered manager was knowledgeable about the support people in their care required. People we spoke with said the registered manager was available and approachable if they needed to speak with them. During our inspection we noted the office had an open door policy. When staff members visited the office for guidance or direction the interactions were relaxed and supportive.

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 the staff. We observed clinical questions were dealt with effectively by the nursing staff on duty. For example we observed nursing staff respond to a change in someone's medical needs. They investigated the situation, sought additional information then organised a positive outcome.

We noted the service safety certificates for gas; fire alarms, fire extinguishers and emergency lighting were up-to-date. However the portable appliance testing was not up to date. This showed safety measures were not always in place and regularly checked to protect people from harm. The registered manager had employed a professional agency to complete a fire plan relating to the home. We observed the testing of the fire alarms whilst completing our inspection.

During our inspection we noted two safeguarding incidents had gone unreported. One person who lacked capacity had left the building unsupported and another person had made an allegation of abuse. The registered manager had put the correct safeguards in place to protect the first person from placing themselves in danger again. They had investigated the allegation of abuse and documented their findings. However they had not completed the necessary notifications that related to these incidents. This showed the registered manager had not fulfilled their regulatory responsibilities. The provider had not reported allegations of abuse to CQC as required.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration of Regulated Activities) Regulations 2009 because the registered manager had failed in their duty to notify CQC about events they were required to.

The registered manager completed surveys to residents, relatives and staff members. The results are analysed and actions taken based on the findings. For example it was requested the gardens could be better maintained. The provider has employed a gardener to visit weekly.

Resident and Relative meetings take place once or twice a year and provide an opportunity to receive direct feedback and suggestions. The minutes are displayed on a noticeboard outside the kitchen.

The manager performs an audit of all procedures once a year. The home is audited by an external auditor twice per year.

**We recommend that the registered manager puts in place clear lines of accountability when they are absent from the home. Staff need to know who has responsibility in different situations and who they are to report to.**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

**The registered manager had failed in their regulated responsibilities. The provider had not reported allegations of abuse and other incidents to CQC. Regulation 18 (1), (2) (e)**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**People who use services and others were not protected against the risks associated with unsafe or unsuitable equipment because of inadequate maintenance. Regulation 15 (1) (e).**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

**People who use services and others did not receive food in a timely manner. Food was not served and maintained at the right temperature due to poor inadequate staffing levels. Regulation 14 (4) (d).**



This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.