Whitehaven Rest Home Limited

Whitehaven Residential Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 9 December 2014 and was unannounced. When we inspected this service on 6 June 2013 we found it was not meeting minimum standards in the management of medicines. At a follow up inspection on 27 August 2013 the provider had made the necessary improvements. This inspection found the improvements had been sustained.

Whitehaven Residential Home is a care home which does not provide nursing care. It is registered for 15 people, and at the time of our inspection was fully occupied. People living at the home were older people and people living with dementia. They were accommodated on two floors. Shared areas comprised a dining area, a lounge and a quiet lounge. There was an enclosed garden with a paved area. A sign near the front door announced that Whitehaven Residential Home was a “pet-friendly home”.

Summary of findings

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

People told us it was a pleasant place to live and they were looked after well. One family member commented "unique and lovely home with exceptional care". People were kept safe. Staff had a good understanding of the risk of abuse, how to recognise it and how to report concerns. Risks to people's safety were assessed and managed in a way that maintained their liberty. There were enough, suitable staff to support people safely. Arrangements were in place to keep medicines safely.

Staff were supported to provide a good standard of care. They received appropriate training and the manager had an effective system of appraisal and supervision. Staff checked people ate and drank enough to avoid the risk of poor nutrition and hydration.

Where people were able to consent, care and support were provided in accordance with their wishes. However where people were not able to consent, we found inconsistencies in the provider's records of mental capacity assessments.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards which apply to care homes. We found the manager had procedures in place designed to safeguard people against the risk of being unlawfully deprived of their liberty. However they had not completed the process of making the necessary applications where people were at risk. We have made a recommendation about mental capacity assessments and Deprivation of Liberty Safeguards.

A family member had commented, "Staff take time to listen and care for residents". We found the positive, caring relationships established by staff were extended to people's families and pets. Staff encouraged people to be involved in their care and support and made sure they maintained their dignity and privacy.

People had opportunities to take part in appropriate activities if they wished to do so. Staff responded to people's preferences and changing needs, and adapted their care and support accordingly.

The service was homely and friendly. A visiting social worker had commented in the visitors' book, "warm and pleasant atmosphere". Staff had a strong team work ethos and people's relations considered the home was well managed. There was a system of checks and audits to make sure the quality of service was sustained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Procedures were in place to protect people from the risk of abuse. People's care and support balanced the need to keep them safe with the need to maintain their freedom and liberty.

The necessary checks were made before staff started work at the home.

People were protected against risks associated with the management of medicines.

Good

Is the service effective?
The service was not always effective.

Improvements were needed in the way mental capacity assessments were recorded. Applications for Deprivation of Liberty Safeguards had not been completed.

Staff were suitably trained and supported by the manager to deliver good care. They helped people to eat and drink enough to maintain a balanced diet.

People had access to healthcare services when they needed them.

Requires Improvement

Is the service caring?
The service was caring.

The manager and staff included people's family in a "triangle of care".

People were able to bring pets into the home, and the home continued to care for the pets when people were no longer living there.

People were encouraged to take part in decisions about their care. Staff respected their privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People received care that was planned according to their individual needs and preferences.

The service listened to people's views and had a process in place for handling complaints.

Good

Is the service well-led?
The service was well led.

There was a culture of friendliness and openness. Visitors were welcomed.

Good

Summary of findings

The manager had an effective, empowering management style which staff responded to.

There were management systems in place to make sure a good quality of service was sustained.

Whitehaven 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 9 December 2014 and was unannounced. One inspector carried out the inspection.

Before the inspection the provider completed 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. Before the inspection we reviewed the PIR and other information we had about the service, including previous inspection reports and notifications of significant events the provider sent us.

During the inspection we spoke with three people who used the service and one visitor. We also spoke with the registered manager, the head of care and two care workers. Two visiting activities coordinators gave us their impressions of the service. After our visit we received an unsolicited email from a family member who wanted their views on the service to be taken into account.

We observed the care and support provided in the shared areas of the home. We looked at the care plans and associated records of three people who used the service. We reviewed paper records and computer files, including the recruitment files of three staff members who had started employment recently. We also reviewed staff rotas, training records, the provider's internal checks and audits, accidents, incidents and complaints. We looked at comments people had made in the visitors' book and other testimonials.

Good

Is the service safe?

Our findings

People told us they felt safe and comfortable at Whitehaven Residential Home. They said they could talk to any of the staff if they had worries, and staff would listen to their concerns and act appropriately. There were enough staff and people did not have to wait if they needed help or support. People's relations were very positive about their family members' safety. We saw written testimonials including, "I now go home with peace of mind instead of constantly worrying" and "We have found peace here".

People were protected from avoidable harm because staff were aware of the risk of abuse and what to do if they suspected abuse. Staff had received training in safeguarding from an external supplier. This had been followed up in supervision meetings to ensure staff had understood. Staff were aware of the types of abuse and signs to look out for. They had not witnessed or suspected anything that caused them concern, but they were aware of how to report suspicions or concerns. They were confident if they reported a possible incident of abuse it would be dealt with properly.

The manager had effective procedures to ensure concerns about people's safety were followed up. Where allegations of abuse had been made or concerns raised, the manager had handled them in line with the provider's policy. They informed the local authority responsible for safeguarding and notified us. One allegation had been made in the previous 12 months. It had been investigated and was not substantiated.

People were kept safe because the service had procedures to identify and assess risks to their safety. The provider took steps to reduce the likelihood and impact of the risks, and plans were in place to manage them. These included risks associated with bathing, choking, falls and behaviours that could endanger the person or others. Plans identified potential triggers for particular behaviours and the approaches staff should take to support the person to be less anxious. They took into account the need to support people's freedoms. An example of this was providing cushioned mats and motion sensors if people were at risk of falling. People were protected in a way that did not restrain them.

Plans were in place for foreseeable emergencies. Staff received training in fire safety and first aid, and they were aware of what to do in an emergency. The first aid box was checked every month. People had personal emergency evacuation plans which took into account support they needed to move to safety. The manager had an agreement with a nearby church for temporary accommodation if people could not return to the home following an evacuation. Arrangements were in place to keep people safe and comfortable in an emergency.

Records showed the manager made the necessary checks before staff started working in the home. There were sufficient numbers of suitable staff to support people, keep them safe and meet their needs. We saw staff were able to go about their duties in a calm, professional manner, and they had time to interact positively with people. Visitors told us they had not seen any occasions when staffing levels were inadequate. Staff were satisfied their workload was manageable. People did not have to wait if they needed support or assistance.

At our last inspection in August 2013 we found improvements had been made where previously the provider had not met minimum standards in the management of medicines. On this occasion we found the improvements had been sustained.

The provider had appropriate arrangements in place to keep people's medicines safely. They stored medicines securely and according to the manufacturer's guidance. A suitable refrigerator was in use for medicines that needed to be kept below room temperature. Records were in place to account for medicines from when they were ordered to when they were returned to the pharmacy if they were no longer needed.

People were protected against the risks associated with medicines. Medicine administration records showed people received their medicines at the correct time. These included charts for the administration of prescribed creams and ointments. There were no recording errors or gaps in the records we saw. Medicine records were audited every month by a senior member of staff. The provider's pharmacist had carried out an audit of the management of medicines in September 2014. Actions were in place to make improvements identified.

Requires Improvement

Is the service effective?

Our findings

People we spoke with were all satisfied they received effective care and support. One said, "We are so well looked after." Another said, "You couldn't fault it. They know exactly what they are doing." They said the food was good "on the whole" and they could see their GP and other healthcare professionals if they needed them.

Staff received appropriate training and support to deliver effective care. Training such as fire safety, safeguarding, infection control, and equality and diversity was scheduled regularly. Other training included specific health conditions such as dementia care, asthma, stroke and diabetes. All care staff either had a relevant qualification or were working towards one. Staff confirmed they received adequate training which prepared them to provide the care and support required. They could request additional training and these requests were treated positively. One staff member told us they had been supported through an apprenticeship by the manager.

New staff undertook a full induction programme monitored by the manager. Staff were required to repeat the induction if the manager considered the staff member could obtain a higher pass mark on completion. The manager checked the outcome of induction training to make sure it was effective.

The manager had a system of supervisions every two months and annual appraisals based on successes, challenges, opportunities and barriers. We saw records of supervisions and appraisals carried out. Staff told us they felt supported and empowered to deliver people's care and support.

Where people were able to express their wishes, care and support were provided with their consent. We discussed examples with the manager and staff, for instance if people declined the opportunity of a flu vaccination this was respected. People's care files contained records of consent and of advance decisions such as the appointment of a lasting power of attorney. People's families were involved in their care planning in order to make sure people's wishes were taken into account.

Where people lacked capacity to consent to their care and support, the provider's records did not show clearly they complied with the requirements of the Mental Capacity Act 2005. The Act provides a legal framework for acting on behalf of people who lack capacity to make decisions.

Records of capacity assessments were kept both in paper files and on the service's computer system. The paper files contained contradictory information. One stated both "[Name] lacks capacity" and "[Name] is able to express her needs fully". The paper records did not show assessments were made in relation to specific decisions. They contained statements such as "[Name] lacks capacity due to diagnosis of Alzheimer's".

The computer records showed some capacity assessments were made in relation to specific decisions as required by the Mental Capacity Act 2005 Code of Practice. However, the printed versions of people's care plans did not contain the same information. Where a person's capacity had been assessed for more than one decision, the software did not always take the correct information when printing. This meant people were at risk of inappropriate care and support because the printed care plans contained general statements about people's capacity which were not linked to a specific decision.

The Mental Capacity Act Deprivation of Liberty Safeguards protect people's rights by ensuring restrictions to their liberty are authorised by the local authority acting as a "supervisory body". The manager was aware of the safeguards and the need to apply for authorisation. They told us they were working with a community mental health nurse to complete the necessary paperwork before they made the necessary applications. However, no applications had been made to the supervisory body on behalf of people living at Whitehaven Residential Home at the time of our visit. This meant people were at risk of being deprived of their liberty without the authorisation of the supervisory body.

Staff were aware of the need to find the least restrictive option when planning interventions based on people's best interests. They described various strategies which included the use of music to calm and encourage people. If people were at risk of falling from bed due to illness they preferred to sit with them rather than use means of restraint such as bed rails. People were protected from the risk of inappropriate restraint.

People were supported to eat and drink enough. They told us they found the food appetising and choices were offered if they did not like something on the menu. People were

Requires Improvement

Is the service effective?

able to eat in the dining room, in their own rooms or in the shared lounge according to their preferences. Where people needed assistance, they were helped discreetly. The cook was aware of specific dietary needs and preferences.

Staff recorded people's fluid intake routinely and their food intake if they were identified as at risk of poor nutrition. Nutritional drinks were available if needed. Referrals were made to a speech and language therapist if people had difficulties swallowing. The service monitored people's food and drink and took appropriate action if they were at risk of poor nutrition.

People had access to other services to maintain their health. A visitor told us their family member always had appropriate healthcare interventions and if equipment or furniture was required for them it was obtained. People were satisfied they could see a doctor or nurse if they needed to. Records were kept of appointments and visits by GPs, community mental health nurses, physiotherapists, opticians, dentists and other healthcare professionals. People's welfare was supported because the service engaged with other providers.

We recommend that the service review its records of mental capacity assessments and complete any necessary applications under the Deprivation of Liberty Safeguards.

Good

Is the service caring?

Our findings

Relationships between staff and the people they supported were affectionate and caring. One person described the manager as "a princess". A relation of another person told us, "It is excellent. The only place I found in my searches that understands dementia and acknowledges its effects on family and friends." Another relation said it was "wonderful, attentive and caring".

All the people, relations and visiting service providers we spoke with described the service as caring. Relations and other visitors described how the service cared for the person and their family and took all their needs into account. The manager described this as a triangle of care, comprising the home, the person and their family.

As well as attending funerals when people passed away, the manager told us about ways they assisted grieving relations. Some relations maintained a relationship with the home after their family member passed away, attending events such as the home's carol service, and sending greetings cards and small gifts for the staff. Family members were invited to share Christmas lunch at the home. The manager and staff succeeded in establishing caring relationships not just with the people living at Whitehaven Residential Home, but their families as well.

Staff had good individual relationships with people. They sat with them to talk about various subjects and interacted in a friendly manner, for example by saying, "Sorry to interrupt". A visiting activities coordinator commented that they saw staff sitting with people while group activities were in progress, and that people responded to staff with trust. The manager and staff showed a detailed knowledge of people's needs and preferences. They made sure they made eye contact with people, smiled when interacting with them and used appropriate physical contact to reassure people. People responded by smiling in return. There was a friendly, caring atmosphere in the home.

We saw staff talking individually with people about their choices and preferences. One person made it clear they wanted to sit in a particular position at lunchtime, and staff rearranged their place setting so they could do so. Staff told us of another person who chose to spend a lot of time in bed and that they adjusted their meal times accordingly.

When a staff member took a phone call about a physiotherapy appointment, they went straight to the person and told them about it. People were involved in making decisions about their care and support.

Staff told us that equality and diversity issues were covered in their training. They were aware where people had particular religious preferences. One person's care plan contained end of life decisions which took their religious needs into account. The manager and staff were also aware a person's family had religious beliefs and they were sensitive to this when discussing the person's care and best interests.

People could bring pets into the home. There was a sign at the door stating the home was "pet friendly". At the time of our visit there were two cats and two dogs. One of the dogs had been kept on as a house pet after the person had passed away. This meant the person had not had to worry about what would happen to their pet. The other dog was cared for according to a dedicated care plan in the person's file. Records showed that the welfare of their pet was very important to the person. The manager and staff had extended their care and support to people's pets in meeting their needs.

The service treated people as individuals and allowed them to follow their own routines. They told us they could get up when they wanted to, and could spend time in their rooms or in the shared lounge. Their rooms were decorated with personal items and photographs. The shared areas of the home were decorated with posters, murals and items which were designed to promote memory and reminiscence and which related to the local area. People who had lived nearby were able to respond to these memory prompts. A visiting activities coordinator told us staff always "treated people as individuals".

The manager had appointed a senior member of staff as "dignity champion" to provide a focal point and contact for people. They described how they used handovers to promote people's dignity and privacy. When people first came to live at the home, they respected that they might not be comfortable receiving personal care from strangers. Staff earned the right to deliver care by first establishing a trusting relationship. One person responded more readily to some members of staff than others, and we saw this was taken into account in their care and support.

Good

Is the service caring?

Staff described to us practical ways they preserved people's privacy and dignity when delivering care. They said they encouraged people to be as independent as possible. People had choices about their clothes, meals and what to watch on TV in their rooms. All the rooms were single occupancy and there was a quiet lounge on the first floor where people and their visitors could meet in private if they wished to.

Good

Is the service responsive?

Our findings

People told us they were happy they received care and support that met their needs. One said the best thing about living at Whitehaven Residential Home was there were "so many things to do". They liked having company and people to talk to. Another person told us they were satisfied they could make choices about their care and support. They valued their independence and chose to spend time in their room knitting.

The manager and staff were aware of people's needs and preferences and supported them accordingly. When a group activity took place in the shared lounge, staff checked whether one person was disturbed by it and helped them move to a quiet area of the home. Staff checked frequently whether people needed assistance.

Staff told us the assessments in people's care plans contained the information they needed to deliver care that was focused on the person as an individual and met their needs. Care plans contained individual guidance about people's support. Where a person was at risk of behaviours that others found challenging, the guidance included specific techniques that had been previously used successfully to distract them and reduce their anxiety.

Care plans were reviewed regularly and updated when people's needs changed. Reviews included assessments of people's risk of falls, pressure injuries, and other risks associated with mental health conditions and activities of daily living. These were assessed using standard tools. Regular checks were also made, including weight and blood pressure. The service took steps to identify people's changing needs and adapt their care accordingly.

Care plans included people's life history and social contact information. This allowed staff to provide leisure activities that reflected people's interests. These included taking a person to their preferred church, arranging special meals for a person to share with their relation, and taking people shopping.

A visiting activities coordinator said the service was "cutting edge" in the way it organised activities for people. There were lots of individual activities provided as well as activities such as quizzes and physical exercises which people could enjoy as a group. They said the television in the shared lounge was rarely used during the day. When they provided group activities, staff members sat with people to help them join in.

People's physical environment was adapted to meet their needs. Decoration in the home took account of the needs of people living with dementia. The manager told us people had chosen the wallpaper used in an area of the home that had recently been decorated. This area made use of contrasting colours and included pictures and objects intended to promote reminiscence.

The service recognised people's individuality. We visited Whitehaven Residential Home before Christmas. There were decorations in the shared area of the home. These included individual Christmas stockings with people's names. This contributed to the family atmosphere in the home.

The service had a complaints policy. It was also available in an easy to read format. People told us they had not had reason to complain about the service they received. The manager's complaints file contained one record of a complaint in the previous year. It had been investigated and followed up. The manager had written to the complainant but there had been no reply. This complaint was taken seriously and managed appropriately.

Good

Is the service well-led?

Our findings

Everybody we spoke with described Whitehaven Residential Home as friendly, homely and caring. People said their family could visit at any time and staff always made them welcome and offered refreshments. The manager had appointed members of staff as "champions" for dementia care, dignity, infection control, and health and safety. This meant visitors and family members had a named person on the staff team in addition to the manager they could approach if they had questions in these areas.

Staff found it a rewarding place to work with good communication and team work. One member of staff found the manager and senior staff supportive, "They have helped me a lot." A visiting activities coordinator told us they were always made welcome, and the manager was "hands-on". They described the shared lounge as "just like any front room". When they arranged activities for people the home's staff were interested, joined in and helped people to join in. There was a culture of openness and co-operation.

The manager told us they led by recognising the achievements and ideas of staff members and by taking pride in what the service did. Staff appreciated this style, with two of them describing it as "brilliant". They had clear job descriptions and expectations. They said they could talk to the manager openly if they had any concerns. A team from the home had participated in a sponsored walk for an Alzheimer's charity, and were proud of the sum they had raised. The manager fostered an atmosphere of team work and pride in the home.

People's relations found the management to be effective. One testimonial described it as "smooth and professional". Another said, "I don't think value for money is part of the criteria, but the financial and resource management at Whitehaven is very good."

The manager had processes and procedures in place to make sure the service continued to deliver good quality care. They had nominated a member of staff as their quality assurance lead. They encouraged feedback by means of comment cards, email and surveys for people living at the home, their families, staff and visiting professionals. In the months leading up to our visit, they had asked people to submit testimonials to the Hampshire Care Association (an organisation for providers of social care services). People had been willing to do this and the Association had named Whitehaven Residential Home as the winner of its care home award.

The service was pro-active in assessing the quality of care people received. The quality assurance lead had undertaken an assessment of dementia care using an audit developed by the Social Care Institute for Excellence. They had evaluated individual care plans in the light of this assessment and where necessary made amendments. A similar process had been used to assess people's nutrition care plans. However, the computer system used to produce records of mental capacity assessments was not accurately reflecting that assessments were decision specific, which meant these records were not robust.

People's safety and welfare were protected by a system of checks and audits. The manager made monthly health and safety checks on areas including fire precautions, balconies, hot surfaces and the kitchen. There was a manual in place for the control of substances hazardous to health (COSHH). Accidents and incidents, including examples of behaviour which endangered others, were recorded and followed up. There was a yearly audit of infection control processes.