

TWH Residential Home Limited

The Whitehouse Residential Home

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?	Good ●

Summary of findings

Overall summary

The Whitehouse Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

The Whitehouse can accommodate up to 33 people that require accommodation and personal care. The home comprises of two buildings, one of which accommodates people living with dementia. At the time of our inspection there were 28 people using the service.

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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 our last inspection in April 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People living in the service told us they felt safe. There were enough staff available to care for people safely and we observed staff provide care to people in a timely way. We saw staff were kind and caring. They promoted and respected people's cultural and spiritual needs.

We saw the service used effective recruitment procedures which helped to keep people safe. Staff also completed a thorough induction and received regular training to support them in their roles. Staff said they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm.

There were effective procedures in place for the safe management and administration of medicines. Staff competency was checked to ensure people received their medicines safely.

People's care was reviewed to ensure they received the correct level of care and support. People were supported to have maximum control and choice over their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People's healthcare needs were met. They had access to community based healthcare professionals, such as GPs, and they received medical attention when needed.

People, their relatives and the staff all spoke highly of the registered manager. Staff told us the registered manager was always available if they needed support. The registered manager completed regular audits of

the service to make sure action was taken and lessons learned when things went wrong. This meant systems were in place to support the continuous improvement of the service.

Further information is in the detailed findings below.

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 remains safe.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service has improved to good.	Good ●

The Whitehouse 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.

This comprehensive inspection took place on 8 May 2018 and was unannounced. This meant nobody at the service knew we were coming. The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed information available to us about the service. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed safeguarding alerts and notifications received by us. A notification is information about important events that the provider is required to send us by law. We took this information into account when we inspected the service.

We contacted social care commissioners who help arrange and monitor the care of people living in the service. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the comments and feedback received to inform our inspection.

During the inspection we spoke with six people living at the service and three of their relatives. We spoke with a GP visiting the service and two support workers employed by an external company who provided additional support to various people living in the service. We also spoke with nine members of staff. This included four care assistants, the cook, a housekeeper, the deputy manager and the registered manager.

We looked at four people's care records, five medication administration records and three staff files. We

looked at other records relating to the management of the home and the quality of the service provided. This included quality assurance audits and training and supervision records.

We spent time observing the daily life in the service including the care and support being delivered by all staff. We walked around the home and looked in the communal areas, including the bathrooms, the kitchen and the lounges.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at The Whitehouse. Comments included, "[relative] is safe here, the staff keep you informed of how she is", "I feel I can relax now [relative] lives here" and "nothing bad to say at all, the carers are all very good."

The service had appropriate systems in place to safeguard people from abuse. We saw the service had a safeguarding vulnerable adults policy and procedure. The staff had been trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed poor care practices or abuse. Staff said they would always report concerns to the senior staff on duty and they were confident the management of The Whitehouse would take appropriate action. The registered manager was aware of their responsibility to make safeguarding referrals and we saw this was being done appropriately.

Systems were in place to identify and reduce risks to keep people safe. We looked at five people's care records and saw they included detailed risk assessments. The risk assessments were person centred and provided staff with clear guidance on how to support people to manage the identified risks. Care plans and risk assessments promoted people's independence and freedom whilst minimising risks. We saw risk assessments were reviewed each month or more frequently if a person's needs changed.

Staffing levels were sufficient to keep people safe. The registered manager used a dependency tool to calculate the number of staff required to meet peoples' needs. People told us, and we saw from the staff rotas, that there were enough staff on each shift to meet peoples' needs. A person living at the service commented, "If you ask for anything they [staff] go and fetch it for you. They [staff] are very obliging". We observed during the inspection that staff were visible and available to meet people's needs promptly.

Safe recruitment practices were followed. We looked at three staff files to check how staff had been recruited. Each file contained an application form detailing a person's employment history, two references, proof of identify and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

Medicines were obtained, stored, administered and disposed of safely by staff. We saw that people were receiving their medicines as prescribed by their GP. We observed the staff member administering the medicines to be patient, calm and professional. Appropriate policies and procedures were in place to support staff in managing and administering medicines safely. Staff were trained to administer medicines and their competency was regularly checked. The registered manager completed a monthly quality and compliance audit of the medicines records and systems. Where any issues were identified we saw that action was taken to address them.

We found the service to be clean and tidy, with a homely atmosphere. People we spoke with told us the service is always "spotlessly clean" and the "place is spotless". We saw there was an effective infection

control policy in place and staff followed clear cleaning schedules. We saw plastic gloves and aprons were readily available throughout the home and were used by all staff at appropriate times throughout the day of the inspection. This meant there were systems in place to reduce the risk of the spread of infections.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found personal emergency evacuation plans (PEEP) were kept for each person for use in an emergency to support safe evacuation.

The registered manager kept a record of any incidents and accidents. The registered manager reviewed the records every month to identify any trends and common causes so action could be taken to reduce the risk of them happening again. This meant the service learnt from any incidents and took steps to improve the service to keep people safe.

Is the service effective?

Our findings

We saw people's needs were assessed before they moved into The Whitehouse to check the service was suitable for them. Detailed and person centred care plans were then drawn up which told staff how to care for each person. We saw that people and their relatives were involved in this process which meant their care was tailored to their individual needs and preferences.

People and their relatives spoke highly of the staff and the care staff provided. Comments included, "He [staff member] always seems to know what I want", "The staff help as much as they can, very helpful" and "[relative] came on respite and stayed. Loves it."

Staff received regular training to ensure they had the right skills, knowledge and experience to deliver effective care to people. We looked at training records and saw that staff training was up to date. All new staff received a thorough induction. Staff told us they thought the training was useful and supported them in their roles. The service had arranged for various staff members to become champions in particular areas, such as safeguarding, end of life care and medicines. The champions received additional training so they could bring best practice into the home, share their learning and act as role models for other staff.

We saw staff received regular supervisions from their manager and annual appraisals. All staff told us they felt able to talk openly with their manager and if they requested additional training this was always provided. Staff felt their supervisions were useful and constructive. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives.

We saw people were supported to maintain a balanced diet. People were very positive about the food served at The Whitehouse and their food preferences were taken into account by the chef when preparing the menus. The staff were familiar with people's dietary requirements. People told us there was a good choice of food. Comments included, "always a vegetarian option", "the food is good" and "There's plenty of snacks. They bring round tea and coffee and a biscuit tin – you can have two if you want!" We saw mealtimes had a relaxed, pleasant atmosphere.

People had access to healthcare services. We saw that a GP visited the home weekly. People's weights were monitored when they were assessed to be at risk of malnutrition and we saw the service made appropriate referrals to health professionals when required.

Some people residing at The Whitehouse were people living with dementia. We checked the premises were appropriate for them. There was appropriate signage in the service to help people navigate around the home. The communal areas such as the lounge and bathrooms were homely. There was a large conservatory dining area and a ramp had been installed so people could easily access the patio area from the conservatory. There was seating arranged on the patio so that people could sit outside and enjoy the views of the countryside. People and their relatives were happy with the premises, commenting, "It's

homely, it feels comfortable, it's a nice environment."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found that the service was making appropriate applications under the DoLS and their records demonstrated that they were complying with conditions placed on authorisations.

We found that one person's care record had not been updated to include the outcome of a DoLS application. The registered manager provided assurance during the inspection that the care record would be reviewed and updated promptly to ensure staff continued to act within the principles of the MCA.

We saw staff obtain consent from people before providing care. Peoples care records contained written consent to their care and support where appropriate. The service had a CCTV system in place which monitored the stairway, two internal corridors and the outside of the building. We could not find written evidence that people using the service had consented to this. However, during the inspection the registered manager agreed to look into this and take appropriate action.

Is the service caring?

Our findings

People we spoke with and their relatives spoke positively about the staff. Comments included, "I think we are treated really well here", "I love it here. Been here a while... this is a lovely place", "I wouldn't be here if it wasn't nice. The carers are very good to us" and "carers are always chatting to people, you can tell they really care".

All staff we spoke with said they would be happy for a family member or friend to receive care at The Whitehouse. The staff told us they enjoyed their jobs and this was clear from our observations during the inspection. We saw staff chatting with people who appeared comfortable and relaxed in the staff's presence.

Staff were trained in equality and diversity and we saw that people's cultural and religious beliefs were promoted and respected. A priest visited the service on a monthly basis and the Pentecostal church also visited regularly. The registered manager told us that all faiths were welcome. People's cultural and spiritual needs were clearly recorded in their care records which meant staff could promote people's beliefs.

We saw staff treat people with kindness, dignity and respect. Staff respected people's privacy by knocking on doors before entering and staff provided reassurance to people in a kind, patient manner when they were feeling anxious.

We saw that communication tools were available, for example picture cards. Staff told us how they used these tools to check whether people required any support when they were struggling to communicate verbally. This meant people were actively involved in making decisions about their care as far as possible.

We saw that staff knew people well. People's life histories, likes and dislikes were documented within their care records and each person had a key worker who was able to get to know them well. Staff described good relationships with the people they supported and staff spoke with knowledge about people's needs and preferences.

Is the service responsive?

Our findings

People received personalised care and support. We saw there was detailed information in people's care plans that allowed staff to care for them in a person centred way, taking account of their likes and dislikes. A relative told us, "[relative] is totally different since they moved here, for the better. The staff listened to us and did something."

We saw that people were involved in planning their care and support. Where a person was unable to contribute to this process, we saw the service actively involved those who had authority to act on the person's behalf, such as people holding a lasting power of attorney (LPA). A LPA is a legal document that allows a person to appoint an attorney to help them make decisions or to make decisions on their behalf. The service kept a record of people who had appointed an attorney along with details of the attorney. This helped to ensure the right people were involved in the care planning process.

We saw that care records were kept under review on a monthly basis or were reviewed sooner if a person's needs changed. This meant people received the care and support they needed. We saw that one person's care review was outstanding, however the registered manager assured us this would be completed shortly.

People were asked what kind of activities they would like to do and we saw the registered manager listened to their views. Following their feedback a magician was due to attend the home. The home also arranged singing groups to provide entertainment and arranged activities such as bingo, quizzes and armchair exercises. However, people told us they would like to do more activities in the community. We saw that trips had previously taken place but the registered manager told us the service did not currently have any staff that were able to drive the mini-bus. Two staff members were in the process of obtaining a licence which would allow group outings to resume.

We saw people consistently received the care and support they needed, including at the end of their life. When people moved into the service they were asked how they would like to be cared for when nearing the end of their life. People's care records contained detailed information about this, and end of life care plans were in place so staff knew what action they needed to take. This meant people were supported to have a comfortable, dignified and pain-free death in accordance with their own wishes.

The service had an appropriate complaints procedure in place. People we spoke with told us that they had not had any reason to complain, however they knew who to speak with if they needed to. The complaints policy and procedure was clearly displayed within the service. The procedure gave details of who to complain to outside of the service, such as the CQC. This showed that people were provided with important information to promote their rights and choices. We saw that one complaint was received in the last 12 months. We were satisfied it was dealt with appropriately and in accordance with the policy and procedure.

Is the service well-led?

Our findings

At the last inspection there was no registered manager in post and we rated the service as requires improvement in the key question of well-led.

There is now a registered manager employed at the service who was present during this inspection.

Staff said the registered manager was very supportive and approachable. Comments included, "[name of registered manager] is the best manager we have had", "I feel really supported by [name of registered manager]" and "[name of registered manager] always comes over to the unit, chats with everyone and is part of the team". People and their relatives told us that the registered manager was visible and proactively sorted out any issues. Comments included, "[manager] is great, sorts out everything. She is on the ball."

We found a welcoming and positive culture at the service that was encouraged by the registered manager. Staff also told us that teamwork was encouraged and that staff worked very well together. One staff member said, "All the staff work together. You're not left on your own."

The registered manager monitored the quality of the service and took action to make improvements when issues were identified. We saw that a number of quality assurance audits were completed every month, including infection control, health and safety, medication administration and care records. We saw that where audits identified something could be improved, the next audit checked the improvement had been made. This meant audits helped to drive improvements to the quality of the service throughout the year.

People and their relatives were regularly asked for feedback on the service. The registered manager held 'residents meetings' and 'relatives meetings' where any issues could be raised. The registered manager also completed a daily walk around of the home where she spoke with several residents each day and observed the staff to check they were working in line with good practice. Suggestions from people, their relatives and the staff were discussed at regular staff meetings. This meant the whole staff team reflected upon any issues raised and improvements to care practices could be implemented by all staff.

We saw the service worked well with healthcare services and other support agencies. The registered manager encouraged people to access activities by providing information to people and their relatives about external agencies who could facilitate this.

The service had an open and transparent culture within the home, with the CQC rating from the last inspection on display in the entrance for everyone to see.