

Derbyshire County Council

Whitestones Care Home

Inspection report

139 Manchester Road
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High Peak
Derbyshire
SK23 9TW

Date of inspection visit:
20 January 2020

Date of publication:
19 February 2020

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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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Whitestones Care Home is a residential care home. They were providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The service can support up to 41 people.

The service is one purpose-built bungalow with a secure garden, six communal rooms, three adapted bathrooms and 39 en-suite bedrooms.

People's experience of using this service and what we found

Staff were not always deployed effectively to support some people to stay safe. At times, people using the service were relied upon to offer support and reassurance to each other because staff were busy elsewhere. The provider failed to implement appropriate safety measures to always keep people safe.

Governance and performance management were not always reliable or effective. The registered manager did not review, investigate or audit the documents staff were completing when people displayed behaviours that challenged.

People did not always have choice at mealtimes or access to drinks and snacks throughout the day. The mealtime experience was not always pleasant for all people. The provider had failed to effectively implement positive behaviour support plans for people who displayed behaviour that challenged.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The decoration and adaptation of the home had been completed in a way that was accessible and promoted people's independence.

Concerns were investigated in a sensitive and confidential way. The registered manager demonstrated a strong focus on continuous learning. However, some improvements they had implemented were still in the process of being imbedded. The registered manager was supportive and led by example. Staff told us they felt valued and respected. Without exception, people, relatives and staff spoke highly of the registered manager.

People were treated with kindness, dignity and respect during all the interactions with staff that we saw. People who were able were supported to direct their own health care. Some people managed their own medicines and staff monitored their safety without compromising their independence.

People who were known to be approaching the end of their lives were supported to have a dignified death. Staff knew people well and understood people's life history and what was important to them. Care plans contained detailed information about how people had spent their lives before moving into a care home. People were supported to take part in a variety of activities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Good (published July2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Whitestones Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one assistant inspector and one 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with ten people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the service manager, registered manager, deputy manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff were not always deployed effectively to support some people to stay safe. During the inspection we observed times where there were no staff available to support people and this posed a risk to their safety and well-being. We saw a situation where people were becoming distressed and their increasing anxieties resulted in verbal and attempted physical abuse involving five people. We observed this happen on two occasions.
- The registered manager explained they had faced difficulties trying to find a more suitable placement for one person. However, the provider had failed to recognise the seriousness of the risk to safety and well-being for other people and therefore failed to implement appropriate safety measures to prevent these situations occurring.
- When both of the above-mentioned situations happened, reassurance was provided by other people and not by staff. This was because staff were busy elsewhere or had not recognised the importance of offering support. We saw staff walk past the room on several occasions when these incidents were happening, and they did not stop to help.
- Feedback from people and staff was that there were times when staff were too busy to offer companionship to people. One person said, "I do often have to wait, they [staff] are very busy, they come when they can." One relative said, "There are times when there aren't enough staff, particularly the weekends."

The provider had failed to ensure there were enough suitably qualified, skilled and experienced staff deployed effectively to maintain people's safety and well-being. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Immediately after the inspection the registered manager contacted us to confirm they had re-evaluated the deployment of staff. They told us there would always be a designated 'well-being' staff member in the communal room to support people and to offer reassurance where necessary.
- The provider operated safe recruitment practices. Staff had been subject to appropriate pre-employment checks including references and criminal records checks. The registered manager sought reassurance that agency staff had been subject to the same checks.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding was not always given sufficient priority. We observed two incidents of abuse between

people. We found documentation detailing another similar incident. The registered manager was not aware of the other incident and therefore had not investigated or referred the incident to the safeguarding team.

- Other incidents were referred to relevant safeguarding professionals and we saw there was open communication between them and the registered manager. Therefore, we concluded the missed safeguarding opportunity was an oversight because the registered manager had failed to review all documentation. This is discussed further in the Well-led section of this report.

- Staff were knowledgeable about the types and signs of abuse and told us they would feel confident to report potential concerns.

Assessing risk, safety monitoring and management

- Not all risk assessments were personalised to people's individual needs. We saw some were generalised and did not explore how the risk affected a person.

- Other risks to safety, such as falls, taking medicines and choking were assessed, reviewed and updated when people's needs changed. Plans were in place to mitigate risks to people's safety for these areas. Staff knew how where risk assessments were stored, told us they had access to them and were informed if risk factors had changed.

- People and relatives told us they thought the service was safe. One person said, "I'm very safe here." A relative said, "Care here is excellent, it's very reassuring."

Using medicines safely

- People received their medicines as prescribed. Staff responsible for administering medicines were trained and had their competency assessed.

- Where people were prescribed medicines 'as and when required' (PRN), the guidance to show staff how and when someone should receive this medicine was not robust. They did not always include guidance for staff detailing what the medicine was prescribed for, how to recognise the medicine was required, how to administer, how to check if the medicine had been effective, what the side effects might be or what to do if the medicine was not effective.

Learning lessons when things go wrong

- When things had gone wrong there was not always a thorough investigation or review. This did happen in the majority of cases, however, there had been a lack of accurate record keeping demonstrating a person's behaviour that was challenging for others. This meant that referrals to external professionals might not have included an accurate representation of events and this could lead to a delay in appropriate action being taken.

Preventing and controlling infection

- The control and prevention of the spread of infection was managed well. Staff had access to and wore appropriate personal protective equipment such as disposable gloves and aprons. We observed staff following best practice guidelines.

- The homes was clean and free from malodours throughout. People and relatives told us the home was always clean.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People did not always have choice at mealtimes or access to drinks and snacks throughout the day. The mealtime experience was not always pleasant for all people.
- People and relatives told us there was not enough choice. One person said, "The food is good but there isn't a choice." A relative said, "More choice at lunch would be nice."
- We observed that choice was not offered at lunchtime. Choice had been offered at breakfast time. The food served on the day did not match up with the food that was detailed on the menu. There were two options, one staff member said, "It's fish, I ask people who don't like fish if they would like a pasty." Therefore, if a person was known to have enjoyed fish before they were not offered a choice. There were two main dining rooms, we saw that people in one dining room had fish, people in the other dining room had a pasty. Staff did not tell people what they were giving them, and no-one was offered a choice at the time of eating.
- We reviewed the menus and saw the options should have been fish pie or sausages with a choice of vegetables. Everyone was served either fish, chips, mushy peas and gravy or pasty, chips, mushy peas and gravy. There was no choice of drink, everyone was offered the same type of juice.
- There was a chalk board in each dining room stating what the meal was, this only included one option. No consideration had been given to providing pictorial images of food to aid people living with dementia or sensory loss to understand what was on the menu.
- One dining room was a calm, pleasant and sociable experience. Another dining room was not. People were seen to become distressed by one person displaying behaviour that challenged and staff were too busy completing tasks to offer the reassurance people required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider didn't always promote a good quality of life for people. They had failed to effectively implement positive behaviour support plans for people who displayed behaviour that challenged. One person's needs had significantly changed, and their care plan had not been updated. Evidence-based best practice guidance was not used to explore ways of offering support to reduce people's anxiety. This meant that at times, there was a tense atmosphere and some people were distressed.
- Other elements of care and support were planned and delivered using best practice guidelines. Recognised tools such as the Malnutrition Universal Screening Tool were used to monitor weight and skin integrity.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There were clear systems for referring people to external professionals. Feedback we received confirmed that healthcare professionals were contacted appropriately, and their advice was followed. However, there had been a lack of clarity of documentation and oversight for a person who displayed behaviour that challenged. This meant that relevant external professionals weren't always informed when certain situations occurred.

Staff support: induction, training, skills and experience

- Staff had been supported to complete training to qualify them to deliver the right level of care. People and relatives told us staff were well trained. Some comments we received included, "Staff here are nice, and they know me."
- Staff told us the training they received gave them the confidence to care for people well. New staff were supported to complete an induction programme and shadow experienced staff until they felt comfortable to work unsupervised. One staff member said, "We do a lot of training."
- Senior staff and the registered manager supported staff with a supervision and appraisal schedule which ensured they were provided with positive and constructive feedback. This meant the registered manager was confident people were supported by staff with the right skills.

Adapting service, design, decoration to meet people's needs

- The decoration and adaptation of the home had been completed in a way that was accessible and promoted people's independence. People told us they liked the choice of communal areas and especially the bar and tea room. Comments we received included, "I like my bedroom and I like the tea room."
- The registered manager had designed a variety of different communal areas. There was a bar area with a traditional bar stocked with old-fashioned furniture, glasses and drinks for people to enjoy. There was a tea room that was open at specific times during the day and people could choose from a selection of drinks and cakes.
- People's bedrooms were designed to meet their individual needs and preferences. Each person's bedroom was different and contained their own belongings.
- Dementia friendly pictorial signage was used throughout the home to make it easier for people living with dementia to navigate their way around the building. This included bedroom doors being painted in different colours to assist people to locate their bedroom.
- There was a variety of secure outside spaces available for people to use. We saw some people go out for short walks in the garden whenever they wanted to.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being

met.

- The service was working in line with the MCA. People had their mental capacity assessed and staff knew which decisions people could make independently and which should be made in their best interest.
- Where people's liberty had to be restricted, the registered manager proactively ensured the least restrictive option was considered and used. Where people were subject to DoLS, staff understood the conditions set by these and supported people to remain safe whilst being as independent as possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People were not always treated with dignity and respect. The provider had failed to recognise the importance of staff being available to provide companionship to people as well as meet their physical support needs. We saw times where people became distressed and anxious and staff were busy completing tasks so did not offer reassurance.
- There were times when people were relied upon to support each other because staff were busy. This led to an argument and verbal abuse between people.
- People were treated with kindness, dignity and respect during all the interactions with staff that we saw. People, relatives and visitors told us staff were always kind and caring. One person said, "The staff are always kind." A relative said, "The staff go above and beyond for people."
- One relative told us about a time a staff member had stayed late after their shift had finished on New Year's Eve to make sure their relation was happy and settled and waited with them for the doctor. The relative explained that this provided them with reassurance that staff cared about their relation.
- Staff knew people's individual needs and preferences, including characteristics protected by the Equality Act (2010). People were encouraged to continue to live their life and follow their cultural beliefs as they had done before moving into a care home. There were regular religious services for people who wanted to attend.
- The registered manager organised parties and events for people. We saw people had enjoyed retirement parties, New Year's Eve celebrations and other events. People and relatives told us these were always enjoyable times.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they felt they played an active role in planning how care would be delivered. One person said, "Yes I do have my say in how I want things to be." A relative said, "We are always asked to say what we think [Name] needs."
- People had access to independent advocates. An independent advocate is a person who helps people speak up for themselves. We saw documentation that showed people's independent advocates were consulted and their recommendations were implemented.

Respecting and promoting people's privacy, dignity and independence

- People who were able were supported to direct their own health care. Some people managed their own

medicines and staff monitored their safety without compromising their independence.

- People who wanted to, assisted staff to carry out some tasks, people told us this provided them with a sense of purpose. We saw people laying the tables and helping staff clear up. One person told us they enjoyed doing this, they said, "I like to help out where I can."
- Staff told us they were mindful of people's privacy and dignity. We saw staff knock on people's doors and wait to be invited in. Assistance with personal care was done behind closed doors and curtains and when staff needed to discuss people's personal care they did so discreetly.
- People chose how they wished to be referred to, for example, some people did not want to be addressed using their first name. Staff respected their wishes.
- The service adhered to General Data Protection Regulation. People's records containing personal details and information were kept in locked cupboards and only accessible by staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a variety of activities. There were dedicated activity staff who designed and offered a choice of activities, these included both group and one to one activity. People told us they enjoyed the activities.
- There were daily social gatherings which included time spent in different communal areas, such as the team room and bar area. People told us they enjoyed these, comments we received included, "Today I enjoyed the dominoes in the tea room."
- People were protected from the risk of social isolation. Where people preferred to spend time in their room, staff ensured they called in regularly and demonstrated an inclusive approach to meeting people's needs and preferences.
- People's friends and relatives told us they were always welcomed when they visited and there were no restrictions on visiting times. One relative told us they enjoyed staying and having a meal regularly.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People chose how they wanted to spend their time and how they wanted to be cared for. An example of this was one person for whom their pet was a very important part of their life. When they moved in to Whitestones Care Home they brought their pet with them. Their care plan contained guidance for staff to make sure this person knew where the pet was as this provided them with reassurance and enhanced their well-being.
- Staff knew people well and understood people's life history and what was important to them. Care plans contained detailed information about how people had spent their lives before moving into a care home. This enabled staff to know how to speak to people and how to meet their needs and preferences.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and people, relatives and staff told us they knew how to complain and felt confident they would be listened to.
- The complaints we reviewed had been handled as per the guidance in the complaints policy.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We did not see evidence of the Accessible Information Standard being met. We discussed this with the registered manager who explained they assessed people's communication needs when they moved in and were able to produce documents in different formats.

End of life care and support

- People who were known to be approaching the end of their lives were supported to have a dignified death. There was open communication with appropriate health care professionals to ensure people had necessary care and treatment.

- Staff took the time to talk with people and relatives about what they would like the staff to do if they or their family died. The documentation around this focused on the time after someone had died, who to contact, what sort of funeral they would like and if they had a preferred funeral director. There was no information about how people would like to be cared for if they became seriously unwell or were approaching the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance and performance management were not always reliable or effective. Staff had been trained to complete documentation when a person displayed behaviours that may challenge others. We saw this had not been completed consistently and was not always reflective of a person's behaviour. Some documents had been filled in inappropriately.
- The registered manager did not review, investigate or audit the documents staff were completing for when people displayed behaviour that challenged. We identified one document that highlighted physical and verbal abuse between two people. The registered manager had not seen this and had therefore not referred the incident to the relevant safeguarding authority. This meant there was no opportunity for an independent investigation to explore options to ensure people's safety and measures to prevent the same thing happened again.
- People's care plans were reviewed and updated monthly, however this was not always done effectively. For one person whose needs had significantly changed, there was no up to date guidance in their care plan, even though a review had been completed. This meant the provider could not demonstrate staff were guided to support people in the most effective way.

The provider had failed to implement systems and processes to assess, monitor and improve the safety of the service provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager completed audits of accidents and incidents that identified and addressed themes and trends and demonstrated that preventative measures had been implemented. This had led to a reduced risk of people falling.
- Other areas such as infection prevention and control and medicines were routinely audited, issues were identified and addressed.

Continuous learning and improving care

- Concerns were investigated in a sensitive and confidential way. The registered manager demonstrated a strong focus on continuous learning. However, some improvements she had implemented were still in the

process of being imbedded. For example, positive behaviour support training had been sought but was not yet being operated effectively.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was supportive and told us she worked hard to make sure she led by example. Staff told us they felt valued and respected.
- Without exception, people, relatives and staff spoke highly of the registered manager. People told us she was kind, approachable and fair. One person said, "Yes the manager here is very good." A relative said, "The manager is always available." A staff member said, "The manager is always fair, she supports us, and her door is always open."
- Visiting professionals gave positive feedback about the positive culture and pleasant environment. One professional said, "It's always nice to come here, I don't have any concerns at all."
- People told us they were happy at Whitestones Care Home, a number of relatives told us they would not want their relation to be anywhere else.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and adhered to the duty of candour. When people had had accidents, they contacted all the relevant people, including professionals and relatives, friends or advocates.
- The provider is legally required to notify us when certain incidents occur. The registered manager understood how and when to notify us and sent in notifications appropriately.
- The registered manager ensured the previous inspection report and rating were displayed in the home in a prominent position, so people and visitors had access to it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were daily handovers, so staff could be updated about how to meet people's needs and preferences. Staff told us that staff meetings weren't always held regularly but they knew the registered manager operated an open-door policy and was always available for people, visitors and staff.
- There were strong links with the community. Volunteers supported the running of the service. Local schools and community groups visited regularly, and people told us they enjoyed this.
- The registered manager worked in collaboration with other key organisations. She sought support from within the organisation when appropriate.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement systems and processes to assess, monitor and improve the safety of the service provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were enough suitably qualified, skilled and experienced staff deployed effectively to maintain people's safety and well-being.