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Whitchurch House

Inspection report

Whitchurch
Ross On Wye
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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

Whitchurch House is located in Whitchurch, Ross-on-Wye . The service provides personal care and accommodation for up to 29 older people, some of whom are living with dementia. On the day of our inspection, there were 27 people living at the home.

The inspection took place on 24 May 2016 and was unannounced.

There were three registered managers at this home, two of whom were present on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 were encouraged to maintain their freedom and independence, whilst being kept safe from avoidable harm and abuse. People received their medicines as prescribed and were supported in taking them.

People were supported by staff who knew how to meet their needs and when to refer to other healthcare professionals. People were supported to maintain a healthy diet and their individual dietary needs and preferences were catered for. People were provided with choices in how they were cared for. Staff received on-going training and support to ensure they were supporting people effectively.

People were involved in decisions about their care. People were treated with dignity and respect by staff, and staff respected people's right to privacy.

People's changing health and well-being needs were responded to. Staff knew people's preferences and these were respected. People knew how to make a complaint, and attended regular meetings where they could voice their opinions. People enjoyed the group activities provided, but felt they could not always pursue their individual hobbies and interests.

People and their relatives were involved in the running of the home and their views were sought and acted upon. There was regular and open communication between the provider, staff, relatives and health professionals. Staff were supported in their roles and worked in an environment which supported continual learning and development.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service is safe.

People's freedom and independence were promoted, whilst ensuring they were kept safe from avoidable harm. Staffing levels were determined according to the needs of people and there was flexibility to increase staff when needed. People received their medicines as prescribed by the GP, and from suitability trained and competent staff.

Is the service effective?

Good

The service is effective.

Staff received inductions, training and 1:1 meetings from the management team which enabled them to support people effectively. People were encouraged to make decisions for themselves. People were supported to maintain a healthy diet and a healthy weight. People's dietary needs and preferences were known and met. People saw health professionals on a regular basis.

Is the service caring?

Good

The service is caring.

People were involved in decisions about their care and were given explanations and choices. People were supported by staff who were caring and kind and knew how to support people as individuals. People were treated with dignity and respect and their privacy was maintained.

Is the service responsive?

Good

The service is responsive.

People's needs were assessed and reviewed. People's preferences were known by staff. People enjoyed the group activities arranged for them, but wanted to be able to pursue their individual hobbies and interests more. People were able to express their views and suggestions in their monthly meetings,

and these were acted upon. People knew how to complain if necessary.

Is the service well-led?

Good

The service is well-led.

The registered managers and provider monitored the quality of care people received and involved people and relatives in the running of the home.

Staff were supported in their role by management and the provider and they communicated openly with each other. The provider had established links with the local community, which benefited people living in the home.

Whitchurch House

Detailed findings

Background to this inspection

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

We made an unannounced inspection on 24 May 2016. The inspection team consisted of one 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. They had knowledge and experience of care for older people.
We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

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. This information helped us to focus our inspection.

We asked the local authority if they had any information to share with us about the care provided by the service.

We observed how staff supported people throughout the day. As part of our observations, we 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 spoke with seven people who lived at the home, one relative, two visiting health care professionals, two registered managers, the provider, the cook, and three staff. We looked at three records about people's care and two staff pre-employment checks. We also looked at minutes from residents' meetings and the quality assurance audits which were completed by the registered managers and the provider.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe. One person said, "I am very safe here because staff respond quickly". A visiting relative told us their relative told them, "I am warm and safe and I don't have to worry". We spoke with staff about what actions they took to ensure people were protected from abuse. Staff told us they would raise any matters of concern to a registered manager or to the provider. If they did not feel sufficient action was taken, they told us they would contact the local authority. The registered managers were aware of their responsibilities, and knew how to report any concerns to the correct authority. Where there had been concerns about people's safety, the registered managers had notified the local authority and the CQC and taken steps to ensure people were kept safe.

We looked at how staff and the registered managers assessed risks to people and how this information was used to keep people safe. We saw that where necessary, people had moving and handling risk assessments and falls risk assessments. These were reviewed and analysed monthly by the registered managers and in conjunction with any accident and incident reports. Where risks were identified, for example an increase in falls, we saw that referrals were made to the GP and action was taken to minimise the risk of harm to people. We saw where necessary, people had attended a falls clinic following to minimise risk of harm. Where possible, we saw that risk assessments were completed with people and their relatives. The registered managers and staff told us that all staff members, including the cook and maintenance and domestic staff, had completed training in safeguarding, health and safety and moving and handling. The registered managers told us this was so that everyone who worked at the home knew how to keep people safe and were able to support people. Staff told us they welcomed this approach as it meant that all staff members were able to assist people moving around their home. A relative told us that staff kept people safe whilst respecting their freedom, "[Relative] takes herself to the bathroom, but staff are aware where [relative] is. They allow [relative] to take responsibility". We observed that staff promoted people's independence by allowing them to move around unaided wherever possible. We saw that checks were carried out every six months on all equipment at the home, such as stand aids, and any identified problems had been rectified. These checks were carried out so that people were not put at risk of harm from the aids and equipment used by staff.

People and staff told us there were sufficient staff on duty to meet people's needs. One person told us, "On the whole, they try to come and see you quickly and reassure you". Another person told us, "There are enough staff for the size of the establishment". However, one person told us, "They are so busy. I think there should be more of them". The provider told us that staffing levels were determined according to the needs of the people living at the home and these were kept under review. For example, we saw the management team identified additional staffing would be needed at a certain times and this was provided to ensure people's needs were met. The provider did not use agency staff, and all shifts were covered by care staff and management. One of the registered managers told us, "We won't use agency staff as they don't know people here the way that we do". Staff members told us before they were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The DBS helps employers make safer recruitment decisions and prevent

unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members, which included disciplinary action if required.

We looked at how people received their medicines. Staff and the registered manager told us that only senior members of staff gave medicines and that senior staff had to complete medicines training and an in-house practical assessment before they were allowed to administer medicines. Staff and the registered manager also told us that senior staff were subject to unannounced competency checks to ensure they were giving people their medicines safely and as prescribed. We observed the staff member who gave people their medicines explained to people what their medicines were. Where people chose not to take their medicines, this was respected and medical advice was sought; no covert medicines were used. We saw that people were offered their 'as required' medicines and that staff supported people to take their medicines. For example, a staff member held a person's inhaler for them so that they could use it.

Good

Is the service effective?

Our findings

People were supported by trained staff. One person told us, "The staff are very good, they all seem to know what they are doing". Another person told us, "I have full faith in the staff and their abilities". The staff we spoke with were able to tell us how the training they had received fed into their practice. For example, one staff member told us, "The training on moving and handling was so helpful because as well as the practical knowledge and skills, we learnt about working as a team with your colleagues, and the importance of explaining things to people when you are assisting them". The registered managers told us that bespoke training was delivered to all staff where there was an identified need. For example, the district nurses had recently delivered training on pressure sore care as staff requested further guidance in this area. In addition, staff had received training on Parkinson's disease and palliative care in order for them to be able to support people with these needs effectively.The registered managers and provider also identified their own training and development needs. For example, the registered managers told us that management had all recently undertaken additional Mental Capacity Act (MCA) training as they had recognised the need for further learning in this area. Following their training, the management team had discussed the MCA with staff in a staff meeting to ascertain their levels of understanding and whether any further training was required. Staff and the registered managers told us that new staff had to complete an induction programme. This included a mixture of training and working alongside experienced staff members until the staff member and the registered managers felt confident that the staff member could work alone. Staff and the registered managers told us that they received regular one to one support meetings in which they could discuss training needs, best practice and any areas for development. Staff told us that they worked effectively as a team. One member of staff told us, "We are a really good team, we support and help each other".

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.

We looked at how the MCA was being implemented. We spoke with the registered managers and provider about their understanding of the Act, and also the staff team's overall understanding. We saw the capacity assessments which the registered managers had carried out. Not everyone's capacity had been assessed, which demonstrated an understanding of the MCA. Where people's capacity had been assessed, this was decision-specific and there was an understanding that people may have capacity in some areas of their lives, but not others. All staff we spoke with had an understanding of the MCA, and how that translated to their work practice. Staff told us about the importance of offering people choices. One member of staff told us, "We give them opportunity to have as many choices and as much independence 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 provider was working within the principles of the MCA. Two people were subject to a DoLS authorisation at the time of our inspection.

Staff we spoke with were able to tell us who was subject to a DoLS, and why.

People told us they enjoyed the food. One person told us, "We are given loads of food, and loads to drink". Another person told us, "It is always proper home-cooked food here". We looked at how staff supported people who had difficulties with eating or drinking, or were at risk of malnutrition. The registered managers told us that one person had been assessed as being underweight and therefore, a referral had been made to the GP and a dietician. We saw in this person's records that the dietician had recommended a fortified diet and food and fluid monitoring, which staff had followed. The person's weight had increased and stabilised. We spoke with the cook and a registered manager about people's specialised diets and changing nutritional needs, and they were aware of people's needs and preferences, such as people's food allergies and people who were vegetarian.

People told us they had access to other healthcare professionals and they were supported to maintain good health. One person told us, "A marvellous doctor visits weekly". Another person told us, "I had a fall and they called a paramedic, who applied dressings. The district nurse came and changed them". We spoke with two visiting health professionals, who told us that staff were quick to respond to people's health needs and seek medical advice. They told us that staff followed medical guidance and that staff and the registered manager were good at communicating with them and with people's relatives.

Good

Is the service caring?

Our findings

People told us staff were caring and kind. One person said, "They are very good. They always have time for you". One person told us, "They are so patient. I struggle to hear and they have to repeat things all the time, but they are never cross about it and always repeat what they said until they know I have heard them". Another person told us, "They always explain things to me. If they are a bit late responding to my call bell, they will always apologise and explain to me why they were unable to come straightaway". We saw recent feedback left by relatives, which included one relative who said, "Thank you for the extra efforts you made which made such a difference to [relative's name] enjoyment of life". Another relative had commented, "Thank you for the tender loving care given to [relative]. [Relative] expresses how kind and thoughtful you all are, and I am struck by the human, friendly feeling in the home". Staff told us the importance of explaining things to people. One member of staff told us, "We give people explanations about what we are doing when we help them, and tell them why, and in a way we know they will understand. It puts people at ease". Health professionals we spoke with told us they had received positive feedback from relatives about the care people received and in particular, the continuity of care provided and how well staff knew people as individuals.

People told us they were involved in decisions about their care and support, including being involved in their care planning. One person told us, "I drew it (care plan) up with the carers when I first came here and it's been amended and they've added bits to it. They went through it with me so I could see they hadn't missed anything out, and then I signed it". Another person told us, "The person that deals with it is the carer called [staff member's name] – they were here when I arrived. In a sense, they are my key worker – I put a lot of trust in them". This person told us that their care plan included information about their interests, likes and dislikes. We heard staff calling people by the names they preferred and that this preference was recorded in people's care plans, along with their choices regarding their personal appearance and how they like to be dressed. For example, we saw that one person's care plan recorded they liked to be dressed in their favourite colour; the person was dressed in this colour on the day of our inspection.

We observed caring interactions by staff throughout the course of our inspection. For example, we saw that when people required additional support from staff, staff sat with people and spoke with them in a calming and reassuring manner. One person celebrated their birthday on the day of our inspection. We saw the person was given a birthday cake and a signed card from staff and people. Staff mentioned to the person throughout the day that it was their special day, which we saw the person enjoyed. Staff told us they celebrated everyone's birthday with them and made it as enjoyable as they could for people.

People told us that staff respected their privacy and dignity and involved them in their care where possible. One person told us, "They knock on your bedroom door and ask permission before they come in". One person told us, "Every single time, I am treated with respect". Another person told us, "I feel comfortable when they help me with personal care as they are all nice". One member of staff told us about dignity and respect, "This is really important". We saw that one person wanted to speak with a visiting health professional in private, and staff ensured that this happened. We observed that one person was due their eye medication at lunchtime, and the member of staff suggested to the person they administer this after the

meal and in private. The member of staff told us it would not have been dignified for the person to receive this medication whilst eating and surrounded by other people.

Good

Is the service responsive?

Our findings

People told us they were involved in their care planning and that they had met with a registered manager and provider to discuss their needs before moving to the home. The provider told us people were encouraged to spend time at Whitchurch House prior to making a decision about living there. People told us they received personalised care. One person told us, "They know all about you". One member of staff told us, "Everyone is different here and they are treated as such". Another member of staff told us, "People's needs and wants change all the time so we are always reviewing this and adapting". One person told us, "I'm usually woken at 6.30am, at my request. I like to be up early because I like to have a large cooked breakfast then to keep me going until lunchtime". One of the registered managers told us that because staff retention was high, it meant that people and staff knew each other well, and staff knew how to support and care for people as individuals.

We observed the afternoon handover meeting. A handover is a meeting at the end of one shift and the start of the next. We saw that people's health and well-being needs were discussed, and any changes to people's needs were identified. For example, one person had not eaten their breakfast or lunch and this was communicated and the afternoon staff were asked to monitor this. A relative told us they were kept informed by staff regarding any changes in their relative's needs, or any concerns they had. For example, staff had contacted the relative recently as they were concerned about a change in their relative's health.

Some people told us they would like to be able to pursue more of their individual interests and hobbies. For example, one person told us how much they had always enjoyed snooker and golf, but they were only able to participate in these when they visited their relative. We discussed this with the registered manager and provider, who agreed to look at taking this person and other interested people to play 'crazy golf' at a local course. Another person told us they paid an agency carer privately to take them out once a week. The person told us, "You get the feeling you are all put in the same bracket here, when you just want to feel normal. I like to go shopping, just go out and keep in touch with reality". We also discussed this feedback with a registered manager and provider who agreed to look into supporting people with their individual interests.

We saw that people took part in a 'music and movement' activity in the afternoon. People sang along to the music and enjoyed the activity. A relative told us that people could take part in a range of leisure opportunities, including arts and crafts, keep fit, flower arranging , and singing sessions on a group basis. People who wanted the television on could watch this in a designated area in the conservatory, without disturbing people who did not want to watch it.

People said they would speak to staff or the registered managers about any concerns. We saw that there was a complaints procedure in place and that people and relatives knew how to complain. One complaint had been received in the last 12 months, and this had been responded to by the provider. We saw that the provider had addressed all the points raised in the complaint, and that they had responded to additional correspondence received in the matter. Relatives' feedback was also sought and acted upon. For example, one relative had complained about the carpet in their relative's room, and this was remedied. People and

relatives were able to raise their concerns and were confident they would be responded to appropriately.

Good

Is the service well-led?

Our findings

People we spoke with knew the registered managers and told us that they saw them regularly. One person said, "The home is very well-run and the managers are wonderful". Staff told us they felt supported by the registered managers. One staff member told us, "Everything is well thought out by the managers. They put a lot of thought and effort into people's risk assessments, care plans and their initial assessment". We saw feedback which had been received from relatives. One relative commented, "You always make visiting a pleasure. Thank you for keeping us constantly informed". A relative told us there was a "Good rapport" between staff and the managers. The registered managers and provider told us the vision and values of the service were to deliver high quality care, and for people to feel respected and happy. We saw these values reflected in our observations and in what people, relatives and health professionals told us. Staff told us they were aware of the provider's values and they shared these. One member of staff told us, "We all make this as much like their own home as possible. We want a homely atmosphere here, it's not an institution, and that means respecting people and making them feel relaxed".

The registered managers and provider told us they promoted an open and inclusive culture for people and staff by encouraging continual learning, including learning from mistakes. One registered manager told us, "You never stop learning in this job, and we tell staff this". One member of staff told us that the registered managers encouraged people to be open about any mistakes made, such as medication errors. The member of staff told us, "The managers always tells us that the worst thing you can do is try to cover a mistake up and that people do make mistakes, so just be honest if you do make one". We saw that where errors had been made, for example with medicines, staff had reported these to management. We saw that following a review of medication errors and staff feedback, the provider and registered managers had reviewed the medication system in place and replaced it with a new system. Staff told us they were able to give feedback on the running of the home and make suggestions for improvements in their staff meetings, one to one meetings, or they could approach the registered managers or provider at any time. Staff told us their suggestions and feedback were always welcomed and encouraged.

We saw that the provider and the management team had systems in place to monitor the quality of care people received. Annual questionnaires were provided to people, relatives and health professionals. Where comments and suggestions had been made, these had been responded to. For example, the patio was in the process of being expanded following feedback received from people. We also saw that work was being carried out in the car park to improve wheelchair access as some relatives had commented on its current limitations. In addition to a complaints procedure in place, people were able to express any concerns or make suggestions in their monthly residents' meetings. For example, one person had asked for food to be served on larger plates, and this had been arranged for them. We also saw that people had requested dominos, playing cards and jigsaws to be provided for them in the conservatory area, and these were now available to people. We looked at the provider and registered managers' quality checks. These included competency checks on staff, medication audits, pressure sore care audits and monthly reviews of people's weight. These checks were to ensure that any issues were identified and addressed.

We looked at the links the registered managers and provider had established with the local community, and

how these benefited people. We saw that there were links with the local church and that peopled attended 'reminiscence afternoons' there. We also saw that the home used a local community action group, which arranged trips for people every six weeks. Recently, the home had held an afternoon tea event in aid of charity. We saw photos displayed from this event and that it had been attended by people and their relatives. We saw people were asked for their views on social activities in their residents' meetings. For example, people had asked for asked for social events involving poetry, and this had been arranged through a local arts centre.

The registered managers told us, and we saw that, the provider was actively involved in the running of the home. The registered managers and staff told us they felt supported in their role by the provider, and we saw that the management team and the provider were in regular contact about the running of the home. For example, on the day of our inspection, we arrived during a meeting between the provider and two registered managers regarding a change in a person's needs and concerns raised to management about this change. The registered managers and provider told us the management team met regularly to discuss any concerns.

The registered managers told us, and we saw that, the management team monitored the culture and atmosphere of the home by spending time throughout the day speaking with relatives and people to ask for their views on the running of the home. All of the management team covered care shifts when required, which they found useful in maintaining oversight of the quality of care people received. We saw that at a minimum of one registered manager attended the handover meetings with staff. Staff told us they welcomed this approach as it made them feel supported in their role, and that it was a good way of communicating with management. One registered manager told us, "[Handovers] are a constant return of information between both sides- staff and managers". The registered managers told us that one to one meetings were also used to monitor and manage any performance issues with staff, and identify where staff members needed further training or support. The registered managers and staff told us the expectations of all staff members were clearly set out and that where people were not meeting the required standard, this was addressed.

Staff we spoke with were aware of the provider's whistleblowing policy, and they told us they would follow its process in the event they had any concerns. This meant that there was a forum for staff to voice any concerns. Staff told us they felt confident that if they approached the provider with any concerns, appropriate action would be taken.