Holly Care Limited

Whitehaven Residential Care Home

Inspection report

Whitehaven
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Sheringham
Norfolk
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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 6 and 7 September and was unannounced.

Whitehaven provides accommodation, nursing and personal care for up to 14 people, including people who are living with a learning disability and/or autism. At the time of our inspection there were 10 people living in the home.

The registered manager had been in post since 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were not always supported to pursue their interests and there was a lack of activities in and outside of the home. People were supported to attend activities relating to their religion and cultural beliefs.

The service had processes in place to reduce the risk of harm to people. People lived in a safe environment because they were cared for by staff who had received training necessary for their role. There were enough staff to safely support people with their care needs. Appropriate recruitment checks were carried out for all new staff before they started working in the home. There were regular tests carried out for the utilities and fire safety equipment which ensured that the safety of the home was maintained.

Risks to people's individual safety and wellbeing were identified. There was clear and detailed guidance for staff about how they could mitigate these risks and support people in the safest way possible.

Medicines were managed, stored and administered safely in the home and people received their medicines as prescribed.

People were supported effectively by staff who were knowledgeable and skilled in their work. All new staff were required to complete an induction programme and staff were supported by management and other senior members of staff.

People were supported to express their preferences and wishes. People's mental capacity had been assessed so it was clear what choices people could make for themselves. People were also supported to access advocates who could act on their behalf.

People were supported to maintain a healthy dietary intake. People's intake of food and fluid was monitored where necessary. People were consulted regarding the meal choices and people's food was prepared according to their dietary needs. Timely referrals were made to other relevant healthcare professionals where concerns were raised regarding a person's health or wellbeing.

Staff had developed a caring relationship with people and were aware of people's care needs. People's support plans were person centred and detailed how peoples care needs should be met. Support plans and risk assessments were regularly reviewed to reflect any changes in peoples support needs. However, the way that people's care records had been written did not demonstrate that they had been written in a person centred way. People were consistently treated with dignity and respect. People were supported to be as independent as possible and people's friends and relatives could visit without restriction.

There was a complaints procedure in place and people were able to raise a complaint if needed. Complaints were listened to and acted on.

The provider and manager were approachable and the service was well run. Staff felt supported and there was open and frequent communication between the management, staff and people who lived in the home. The provider was aware of the day to day culture of the home and worked alongside the staff.

There were a number of systems in place to monitor and assess the quality of the service being delivered. The provider carried out a number of audits to highlight potential areas for improvement. Whilst there were no action plans, the provider was able to demonstrate that they took remedial action where necessary.

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 was safe.

Staff knew the potential signs of abuse and the procedures for reporting any concerns.

Risk assessments reflected people's specific support needs and were reviewed and updated regularly.

There were sufficient levels of staff in order to meet people's needs and appropriate recruitment practices were followed to ensure that suitable staff were recruited to work in the home.

Medicines were stored, administered and managed in a safe way.

Is the service effective?

Good

The service was effective.

Staff received training relevant to their role in order to deliver care effectively.

People's consent was sought before staff supported people with their care needs.

People were supported with their nutritional needs and were able to access other healthcare professionals when any needs or concerns were identified.

Is the service caring?

Good

The service was caring.

Positive and caring relationships had been developed between staff and the people they cared for.

People were treated with dignity and respect and their privacy was upheld.

People felt listened to and their relatives could visit them without restriction.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not supported to access activities or pursue interests away from the home.

Care plans were reviewed and updated when people's care needs changed.

People were supported to raise concerns and make a complaint if needed.

Is the service well-led?

Good

The service was well led.

The service was well run and people's care needs were met.

The manager was approachable and communication between management, the staff and people living in the home was frequent and effective.

Regular audits were carried out to monitor the quality of the service and to highlight areas for improvement.

Whitehaven Residential Care 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 inspection took place on 6 and 7 September 2016 and was unannounced. It was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We also looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During the inspection we spoke with seven people living in the home, one relative and one visitor. We made general observations of the care and support received at the service throughout the day. We spoke with the provider who was also acting manager at the time of our inspection, this was because the manager had been away for a number of weeks. We also spoke with two members of care staff and one of the kitchen staff.

We reviewed three people's care records and medicines and administration record (MAR) charts. We viewed three records relating to staff recruitment as well as training, induction and supervision records. We also viewed a range of monitoring reports and audits undertaken by the acting manager.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe living in the home. One person told us, "I can't manage on my own and I understand that but living here is the next best thing and there is company if I need it. I trust [staff] to look after me safely and they do a good job, which they do." Another person we spoke with said, "I feel safe, comfortable and relaxed in this place."

People's relatives and friends we spoke with also felt as though the home was safely run. One person's relative explained, "I know [relative] is in safe hands here as I gain confidence from seeing carers at work. She was in another home and there was a real difference. When [relative] had a fall it was communicated to us immediately."

The provider and staff knew what constituted abuse and were able to tell us what the signs of potential abuse were. Staff told us what processes they would follow in order to report any suspected abuse. We noted that we had not received any safeguarding notifications in the past 12 months and the provider explained that there had been nothing to report. The provider was able to tell us in what situations they would make a safeguarding referral and to whom.

We saw in people's care records that there were individualised risk assessments for every aspect of their care and how these risks could be minimised and managed. We noted that people's risk assessments were regularly reviewed and updated to reflect any changes in people's care.

We noted that there were a number of people who required repositioning in order to minimise any risk of developing a pressure sore. Whilst there was clear guidance on how to mitigate the risk of pressure sores, this guidance was not always followed in line with what had been written in the risk assessment.

When we spoke to staff they were able to tell us how often they repositioned people but this did not correspond with what was written in people's risk assessment. We saw that staff would document when they had repositioned a person but we saw that it was not noted as to what side people had been repositioned to. This meant that people were at risk of being placed in a position that increased their risk of developing a pressure sore. We spoke with the provider about the absence of repositioning charts and they informed us that they would implement these as a result of our discussion. We did note that staff would monitor people's pressure areas and make detailed notes on a regular basis. We saw that some people had been referred to and received care from a district nurse with their pressure sore.

There was consistently enough staff on duty to meet people's care needs and staff rotas confirmed this. The provider told us that they cover any staff absence by using their own staff. This meant that people were supported by staff who they were familiar with and who knew their specific care needs.

Staff records we looked at confirmed that appropriate recruitment procedures were in place to ensure that new staff were safe to work in the home. We saw that all new staff were police checked and that appropriate references were sought before they started working in the home.

Medicines were stored, administered and managed safely in the home. Medicines were stored in a lockable facility in a dedicated medicines cupboard. The provider told us that the staff who administered the medicines had received the appropriate training in order to administer medicines safely. We saw records to confirm that staff had received training in the safe handling and administration of medicines. Staff who administered medicines also had their competencies in this area checked and we saw from records that this was being completed regularly.

We looked at the medication administration records of three people. We saw that people were being given their medicines as prescribed as there were no missing signatures where staff would sign to say that the medicine has been given. We saw that the amounts of people's medicines tallied with the amount that was in stock. There were no formal recorded audits of the medicines but the provider told us that they check the stock levels of the medicines on a weekly basis.

Accidents and incidents were not routinely monitored and we were unable to find an accident book. The provider told us that they had not had any accidents in the past 12 months. They added that if people had an accident then an accident form was completed and placed in their care records. We asked to see a copy of the accident form and the provider told us that they were in the process of updating the form and was unable to show us a copy.

The provider carried out weekly checks of the premises so any potential risks in the environment could be identified. We saw that a checklist was used and it included checking a number of areas such as the décor of the building, water temperatures and making sure that fire escapes were clear. This ensured that the home was a safe place to live and work in.

We saw that there were annual safety checks completed on all of the utilities and fire safety equipment. In addition to this we saw that weekly fire alarm testing was carried out. We saw that the provider had a comprehensive contingency plan in place. This plan detailed what steps would be taken under the circumstance of an adverse event such as loss of utilities or a flood for example.

Good

Is the service effective?

Our findings

People we spoke with felt as though they were cared for by staff who were well trained. One person we spoke with said to us, "The staff must be well trained because they are so good with us. They know my every need. No one needs to tell them I have sugar in my tea. If I need help moving, they are so good I don't even know they've done it." One person's relative was also complimentary and told us, "Staff know [person's] needs exactly. It gives us great confidence."

New staff had to complete an induction process where they shadowed more experienced members of the staff team. All new staff members also had to complete training courses that were relevant to their roles. Staff we spoke with felt that the training provision was good. We looked at the training matrix and noted that some staff training was out of date. We spoke with the provider about this and they said that they would rectify this. We later saw that the provider had booked staff on to the relevant training so they could update their out of date training.

We saw that there was no formal process for staff supervisions and we saw that some staff had not received supervision for a number of months. Staff we spoke with told us that they are able to raise any concerns that they have with the provider or manager and that they felt supported. The provider told us that they met with staff at the end of each shift and that this gave staff the opportunity to raise any concerns.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the manager ensured the service operated in accordance with the MCA and DoLS procedures and noted that staff received training on the subject. At the time of inspection no one living in the home was subject to a DoLS authorisation.

We saw from people's care records that MCA assessments had been completed. The assessments were detailed and we noted that additional information had been included as to how people communicate their wishes and preferences. One member of staff we spoke with told us that they had not received any formal training on the MCA. However, all members of staff we spoke with told us that they would ask for people's consent before they supported them with anything. One person we spoke with told us, "[The staff] ask permission before they do anything for me." The provider told us that they have supported people to access advocates when needed.

People were supported to have enough to eat and drink. During our inspection we noted that people often had drinks beside them. People we spoke with were complimentary about the food and told us that they were asked for their input when new menus were devised. One person told us, "The cook is very adaptable, so it's a case of meat for those who like it and vegetarian for those who don't. We know what we will get in advance. [The cook] asks if the food is all right. Well it's tasty. [The cook] is so kind. Generally I prefer to eat in my room on my own." Another person commented, "The food is very nice and I look forward to my meals."

We observed at lunchtime and saw that it was organised and that the meals looked appetising. People received their food at the same time and staff were efficient at taking meals to people who preferred to eat in their room. We looked at the menus and saw that there was a variety of well balanced meals to choose from. If people did not like the main menu choice then they were offered an alternative.

We noted that some people had specific support needs around their dietary intake. For example, some people had difficulty swallowing or chewing their food. We saw that some people had been referred to the Speech and Language Therapy team (SALT). Guidance on how best to support people with their dietary intake was reflected in people's support plans. We also saw that people's meals were prepared according to their specific needs. Staff we spoke with were able to tell us how they supported people with maintaining an adequate food intake in line with what was documented in people's support plans.

People's general health and wellbeing was monitored on a daily basis. We saw that any changes in people's healthcare needs were documented in their care records. Timely referrals were made to the relevant healthcare professionals such as district nurse, optician and occupational therapist when needed. We saw that referrals and advice given by health care professionals was recorded in people's care records.

Good

Is the service caring?

Our findings

We observed the care given to people on the day of our inspection. We saw that staff treated people with warmth, kindness and patience. Staff used humour when interacting with people, where appropriate. People we spoke with were positive about the care that they received. One person told us, "I have a really comfortable relationship with everyone who works here. It all works well. They treat me in such a kind way that makes me happy to be here." Another person we spoke with commented, "[The staff] chat to me and we have a joke together. It really makes me feel good that it is like that. It makes life worth living without a doubt."

People's care records were not written in a person centred way and did not demonstrate that people's support plans were written with them. For example we noticed in one person's care record that people were referred throughout as he or she. However, people felt as though they are listened to by staff. One person we spoke with told us, "I do feel I am very much a person to [the staff], certainly not some anonymous part of a job." Another person commented, "I always feel I matter to [the staff], which is lovely. They see me as a real person with feelings."

We asked staff how they involved people in making decisions about their care. One member of staff we spoke with told us, "We ask people what they want." The provider told us, "We have a discussion with people and they are involved in their care planning. We get everyone involved wherever we can."

When we spoke with staff they were able to tell us about people's specific support needs and how they meet people's needs. One person's relative we spoke with explained, "[The staff] know exactly what [person's name] needs are in every respect. [The staff] know [person's name] loves a biscuit so [the staff] will make sure they get one to [person's name]." When we asked staff about their role, they told us that they enjoyed their job. One member of staff told us, "I love it." When we spoke with the cook they said, "Making people smile and happy is what I enjoy."

People were supported to be as independent as possible. We saw that some people had aids to help them mobilise. One person we spoke with told us, "I am well treated. Everyone is very kind and if they have the time they like to chat to you which is so nice and cheers you up. I use a frame but need to be careful and [the staff] will follow me as I socialise with residents. [The staff] encourage me to be independent, they see it is important to me."

We noted that there were a number of relatives and friends visiting the home during our inspection. We saw that all visitors were greeted by staff in a warm and friendly way. People's visitors were welcome without restrictions.

Throughout our inspection we observed that people were treated with dignity and respect at all times. We saw that staff would knock on people's doors and wait for a response before entering. One person's relative we spoke with told us, "[Person's name] is treated with absolute respect and dignity. That matters to us and I can see it matters to [the staff] too." Staff were able to tell us how they respect people's dignity. For

example, staff told us that they would ensure that the windows and curtains were closed when supporting people with their personal hygiene.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us that there were not any activities provided by the staff. One person we spoke with explained, "I spend my time watching TV and reading. I've no reason to leave my room because there's nothing going on out there." Another person we spoke with told us, "There used to be more games going on and they were organised by a resident who was really enthusiastic and got people involved, but [person's name] died and it's never been the same since. My [close relative] does crosswords with me but I do get bored and fed up sitting about. I did get into the garden with the owner but it's a bit of a palaver to get in there through a locked gate. I need stimulating, but I'm not sure I'm getting it."

People told us that they relied on their relatives to take them out. One person we spoke with told us, "There's nothing to do and very little goes on. My most interesting time is when my relatives take me out." We asked staff about how they support people to go out. One member of staff told us, "We see if someone who has a relative that comes in who can take them out if they want to go out."

Another person we spoke with commented that there were no comfortable communal areas in which to socialise or do any activities, they told us, "I do get a bit bored. Hardly any of us seem to come out of rooms. I realise that is our choice but I think that it's because there's nothing really to do - there's no proper organised games and the lounge isn't ideal as it gets hot in summer and cold in winter. I go to the Salvation Army hall for company once a week."

We observed the home to be clean and a good state of repair. However, we noted that there was not a comfortable communal lounge and that the dining room was quite dark. There was an area for people to sit in the conservatory but people and their relatives told us that it was uncomfortable. One person we spoke with explained, "The conservatory is too hot to sit in, so I have to sit in the dining room which is a bit dark." One person's relative commented, "There's not any real areas for residents to sit comfortably. You notice that the dining area is dark and the conservatory is hot in summer." We saw that the garden could only be reached via a side door and then through a locked outside door. We observed the paved areas to be cluttered with potential hazards such as lengths or piles of wood. One person's relative we spoke with told us, "The home would be better if people had easy access to the garden as it's a nice area."

We spoke with the provider about the lack of activities and outings. They told us that they tried to organise activities but people would not want to participate. The provider told us that they arranged for someone from the local Church to come in and do a Holy Communion. One person we spoke with told us, "I have friends who visit and I have Communion in my room every so often."

We looked at people's care records and saw that people's support plans were reviewed regularly. However, people's care plans were locked in a cabinet and only the senior staff were able to readily access them. Staff told us that they could request to look at the care plans at any time though. In the daily records folder, there was what was called a glance sheet and there was one of these for most people. This gave a brief outline of what people's care and support needs were. The provider told us that glance sheets had not been completed for everyone and that they would ensure that the remaining ones would be completed.

We asked people if they were asked their opinions about the service. There were mixed responses and one person we spoke with told us, "I've not been asked if I'm happy with everything here, but I'm not unhappy anyway." Another person commented, "[The staff] ask me casually if I'm doing all right but I am content here so I don't need to complain." People's relatives we spoke with told us that they felt happy raising a complaint. One person's relative explained, "I complained about the fact that [close relative] was wearing other people's clothes with their names in. I wasn't happy about that, but in fairness it got sorted and doesn't happen now."
People we spoke with felt as though they could approach the manager if they wanted to make a complaint. One person told us, "I can tell the owner if I am unhappy. I know that if I had something to talk about, he would take me to the office as he prefers private discussions." We saw that there was a complaints policy in place and this set out the procedures to be followed in the event of a complaint being received. There was also a copy of the complaints procedure on the noticeboard in the foyer. We saw that the provider had placed a book by the complaints procedure so people and their relatives could write down their complaint. We looked at the complaints book and saw that no complaints had been made in there and the provider told us that they had not received any complaints recently.

We saw that meetings were held for the people who lived at Whitehaven and topics such as activities and menu changes were discussed.

Good

Is the service well-led?

Our findings

People we spoke with felt that Whitehaven was well run. One person told us, "The owners are easy to talk to and very kind. I would recommend this place to anyone looking. It is comfortable and they look after you well." Another person we spoke with commented, "The owner is very pleasant and easy to talk to. The place seems to run well." One person's relative we spoke with added, "The owner is very friendly and always acknowledges us when we are here."

Some people we spoke with did not feel that they were consulted regarding any improvements that could be made to the service. One person we spoke with told us, "They don't ask us for our opinion about how things are." One person's relative we spoke with commented, "We've not been asked for our opinion about the home." The provider told us that they would give people a satisfaction survey to complete yearly and we saw that the last survey was completed this year. We saw from the answers that people gave that people were satisfied with the care they received.

On the day of our inspection we observed there to be an open and positive culture in the home. Staff we spoke with told us that the manager was approachable and was open to discussion. One member of staff we spoke with told us, "[The provider] is always about." We saw on the day of our inspection that the provider was working alongside the staff and we observed there to be a good rapport between the provider and all of the staff who were on duty that day.

We asked the provider how they liked to lead the staff. They told us, "I like to motivate the staff, let staff do what they want to do as long as they are following the processes. Staff can sit and have a chat with people and mingle." The provider told us that they ensure that a high quality of care is delivered by supporting staff to improve their practice. They explained, "If there's an incident I tell staff what they should be doing. Discuss things in a friendly way, I don't talk down to people. More motivational, encouraging, thanking people. It's our duty to look after people well."

Staff we spoke with told us that there was frequent and effective communication from management. We saw that staff meetings were not held regularly. The last staff meeting was held six months before our inspection. We looked at the minutes of the staff meetings that had taken place and saw that all aspects of the service were discussed at the meetings.

There was a registered manager in post and at the time of our inspection one of the providers was acting as manager in the registered manager's absence. We saw from the information that we held about Whitehaven that not all notifiable events had been reported as required. The provider demonstrated an understanding of what events they were required to report and to whom and they recognised that on one occasion they did not report an incident as required.

We saw that there were a number of systems in place to monitor the quality of the service being delivered. For example we saw that care records were regularly audited, reviewed and updated regularly. The safety of the environment was also regularly audited to ensure that weekly checks such as fire alarm testing and the

fridge and freezer temperatures were being recorded. The provider told us that they would speak with staff and address any areas that needed improving.