Larchwood Care Homes (North) Limited

Whitby House

Inspection report

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Whitby
Ellesmere Port
Cheshire
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Date of inspection visit:
23 March 2016
24 March 2016

Date of publication:
25 April 2016

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 was an unannounced inspection carried out on 23 and 24 March 2016.

Whitby House is a care home providing nursing care for up to 40 older people with dementia and/or physical disabilities. The home is a purpose built, two-storey building set in its own grounds in the Whitby area of Ellesmere Port. At the time of our inspection there were 34 people living at the service.

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

We last inspected this location in May 2014 and we found that the registered provider met all the regulations we reviewed.

During this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of the report.

People's needs were assessed and planned for and information was available for staff. Risk assessments were in place for people which identified potential areas of risk. However we found that care plans did not always record people's needs accurately. Records were not always personalised to reflect people's individual preferences about how they would like their care and support to be provided. Food and fluid charts were not always completed in detail to reflect what people had consumed on a daily basis.

People said they were happy with the service that they received and that they felt safe. Staff had a good understanding of how to protect people from the risk of harm or abuse. The registered provider had clear policies and procedures in place for reporting any concerns they had about the safety and well being of people they supported.

There were sufficient levels of suitably trained staff to support people and ensure they received their medicines in a safe and timely way. When new staff were appointed robust recruitment checks were carried out to make sure they were suitable to work with vulnerable people.

People were supported to access health care professionals to make sure they received appropriate care and treatment for their needs.

The registered manager and staff had a good knowledge and understanding of the Mental Capacity Act 2005 and their role and responsibility linked to this. Records were in place to show how best interest decision making had been completed when people were unable to make decisions themselves.

Staff received support through supervision and team meetings which enabled them to discuss any matters, such as their work, training needs or areas of development. There was a well-developed programme of planned training which was relevant to the work staff carried out and the needs of the people who used the service.

People told us that staff always treated them with kindness and respect. They told us that staff were mindful of their privacy and dignity and encouraged them to maintain their independence. Relatives and visitors told us that they always felt welcome when they visited the service.

People and family members we spoke with said they knew how to complain but they hadn't needed to. Staff said the registered manager was supportive and approachable. People were consulted and asked their views about aspects of service provision.

The provider had quality assurance systems in place to audit the service provided. Records we saw were regularly completed in line with the registered provider's own timescales.

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

People were supported by staff that recognised the potential signs of abuse and knew what action to take. Staff had received safeguarding adults training.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Medication management was robust. Medicines were managed, stored and administered safely by suitably trained staff.

Is the service effective?

Good

The service was effective

People had regular access to healthcare professionals and were supported to make appointments if needed.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of and acted in line with the principles of the Mental Capacity Act 2005.

People were supported by well trained and competent staff.

Is the service caring?

Good

The service was caring

Staff treated people with dignity and respect. Staff encouraged people to be as independent as possible.

Staff knew people well and friendly, caring relationships had been developed.

Staff understood the importance of providing dignified and respectful end of life care to people.

Is the service responsive?

Requires Improvement

The service was not always consistently responsive

Care plans did not always reflect changes or people's preferences in meeting their care and support needs. Supplementary records were not always completed in detail or reviewed.

People and relatives could voice their concerns and were listened to, with appropriate responses and action taken where possible.

People received the support they needed to take part in recreational activities that they enjoyed.

Is the service well-led?

Good

The service was well led

The registered manager was involved in the day to day running of the service and had created a culture of open communication.

Systems were in place to ensure the quality of the service was regularly monitored and maintained. Regular audits were carried out and actions were taken on any areas that needed improvement.

People and their family members were asked for their views about the service.

Whitby 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 visited the service on the 23 and 24 March 2016. Our inspection was unannounced and the inspection team consisted of one adult social care inspector.

As part of the inspection we spoke with six of the people living in the service, four relatives and four staff. We also spent time with the registered manager and regional manager. We observed staff supporting people and reviewed documents; we looked at four peoples care records, medication records, four staff files, training information and policies and procedures in relation to the running of the service.

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 observed care and support in communal areas and staff interaction with people during a mealtime.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection, complaints and safeguarding. We also contacted local commissioners of the service and the local authority safeguarding team to obtain their views. No concerns were raised about the service.

Good

Is the service safe?

Our findings

People who used the service told us "I have a buzzer available for me to use at all times and this makes me feel safe. On the whole they are quick to get to me to see if I'm alright". Family members told us "[My relative] is incredibly safe here. I know that when I leave they are well looked after. I can rest easy at night and not have to worry" and "It's not the same as having [my relative] at home, but they are much safer here. I think they feel safer having people around 24 hours a day that they can call on for help".

Staff had a good awareness of the registered provider's and local authority safeguarding procedures. Staff spoken with were familiar with those procedures and knew how to identify and report any signs that a person was either at risk or had experienced abuse. They described how they would look for changes in people's mood, sleeping and eating patterns and appearance as possible indicators of abuse. They knew how to report abuse and told us they were confident that any safeguarding concerns they raised would be taken seriously. Staff told us, "I'm confident that any concerns I raised would be taken seriously. If not I know how and who to whistle-blow too and that I can contact the Care Quality Commission to discuss any concerns if needed". Training records we looked at showed that staff had attended training about safeguarding vulnerable people. Records showed that safeguarding concerns had been addressed in partnership with the local authority.

People's needs were assessed and where risks were identified risk management plans were in place. Assessments included risks associated with pressure care, nutrition and hydration, diabetes and falls. Three people's care plans identified that they were at risk of pressure damage due to poor mobility and their risk assessment identified they required pressure relieving equipment and/or repositioning every two to four hours when in bed. People had the required equipment in place and our observations confirmed that people were being repositioned. Records were completed to identify when and how often people had been repositioned. Where people were identified as being at risk of falls they had low beds in their bedrooms and fall mats that limited the extent of injury that could be caused by a fall. However we found that there were no records to indicate what pressure the mattresses should be set at or if they were reviewed or checked regularly. The registered manager assured us that immediate action would be taken to ensure that all staff were aware of the correct settings.

Medication administration record sheets (MARs) were properly completed and staff had used signatures and appropriate codes when completing them. A recent photograph of the person was in place which helped staff identify the person prior to administering medication. Staff had access to policies and procedures and codes of practice in relation to the safe management of medicines. Important information about people's medication, including what the medication was for and any possible side effects was kept within the medication records. Procedures were in place for the use of controlled drugs and appropriate records were kept of these medicines. People told us "I like the staff to look after my medication. I would struggle now to do them on my own, but they sort them out for me and I check and take them by myself". Observations showed that staff took time with people when administering medication. This ensured that people had the opportunity to understand what they were taking and to be involved in taking their medication.

The registered provider had safe procedures in place for recruiting staff. We viewed recruitment records for four staff and saw that a range of checks had been carried out to assess the suitability of applicants prior to them being offered a position. This included completion of an application form which required the applicant to provide details of their skills, experience and previous employment.
References were obtained from an applicant's previous employer and a Disclosure and Barring Service (DBS) check was obtained prior to applicants starting work at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This ensured staff were suitable to work with vulnerable people.

The service provided a safe and comfortable environment for people, staff and visitors. The service had general risk assessments in place for the building, environment and equipment. Certificates showed that there had been routine servicing and inspections carried out on items such as hoists, bath chairs, the lift and electrical and gas installation. We noted that legionella testing was being undertaken during our visit.

The building was reasonably well maintained and appropriate fire safety records had been completed. We noted that Whitby House had been visited by Cheshire Fire and Rescue service in February 2016. Actions regarding safe compartment sizes for effective evacuation and staff training had been identified. The registered provider had an action plan in place and records showed that fire safety training for staff was underway. The registered manager informed us that the service was awaiting a visit from their estates team regarding the review of compartment sizes and they would update us accordingly following their visit. The service had contingency plans in place to deal with emergencies such as a fire, flood, gas leak and loss of power to the service. Staff knew where and how to access these documents in the event of an emergency.

All parts of the service were clean and hygienic. Cleaning schedules were in place and these were regularly checked to ensure they were effective. Hand gel and paper towels were available next to hand basins and there was a good stock of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about their responsibilities for managing the spread of infection.

Good

Is the service effective?

Our findings

People told us that they saw their GP when needed and that the staff always ensured that appointments were made as soon as possible. "The staff will help me if I need to make health appointments. I let them know what I need and they will arrange it over the telephone the same day".

Staff were knowledgeable about the care and support people needed. Staff explained their role and responsibilities and how they would report any concerns they had about a person's health or wellbeing. Appropriate referrals for people were made to health and social care services such as their GP and other members of the multi-disciplinary team such as tissue viability nurses. A record of any intervention or discussions undertaken was recorded by staff in people's care plans. Staff told us "We work well with external health professionals and will always seek advice and support for people when needed. It's important that we access support as early as possible, particularly if someone is unwell".

People using the service spoke well about the meals they had at Whitby house. A person told us, "The food is pretty good here. You have a choice of two meals and if you fancy something different they will get you something else" and "I don't have much of an appetite at times, but the desserts are always tempting". Family members were also complimentary and told us "The food is lovely, always well-presented and smells great" and "There is lots of choices. [My relative] needs a lot of encouragement to eat and they always manage to find something that will take their fancy". We saw from menus we looked at that people had a choice of nutritious meals that were prepared by a cook. People with specialist dietary requirements or preferences were also able to have meals of their choice. The cook and kitchen staff had information about people's preferences which ensured people received meals they liked. People chose where they preferred to have their meals, for example some people ate in their bedrooms whilst others sat in communal dining areas.

We observed the lunchtime meal in the dining area and the atmosphere was relaxed and calm. The lunch time meal was unrushed and people received the support they needed to eat their meal. One staff member was sat with people at the dining table for the majority of time whilst they ate their meal and offered choices regarding food and fluids to the group. Tables were set with appropriate equipment and condiments were available for people to use. Clear explanations and visual choices were offered to people and conversations were familiar to the mealtime experience, for example one care staff member reminiscing about how she loved her mums roast dinner. We noted later on during lunchtime different staff would leave and enter the dining room and new staff would ask people if they would like a drink or something else to eat. Due to the number of changes during the later lunchtime period this led to people becoming a little frustrated at having to repeat their answers to each person about their choice of drinks. We spoke with the registered manager and she confirmed that she would give feedback to staff and discuss how they as a team could prevent this occurring in the future.

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 in order to receive care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us "People have the right to make choices about their own lives. When they are unable to do that anymore we help to get the right people in place to support them". It was clear through practice we observed that staff asked people for their consent before carrying out any activities and knew that they needed to assist people to make choices where possible. Care records demonstrated that people's consent and ability to make specific decisions had been recorded in their care plans. Where a person was unable to make a specific decision on their own appropriate capacity assessments and best interests meetings were completed following the five key principles of the MCA. This meant that decisions were made in people's best interests and in line with current legislation.

The registered manager demonstrated that applications had been made to the local authority on behalf of fourteen people in relation to Deprivation of Liberty Safeguard (DoLS) authorisations. The manager informed us that they were waiting for assessments to be completed by the Local Authority.

Staff and records told us that regular training was undertaken to enable them to meet people's needs effectively. All staff had undertaken essential training in areas such as Safeguarding, Mental Capacity Act, and Medicines as well as further training in specified areas such as dementia. The manager had a clear view of the staff training needs and ensured that these were met. Staff confirmed that they received regular supervision with the management team. They told us, "I have regular supervisions and I want to progress with my role. The manager talks about how I can achieve this as part of our meeting" and "Our supervisions are good as they help to guide us in our role. I have found them particularly good as I can talk about what training and development I think I need and so can the manager". Records confirmed that supervision sessions and annual appraisals were completed in line with the provider's policy.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day to day care and told us, "Staff are respectful of my privacy and dignity" and "Staff are always encouraging me to make my own decisions. I lost my confidence a little and they recognise that and are trying to help me get it back".

Privacy and dignity was maintained at all times and staff demonstrated that they understood these values in conversations with us and in practice. Throughout the day we observed staff knocking on bedroom doors prior to entering to ensure people had privacy. People told us that staff helped them to private areas to support them with their personal care and ensured that they only helped were needed. One person told us "I like to do things for myself and staff understand why it is important for me to keep as much independence as possible". People were kept informed about what was happening and prior to care being provided. Staff explained to people, what they were going to do and waited for the person to respond in agreement before they continued with their task.

During our visit we saw that staff sought and acted on people's views and preferences. For example, some people preferred to spend time on their own in a quiet lounge or their bedroom. We saw staff encouraging people to engage in activities during our visit but ensuring that they were respectful of people's choices not to participate. Each person had their own bedroom which they had personalised with items such as photographs and ornaments. One person told us "I know what good looks like and this place is very good. You can't complain as you get everything that you need".

Staff understood people's individual needs and spent time talking to people about what they wanted to do or if they needed help with anything. One person said, "Staff take their time with me each day and go at my own pace. It's important that I don't feel rushed as I can get a bit flustered. They are lovely caring people, I would be lost without them". Staff were aware of how best to communicate with people. For example, we saw that they got down to one person's level in order to speak to them, rather than standing over them. This meant the person could see staff faces which helped their communication.

Care records included personal information about people's life history such as schools, occupation, hobbies, significant and memorable events, likes and dislikes. Access to this information enabled staff to get to know people and engage in conversations which created opportunity for social interactions. Staff told us "Some people tell us lots about themselves, others snippets of information. Everyone here has led an interesting life and it's important for us to know and respect this".

The registered manager and staff spoke to us about their experiences in supporting people with their end of life care needs. They told us "This is an important part of our roles here and we must get it right. We support the person and their loved ones through this difficult time and try to ensure people have a pain free and dignified death". The registered provider ensured that staff have access to the 'Six steps' end of life training which supports the wishes, preferences and choices of people at this stage of care. One family member told us "[My relative] was supported with such dignity right through to the end of their life. Staff never left

their/our side which I thought was so caring and special in those last few hours before they passed away. I will always be grateful for the staff support".

People told us that their families and friends could visit whenever they wanted to with their agreement. One person told us that their family member visited in the late afternoons and joined them for something to eat. We observed that there were visitors to the service throughout the day of our inspection who were always made welcome.

Requires Improvement

Is the service responsive?

Our findings

People told us "I know who the manager is, she comes to visit each day. I know I could make a complaint to her if I needed too". Family members told us "I have no concerns with the service but if I needed to I would be confident speaking to any of the staff or the manager about my concerns". The registered provider had a complaints and compliments procedure in place which gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the registered provider's response. We saw a record of two complaints that the registered provider had acted upon and successfully concluded. We saw that a large number of compliments had been recorded and comments included, "Thank you for all your care and kindness you brought to [my relatives] life. We are very grateful" and "The care [my relative] received was exceptional. Staff always treated them as an individual".

All of the records we viewed had information about people and their physical health needs. People were assessed prior to, and at the time of their admission to ensure that the service would be able to meet their needs. Care plans gave a description of the person's care and support needs and were reviewed regularly. Observations and conversations showed that staff had a good understanding of how to support people on a daily basis. We looked at three people's care records and noted that changes to people's needs with regards to mobility and eating and drinking had been identified through the monthly review process. However, information had not been updated in the care plan record after the review had taken place. This meant that unless staff read the monthly review notes people were at risk of receiving care and support that was not able to meet their current needs. We saw that care plan records were not always signed and dated by staff to provide a clear audit trail of actions taken or reviews of care that had been completed.

We saw that supplementary charts used to records food and fluid intake for people were not always completed in full. We observed staff recording information after people had food or fluids, however the records we saw did not clearly identify the amount of food and fluid that people had eaten or drank. Comments such as 'all' were written on the food intake diary in the section asking for 'food taken' and 'sips' for intake of fluids. We noted that the column entitled 'total fluid intake (in) and output (out)' was not always completed. People's food and fluid intake had not been recorded in total to enable staff to assess if people had received their appropriate daily intake.

Records were not always personalised and did not always include information about how people would like to be supported. The registered manager informed us that the new registered provider would be introducing new documentation through the transition period which would focus more on the person rather than the health needs people had.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the registered provider had failed to ensure that people were protected from the risks of unsafe or inappropriate care as accurate records were not always held in respect of each person.

There was a wide range of activities available for people to access at the service. These included social events held at the service such as entertainers and dance afternoons, bingo, music sessions, book reading

and access to sensory equipment for people who spent a lot of time in their own bedrooms. The activities coordinator told us "It's important to engage minds and hearts. We need to make sure people succeed at what they want to achieve and more importantly we go at their own pace". People told us "There is always lots of things to get involved in here. We are always encouraged to be active which I think keeps us young". We saw photograph albums and pictures of events that had taken place at the service and these were easily accessible for people to reminisce about their experiences. Some people chose not to join in activities and preferred to remain in their bedroom or just observe others. Staff told us "Everyone gets a visit each day for a chat if they spend a lot of time in their rooms. It's important we don't forget people. It's so easy to feel isolated and we don't want people living here to experience that". During our visit a singer had visited the service, it was clear from our observations that people enjoyed this experience and were actively engaging in singing and dance movements. Hobbies and interests and personal preferences were recorded in people's care plans.

Resident's and relative meetings had taken place at the service. The meeting gave people the opportunity to express their views and make decisions about changes in the service. For example in a recent resident meeting there had been a discussion about picking a new colour scheme for the redecoration of the dining room. This had been completed and everyone was pleased with the new décor. Other discussions regularly took place about food, entertainment and activities and fundraising events.

Good

Is the service well-led?

Our findings

The service was managed by a person registered with CQC since 2011.They had a good understanding about their role and responsibility and displayed a positive commitment to providing good quality care.

People said they knew who the registered manager was and they felt able to talk to her about anything. People were satisfied with the way their needs were being met and the way in which the service was being run. They told us "The manager pops her head in everyday to see how I am. She is lovely. I know I could talk to her if I was happy or unhappy about anything". Family members told us "All the staff are approachable so I know I can speak with any of them and the manager if I wasn't sure on something or needed some information. They really are a good bunch on the whole".

Whitby House has recently transferred to a new registered provider. The registered manager demonstrated that they were aware of the changes that faced the service and told us how they were supporting staff to ensure that the culture of the service reflected the new provider's aims and objectives to providing quality care. We saw positive relationships within the staff team and they told us "I love working here. The management are very supportive and always available if you need anything" and "There is an open door policy here. We can speak with the managers at any time we need to and no question is a stupid question. I think that is important to me as it reassures me that I can speak with them".

We saw minutes of 'huddle meetings' that took place where staff had discussed their practices such as managing medications, fire safety and policies and procedures. These meetings ensured that staff were kept informed about the service and their responsibilities as staff members. The registered provider had introduced a new policy and procedures file for staff. We examined all the policies and procedures relating to the running of the home and found that staff had access to up to date information and guidance.

During our visit we spoke with the regional manager who informed us that the service is currently being assessed against the new registered provider's impact audit. This audit reviews all areas of care and support provision and identifies areas of improvement for the service to focus upon. In addition to this baseline audit being completed we saw that regular monthly audits had been completed by the registered manager in areas such as medication, care records and health and safety. Action plans were in place where required to address any identified issues. For example, the registered provider had identified were water temperatures had not been recorded for one month and had discussed the new monitoring documentation with staff. This showed that they were reviewing processes and monitoring their implementation to ensure improvements to practice took place.

There were robust procedures in place for the internal reporting and investigation of accidents and incidents that occurred at the service. After incidents were reported steps were taken by the registered manager to review and analyse information and action plans were put in place to reduce the risk of further harm to people. Individual risk assessments were amended to ensure that any changes to practice by staff or changes which had to be made to people's support were identified. This meant the registered manager was monitoring incidents to identify risks and trends and to help ensure the care provided was safe and

effective.

We saw that the registered manager and the providers sought the views and opinions of people who used the service and their representatives. Satisfaction surveys were conducted in 2015 to find out people's opinions about the quality of the service and feedback was positive. The new registered provider will be undertaking the 2016 satisfaction survey.

Registered providers are required to inform the Care Quality Commission of important events that happen in the service. The registered manager had informed the CQC of specific events the registered provider is required, by law, to notify us about and had reported incidents to other agencies when necessary to keep people safe and well.

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 did not take formal enforcement action at this stage. 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 registered provider had failed to ensure that people were protected from the risks of unsafe or inappropriate care as accurate records were not always held in respect of each person