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Whitegates Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this unannounced comprehensive inspection on 23 January 2017. This inspection was undertaken to ensure improvements that were required to meet legal requirements had been implemented by the service following our last inspection in July 2015. At the previous inspection the home was found to be in breach of the following regulations. Regulation 17 (2) (b) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance and Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing. At this comprehensive inspection on 23 January 2017 we found improvements had been made to meet the relevant requirements previously identified at the inspection in July 2015.

Whitegates Care Home can accommodate up to 21 older people with a variety of care needs. At the time of our inspection there were 13 people using the service.

There was a registered manager at the home. 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.

People using the service we spoke with told us they felt safe in the home and staff were aware of the procedure to take to safeguard people from any suspected abuse.

Staff were recruited safely and records included appropriate checks on them as well as proof of identity to ensure they were appropriate for the role they were employed to undertake.

Medication policies were appropriate, comprehensive and medicines were administered, stored, ordered and disposed of safely.

The registered manager was knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew the circumstances that would require an application to be made.

People had sufficient to eat and drink and were supported to maintain a balanced diet. They had access to a range of healthcare professionals and services.

People were looked after by kind and caring staff who knew them well. They were supported to express their views and to be involved in all aspects of their care. People were treated with dignity and respect.

There were a number of quality audits in place to assist the provider in assessing and reviewing the delivery of care in the home.

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 told us they felt safe and risks to people were managed in a safe way. Staff knew how to recognise and report any potential abuse.

Medicines were managed safely and administered as prescribed. This kept people safe from the risks associated with them.

Recruitment of staff was robust and there were sufficient staff to meet people's needs.

There were appropriate risk assessments in place with guidance on how to minimise risk.

Is the service effective?

Good ●

The service was effective.

Staff had now received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and staff provided care in a dignified manner and respected people's right to privacy.

We saw staff treating people with kindness and compassion. People who used the service and their relatives told us the staff were caring and kind.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred and contained information about their personal preferences.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Activities for people were planned.

Is the service well-led?

Good ●

The service was well led.

Staff told us the registered manager was supportive and they worked well as a team.

People and their relatives were consulted on the quality of the service they received and care was person-centred

The registered manager had improved the systems in place to monitor the quality of the service.

Whitegates 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 23 January 2017 and was unannounced. The inspection was carried out by one inspector.

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 reviewed other information that we held about the service. This included the provider's previous inspection reports and notifications that the provider is required to send us by law, of serious incidents, safeguarding concerns and deaths. We used this information to assist us in the planning of our inspection.

During our inspection we spoke with four people who used the service and twelve members of staff including care staff, housekeeping staff and registered manager. We also spoke with one person's relatives. We looked at records and charts relating to four people and six staff recruitment records. We looked at other information related to the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People told us that they felt safe living at Whitegates Care Home. One person told us, "I feel safe, there are always staff around to help me." Another person said, "I am very safe, the staff are all excellent."

People were safeguarded from the risk of abuse. The provider had systems in place to enable the reporting of suspected abuse. The registered manager understood their role and responsibility to report any safeguarding concerns. Staff had received training in safeguarding adults at risk of abuse and those we spoke with demonstrated they had a good understanding on how to keep people safe from harm and raise any safeguarding concerns they had appropriately. For example, one staff member told us, "If I had a safeguarding concern I would raise it with the manager straight away. I know they would deal with it properly."

There were risk assessments in place relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. For example, the home had risk assessments in place for the safe use of the kitchen by staff and keeping staff safe at night. There were individual risk assessments in place for people living in the home. For example, people at risk of falls had guidelines in place to assist staff to minimise the risk of injury to the person when mobilising around the home or giving them personal care. Every resident had a personal emergency evacuation plan (PEEP) for use in the event of fire or other emergency.

There was sufficient staff deployed to support and meet the needs of the people living in the home. During the inspection we saw that staff responded promptly to people when they required assistance. Staff told us that there were sufficient staff to keep people safe and meet their needs. For example, one staff member told us, "We are always busy but there is always enough staff on duty to look after everyone properly." The registered manager continually reviewed the level of staff required using an assessment tool based on people's level of dependency.

The provider had a robust recruitment process in place. We saw that each staff file contained a completed application form which provided details of their previous employment history, training and experience. A range of checks had been carried out prior to a job offer being made including proof of identity, references and a Disclosure and Barring Service (DBS) check. These checks enabled the provider to make safer recruitment decisions when employing new staff.

During our last inspection of the home in July 2015 we recommended that the provider updated their practice on administering and recording "when required" medicines in accordance with the National Institute for Health and Care Excellence, Managing medicines in care homes. During this inspection we saw that improvements had been made. Policies and procedures were in place to support the safe administration and management of medicines. Medicine records showed that each person had an individualised medicine administration record (MAR), which included a photograph of the person with a list of their known allergies and the guidance on when to administer "as required medicine". Records confirmed medicines were stored, received, disposed of and administered safely.

Is the service effective?

Our findings

At our last inspection in July 2015. We found there was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not received appropriate training, supervision or appraisal. At this inspection we saw there had been improvements made. Staff training was now up to date and all staff had received mandatory training. For example all care staff had completed training in moving and handling, safeguarding vulnerable adults and all care staff who administered medicines had completed medication training. The registered manager had a system in place to monitor staff training enabling the effective planning of training for all staff.

Staff had received supervisions but the regularity of them varied for a few staff members and we could see that some of those staff had supervisions booked. When we pointed this out to the registered manager they immediately reviewed and updated their supervision policy and put a plan in place to ensure those staff that had received less regular supervisions were prioritised.

Staff had received an annual appraisal since our last inspection. However a few staff had not had one within the last year. When we pointed this out to the registered manager they took immediate action to ensure those staff received their appraisal over the next few months. Staff told us they felt well supported by the management team.

People and their relatives told us they felt the staff were appropriately trained and had the necessary skills and abilities to meet their needs. One person told us, "The staff are knowledgeable and know how to help me." A relative told us, "The staff know how to care for [person's name] they have a good understanding. Many of the staff we spoke with had worked in the home for several years and knew people's preferences and care needs well.

New staff undertook a period of induction before they were assessed as competent to work on their own. The care staff told us that their induction incorporated the Care Certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. One staff member told us, "I learnt a lot from the induction and yes it gave me the basic skills to care for people."

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. 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 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. Currently no one at

Whitegates Care Home was subject to a DoLS authorisation or application.

The provider had trained and prepared their staff including the registered manager in understanding the requirements of the MCA 2005 and DoLS. Staff had a good understanding of the requirements of the MCA 2005 and their responsibilities under this legislation. One member staff explained, "You have to assume the person has capacity. If they don't you still involve them and their family in any decisions."

During the lunchtime meal we observed the atmosphere was calm and relaxed. There was a choice of meals available for people to choose from. Staff assisted those people who needed it in a positive manner, offering them a choice of meal and checking they were happy before assisting them. The provider used a pre-prepared meals system that were steam cooked from frozen. While people were offered snacks such as fruit, biscuits or cake during the day, there was limited availability of snacks that people could help themselves too when they wanted; especially those people who had limited mobility or preferred to stay in their rooms. When we discussed this with the registered manager they made arrangements for fruit and snacks to be freely available to people living in the home.

People's health needs were recorded in their files and this included evidence of professional involvement such as GPs, podiatrists or opticians where appropriate. Relatives we spoke with told us they were kept informed of all events and incidents and that professionals were called when required. One relative told us, "I have no concerns I know the staff will always call the GP if they have any concerns and always keep us informed of what is going on."

Is the service caring?

Our findings

We observed positive interactions throughout the inspection between staff and people who lived at the home. Staff understood their role in providing compassionate care and support to people who use the service. Staff took time to sit with people and engage in conversation. For example talking to one person about their family and when they would be visiting again. One relative told us, "The staff are very caring, I wouldn't mind being here."

During the inspection we saw staff had been kind, patient and caring whilst delivering care. It was clear that staff knew the people they were supporting well and had developed good relationships with them. We asked staff how they ensured people's dignity was respected when delivering care. One staff member told us, "If I am giving personal care, I make sure the door is closed, curtains drawn and maintain their dignity with a towel when needed." Another staff member said, "It is important to talk to the person, tell them what you are going to do and encourage them to be as independent as possible. Not just do things for them without talking to them about it."

We saw that individual care plans were used to ensure people's preferences were recorded regarding their wishes for the end of life. These were available to staff caring for them.

The home had an information guide and this was given to each person when they moved into the home. It included information on how the home promoted dignity and respect and maintained people's privacy. It also informed people and their relatives how to raise a complaint should they feel the need to do so.

There were no restrictions on when people could visit or for how long. People and their relatives told us the home welcomed visitors at any time of the day. One relative told us, "There are no restrictions on when I can visit, there never has been."

Is the service responsive?

Our findings

A relative told us, "Whenever I visit there always seems enough staff around and if I ever need their help, they are quick to respond."

The registered manager assessed people's needs before people moved into the home and their care commenced. This enabled staff to gain an understanding of people's care needs and how they could best meet them. Initial assessments covered areas such as people's current health, medication, mobility and included the person's life history with input from relatives where appropriate.

Care plans covered a range of people's care needs such as diet, mobility, medicines, mental and physical health and social needs. They were reviewed and updated regularly. People's care plans contained information about people's individual preferences and interests. This meant that staff knew about people's personal preferences and how to support them appropriately. All the staff we spoke with told us they had access to people's care records.

Staff were responsive to the needs of people who used the service and people and relatives who we spoke with confirmed this. One person told us, "I like to spend time in my room, staff always check to see if I am ok and if I do need anything I can use my call bell. I never have to wait too long." We saw that people were able to personalise their own room and were encouraged to bring personal family photographs and items relevant to the individual.

The home provided organised activities usually in the afternoons including singing, music, quizzes and dance. People told us they were happy with the activities offered. One person told us, "I enjoy the singing and other activities." While another person said, "I can join the activities if I want or spend time in my room."

People we spoke with told us they were aware of how to make a complaint and were confident that if they raised a concern it would be taken seriously. One person told us, "If I had a serious complaint I would speak to [registered manager's name]. They would sort things out."

We saw the registered manager had responded to any complaints received appropriately and where required had taken action to rectify the situation and minimise the likelihood of a re-occurrence.

Is the service well-led?

Our findings

At our last inspection in July 2015. We found there was a breach Regulation 17 (2) (b) and (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. At this inspection we saw that improvements had been made. Both staff and people using the service had completed surveys and the registered manager was using these where appropriate to review and improve the service. Resident and relative meetings had commenced and more were planned for the future. Staff meetings were planned.

The service had improved the quality assurance systems used to monitor and improve the quality of the service. Records showed the audits covered various aspects of support which included medicines, records, training, infection control and complaints. The audits identified shortfalls in the service and the action required to remedy these. Staff told us, "Where issues are identified it is now quicker to get them remedied." These actions managed and mitigated risks more effectively.

People who used the service and their relatives spoke positively about how the service was managed. One relative said, "The manager's door is always open and the owners are also on the premises and happy to talk to anyone." One person told us, "Yes I think the manager is good. I can speak to them if I need too."

We asked staff members about their views of management. They told us the registered manager was approachable and the owners regularly visited. One staff member told us, "The manager is fair and you can go to [person's name] with any issue." Another staff member said, "The manager does a good job. I can discuss things in confidence." A relative told us, "The manager always keeps us updated about what is going on in the home and if anything changes with [person's name]."

Incidents and accidents were monitored on a monthly basis. This ensured that the registered manager was aware of any trends or concerns and able to seek advice and support from health care professionals if required.

There was a business continuity plan in place that identified actions to be taken in the event of an unforeseen event such as the loss of utilities, flood and fire. While the plan covered minor disruption it did not cover plans for significant disruption should the building become uninhabitable for a short period of time. When we discussed this with the registered manager they took immediate action to review and update the plan to ensure alternative arrangements were in place.