

K A Brown

Whitchurch House

Inspection report

Ross On Wye
Herefordshire
HR9 6BZ

Tel: 01600 890655

Website: www.whitchurchhouse.co.uk

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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



Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

This inspection was carried out on 11 August 2014 and was unannounced, which meant the provider and staff did not know we were coming. At our last inspection in July 2013 we found that there were breaches of legal

requirements in staff training and assessing and monitoring the service people received. Following the inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we saw that the provider had made improvements so that legal requirements had been met.

Whitchurch House is a care home that provides personal care and support for up to 29 people. At the time of our inspection 24 people lived at the home. A registered manager was employed at the service. A registered

Summary of findings

manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives told us they were happy with the services provided. They felt staff understood their needs and they felt safe. Staff numbers were assessed and planned for so that people received the right care at the right time to meet their needs and promoted their safety.

Staff knew how to support people when specific decisions needed to be made to meet their needs in their best interests as required by the Mental Capacity Act 2005. We saw people were given choices about their care and support. This enabled people to be involved in the decisions about how they would like their care and support delivered.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. There were policies and procedures in relation to the DoLS and staff training was planned to ensure people were protected by knowledgeable staff. During our inspection we did not see any care that deprived anyone of their freedoms and liberties.

Care plans and risk assessments were in place for people who lived at the home. Staff showed a good knowledge of people's needs and how to meet these. The care and support we observed matched the information in people's plans and the training staff had received was put into practice to meet people's nutritional needs effectively.

We observed people were treated with dignity and respect. People told us that staff looked after them well and were kind. It was evident to us from our observations that staff knew what mattered to people, were polite and sought consent before providing care and support.

People were supported to access healthcare services to maintain and promote their health and well-being. People were supported in a wide range of interests and hobbies which included access to community events.

People and relatives told us they found management team approachable and told us they would raise any complaints or concerns should they need to.

There were management systems in place to monitor the quality of the service people received. There was evidence that learning from incidents and investigations took place and changes were put in place to improve the service people received. This meant that the provider and the registered manager was continually looking at how they could provide better care for people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is safe.

Staff understood how to keep people safe and knew how to alert the relevant people if people were at risk of abuse.

Staff understood the requirements of the Mental Capacity Act 2005 and at times, acted in people's best interests to ensure their needs were met with risks reduced. We did not see levels of intervention or supervision that may represent a deprivation of a person's liberty.

The provider had arrangements in place to determine how many staff would be required to meet people's needs. There were sufficient staff on duty and people's needs were responded to without delay to support their safety.

Good



Is the service effective?

The service is effective.

People received the health care support they needed. People were supported to eat local fresh produce and any risks associated with inadequate food were effectively managed.

Staff had received training and on-going support to help them provide good quality care.

The service worked well with other health and social care professionals to meet the needs of people they supported.

Good



Is the service caring?

The service is caring.

People's needs were met by staff who were caring and compassionate in their roles. Staff valued people's identities and knew what mattered to them.

People were given choices and involved in the decisions about their care and support.

Staff practices respected people's dignity and privacy.

Good



Is the service responsive?

The service is responsive.

People had their individual needs regularly reviewed so that these were consistently met.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People knew how to make a complaint. People were listened to by the registered manager who acted on their views and opinions.

Good



Is the service well-led?

The service is well-led.

The registered manager was approachable and supportive to people who lived at the home.

Good



Summary of findings

The provider and registered manager provided good support to the staff team. All staff were clear about their roles.

There were appropriate arrangements in place to assess and monitor the quality of the service provided.

Whitchurch House

Detailed findings

Background to this inspection

This inspection was led by an inspector who was accompanied by 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. The expert by experience has knowledge of the needs of older people and spent time with people and relatives to gather their views about life at the home.

Before we carried out this inspection we looked at all the information we held about Whitchurch House. This included statutory notifications; information about how the provider managed incidents and the provider information return (PIR). This document was requested from the provider and gave us their interpretation and evidence about how they feel they are meeting the five questions. We used this information to plan what areas we were going to focus on during our inspection.

All the people who lived at the home were able to speak with us and during our inspection we spoke with seven people and six relatives. We also spent time in the communal areas of the home and observed the care and support that people received to meet their different needs over the course of the day.

We spent some time with the provider, registered manager and three members of staff which included the cook. We also spoke with a health care professional who was visiting the home on the day of our inspection.

We looked at a selection of care plans for four people who lived at the home and various management records. These records were used to review, monitor and record the improvements made to the quality of care and support that people received.

Is the service safe?

Our findings

We observed the way in which staff spoke with and supported people who lived at the home. We saw that staff treated people well and responded positively to interaction from staff. People we spoke with told us that they felt safe and confirmed what we saw that they were treated well by staff. One person told us, "I feel very safe here." One relative said, "Staff keep an eye on [my relative] to make sure they are safe and always let me know if they have any concerns about [my relative]."

Staff had training and information on how to protect people from abuse. Staff could tell us what actions they would take if they suspected someone had been abused. What they told us was consistent with the providers and national guidelines on safeguarding people.

Staff understood what their responsibilities were under the Mental Capacity Act 2005 and knew that decisions should be made for people in the best interests if the person could not make decisions for themselves. The registered manager told us that people who lived at the home at the time of our inspection had the capacity to make decisions.

We saw from the information sent to us by the provider, that no one living at the home had their liberty restricted and had been subject to a Deprivation of Liberty safeguard (DoLS) authorised by the supervisory body (the local authority). This was confirmed when we spoke with the registered manager. However the registered manager knew that if this changed an application to deprive someone of their liberty should be made to the supervisory body for assessment purposes. We did not observe people being potentially restricted and or their liberty deprived by staff practices and staff were receiving training in DoLS to increase their knowledge so that people were protected.

Risks to people had been assessed and identified. This included risks associated with their mobility, nutrition and their risk of developing sore skin. We saw plans in place for staff to follow which were personalised. During our inspection we observed staff supported people to walk and move safely where required which matched the plans we looked at. For example, we saw staff supported people with their mobility with the use of equipment such as walking frames and wheelchairs. One person told us, "The staff are good, they help me to move from my chair safely when I need it." Staff we spoke with understood how to support and protect people where risks had been identified. Staff understood their responsibilities in relation to concerns they had about people's safety and to report this to the registered manager.

There were enough staff on duty on the day of our visit to support people's needs. For example, at lunch time and immediately after lunch, we saw staff supported people with their meals and responded to their personal care needs. We saw that the management team had assessed and kept staffing levels reviewed against the dependency needs of people who lived at the home. The registered manager told us that if there was an increase in the amount of support a person needed they would alter staffing to meet needs of the person. These practices helped to ensure people's individual health and social care needs were met.

We asked the management team how shifts were covered when staff were absent. The registered manager told us that shifts would be covered by themselves and permanent staff. Staff that we spoke with also confirmed that this was the case. These practices promoted people's safety so that people received the right care at the right time by staff that knew their needs well.

Is the service effective?

Our findings

People who lived at the home and the visitors we spoke with told us they did not have any concerns with the ability of staff to meet their needs. One person told us, “Very happy with all the caring and attention.” One relative said that they would not want to change anything as they were, “Very pleased” and they were, “Quite happy with how [my relative] is cared for here.”

At our inspection in July 2013, we identified some concerns about the lack of some staff training. After that inspection, the provider sent us an action plan telling us how they would improve the training for staff. The provider assured us in the information that they sent to us that they were now compliant with the regulation about staff training. At this inspection, we found that the required improvements had been made.

We spoke with three members of staff at the home. They told us they had received the training they needed to be able to their jobs effectively. Staff told us that they would be able to raise any training needs at staff meetings as well as at one to one meetings. Staff said they had received training that helped them to meet the specific needs of people they provided care and support to. This included safeguarding people from abuse, dementia, Parkinson’s disease and nutrition training. We looked at training records which confirmed this. This meant that the management team were able to identify areas where staff needed additional support and provided training to enable staff to meet people’s needs. The people we spoke with told us they thought the meals provided in the home were of good quality and served in sufficient quantities. The cook told us that all food was cooked fresh and used local produce where they could. One person said that the lunch time meal was, “Very nice.” Another person told us, “The food’s very good” and, “They [cook] do good chips.”

We saw that people were able to choose from a menu of two main food options every day. We also saw that a range of alternatives were available every day if people did not like what was on the menu. This was confirmed by one person who said, “I can ask for chips when I want and they don’t need to be on the menu.” This meant that people were given choices about the food they wanted to eat.

During our inspection we saw that staff put their knowledge gained through training into practice as they

supported people to eat and drink sufficient amounts. At lunch time we saw that staff spent time with people who needed help with eating and drinking. We saw that staff gave levels of support that were appropriate to each person. For example, some people were given more direct help and others received prompts. This showed that people were supported to remain as independent as possible whilst people’s nutritional needs were met effectively.

The cook we spoke with knew about of people’s food requirements. For example, they were aware of how many people had diabetes and how many people required their food to be pureed. This information was also recorded in people’s care plans which were kept under review. The cook also confirmed that there were currently no people who required food to meet their cultural needs and or preferred vegetarian food. This reduced the risk that people would be given food that was inappropriate to their needs. This meant if necessary, people’s cultural needs would be met.

We looked at how people’s health needs were met. Records showed us when appointments had been made and what advice had been given by medical professionals. People who lived at the home told us about times when they had asked to see a doctor and how staff had made arrangements. One person who lived at the home confirmed to us, “They [staff] get the doctor promptly.” A visiting health care professional told us staff always contacted them in a timely manner so that people received the attention, care and equipment that they required. They felt that this had particularly helped when people were at risk of developing sore skin and one person’s sore skin was healing due to the care that they had received from staff. This confirmed that people who lived at the home were supported with their health needs and medical professional’s advice was sought and acted upon when needed.

Staff told us that people’s health needs and the care they received had been reviewed regularly. This was confirmed by people that we spoke with and the records we looked at. For example, a relative told us about how their relations health had improved after staff had reviewed their health needs and requested a visit from a health professional. This meant that people’s changing health needs continued to be planned for and met.

Is the service caring?

Our findings

We spent time observing the care and support people received. The atmosphere at the home was caring and relaxed. We saw on-going friendly interactions between people and staff. We heard staff speaking with people in a caring manner and giving people time to make choices and time to respond. We saw that people were dressed in clothes that reflected their own personalities, styles and climate. These were some examples that showed us people were treated as individuals.

We saw that it was a special day for one person. The person told us about their main interest and was enthusiastic as they shared this with us. We saw that staff had placed decoration on a dining table that matched the person's interest in life. This showed that staff were kind and knew the person well to know what mattered to them.

We found that staff asked people for their consent before they were provided with care and support and staff had acted in accordance with their wishes. For example, we saw staff asked people if they needed help with eating and drinking and gave them time to respond. Staff we spoke

with described how they obtained consent from people. One staff member said, "We always give our time to explain." This meant that staff recognised the importance of ensuring people agreed to any provision of care before they carried it out.

People's independence was fully respected during our inspection. We saw that where people were able to use equipment and aids without any help and support from staff, this was promoted. This showed that staff cared for people as they enabled them to retain their own levels of skills and independence.

People's privacy and dignity were respected. We saw that each person had their own room. One person told us, "They [staff] always knock my door." We saw that staff knocked on people's bedroom doors and waited for a response before entering. This meant people had somewhere private and personal to go. In addition to this we observed staff supported people with their care needs whilst their dignity was promoted. A relative told us, "They're [staff] nice to people, they treat the residents as individuals, not as objects."

Is the service responsive?

Our findings

People we spoke with were complimentary about the care that they had received. One person said, “They [staff] look after you well.” Another person told us, “Nothing is too much trouble.” A relative said, “Staff are very caring, efficient and kind.”

People who lived at the home told us about how staff responded to their care and support needs so these could be met. One person told us, “Sometimes they [staff] do it for me (wash); sometimes I do it on my own.” Another person said, “They [staff] get my wash things ready and let me wash myself, then they come back and do the things I can’t.”

We looked at a selection of care plans for four people who lived at the home. The planning of care promoted people’s rights and choices. We found evidence of care plans reflecting people’s varied needs and preferences. This meant that people had a personalised plan of care which recognised their individual needs and likes and dislikes. We spoke with three members of staff who knew people well and understood their needs. What staff told us matched what was in people’s care plans and how we saw staff supporting people to meet their individual needs.

We saw that staff responded to people’s care needs without delay, for example, supporting people to go to sit at the dining tables for lunch or making them comfortable. We saw staff anticipated people’s needs and responded appropriately such as supporting them to walk from one area to another, and responding to people’s emotional needs, offering reassurance and comfort. This meant that people received support and care that reflected care plans in place, responding to people’s needs as assessed and planned for.

We observed staff responded to people’s changing needs throughout the day. For example one staff member provided reassurance and comfort to one person to meet their emotional needs. Another person needed some support from staff to help them to feel better. We saw that staff had interactions with both people in a caring way with

gentle conversations treating people as individuals whilst providing the care they needed. This showed that these two people received assistance from staff at the times they needed it.

We observed staff supporting people to maintain their interests and lead a full a life as possible. People’s care plans and daily records showed that everyone was involved in a varied programme of interesting and fun things to do. For example, people were supported to use the garden area and a trip was planned on a monthly basis. During our inspection, we saw people were involved with various topics about life with some representatives from the local theatre who visited the home. We saw people engaged in talking about weddings and people who lived at the home were enabled to remember and talk about their own weddings on an individual basis with staff. One person told us, “It was a good idea that.”

We also saw that people had support to continue to follow their own religious and spiritual beliefs. During our inspection the local vicar talked with some people who lived at the home as they shared some tea. Staff told us the priest also visited people at the home and we saw information which also confirmed this. This showed that people’s individual needs and cultural needs were responded to.

We saw that the provider had a complaints policy in place. We saw that information about how to complain was accessible in the home. All the staff we spoke with told us that they knew how to respond if someone made a complaint. The people we spoke with told us that they were happy with the care they received and had not needed to complain. They said they knew how to make a complaint if they wanted to. One person said, “I’ve no complaints.” But if they needed to they would complain to the registered manager who they told us was a nice person. One relative told us, “I would have a word with the carer on duty, and if that didn’t work, I’d talk to the manager.” In the information that we had received from the provider they told us that they had not received any complaints in the last twelve months. We saw that this was the case at the time of our inspection. However, if people did raise complaints the registered manager told us these would be responded to promptly and the provider would take action to resolve them to people’s satisfaction.

Is the service well-led?

Our findings

We asked people who lived at the home about the management at the home. People and relatives told us the registered manager was available to people when they visited. One person who lived at the home told us, “She [registered manager] knows I think she’s good. We have a laugh.” Another person said, “I’ve been in three care homes and this is the best for me. I’ve made a lot of friends here.” A relative said the staff were, “Very good” and “Are very friendly. Residents seem happy and they [staff] are welcoming to me.” These responses and our observations during our inspection showed that people considered the home was well managed and staff understood the needs of people who lived at the home.

We saw the registered manager was approachable and spent time with people and staff. The registered manager spoke with people in a supportive way and ensured people’s needs were met. For example, we saw the registered manager provided guidance and support to staff on the day of our inspection. All staff that we spoke with felt they were well supported in their caring roles by the management team and each other and provided good care to people who lived at the home.

We saw the minutes of meetings with people who lived at the home and their relatives. People had the opportunity to discuss the service they received and make suggestions for changes. We saw that there had been some issues about laundry which included items of clothes not always returning to some people. However, improvements had been made and a new system had been implemented that supported clothes being returned to the right person. This meant that people were asked for their views on the service and their views were listened to and acted upon. We saw that the provider undertook an annual quality assurance questionnaire with people who lived at the home. The

responses were positive about the standard of care and the support provided by the staff team. This meant that people who lived at the home and their relatives had regular opportunities to comment upon the quality of the service.

At our inspection in July 2013, we had identified some concerns that the quality of the service provided was not being monitored effectively due to the systems in place. The provider assured us in the information that they sent to us they were now meeting the requirements of the regulation about monitoring the quality of the service.

Staff we spoke with knew about the provider’s procedure for reporting incidents and accidents and understood its importance. We looked at records which showed that the provider had taken action in response to incidents and accidents to prevent them from happening again. For example, one person had experienced some falls and they had been referred to health professionals for assessment purposes. This meant that where the risk of incidents and accidents was recurring these were minimised which included advice from health and social care professionals when required.

At this inspection we found that the provider was at the home most days and worked closely with the management team to ensure regular audits were carried out. These included checks of care plans, medicines and the premises. The management team also worked closely with staff which enabled staff practices to be observed and the quality of the care people received. These practices supported people to receive safe care and support.

The provider and management team were able to describe the improvements they were making. For example, this included more involvement of people’s relatives in the reviews of people’s needs and a review of the key worker responsibilities staff had with people to ensure this was working as good as it could be. This showed that the provider and the management team were able to analyse the quality of care and service people received and had taken action when required to make improvements.