

Whitehaven Rest Home Limited

Whitehaven Residential Home

Inspection report

22 Whitehaven
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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 an unannounced inspection of this home on 10 August 2017. The home is registered to provide accommodation and personal care for up to 15 older people, some of whom live with dementia. Accommodation is arranged over two floors with stair lift access to all areas. At the time of our inspection 15 people lived at the home.

A registered manager was in post. 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.

Risk assessments were in place which informed plans of care for people to ensure their safety and welfare, and staff had a good awareness of these. Incidents and accidents were clearly documented and investigated. Actions and learning were identified from these and shared with all staff.

People were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately.

Robust processes to check the suitability of staff to work with people were in place. There were sufficient staff deployed to meet the needs of people and they received appropriate training and support to ensure people were cared for in line with their needs and preferences.

Medicines were administered, stored and ordered in a safe and effective way.

People were encouraged and supported to make decisions about their care and welfare. Where people could not consent to their care, staff sought appropriate guidance and followed legislation designed to protect people's rights and freedom.

People received meals which were well presented and in line with their needs, preferences, likes and dislikes. Staff dined with people and supported them if needed in a calm and supportive way.

Staff were calm, kind and gentle in their interactions with people and people responded well to the support offered to them. People's privacy and dignity was maintained and staff were caring and considerate as they supported people. Staff involved people and their relatives in the planning of their care.

External health and social care professionals were involved in the care of people and care plans reflected this.

The registered manager promoted an open and honest culture for working which was fair and supportive to all staff. Staff felt supported in their roles and people and their relatives spoke highly of all staff.

Effective systems were in place to monitor and evaluate any concerns or complaints received and to ensure learning outcomes or improvements were identified from these. Staff encouraged people and their relatives to share their concerns and experiences with them.

At our last inspection of Whitehaven in December 2014 we found this service to be good. At this inspection the home remained good.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led.	Good ●

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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.

One inspector and an expert by experience completed this unannounced comprehensive inspection on 10 August 2017. 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 our inspection we reviewed the information we held about the home, including notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. In September 2016, the registered 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 reviewed the PIR for this home.

We spoke with 9 people who lived at the home. We observed care and support being delivered by staff and their interactions with people in communal areas of the home including at a mealtime. We spoke with one visitor and six members of staff, including; the registered manager, head of care, three members of care staff and an activities coordinator. Following our inspection we received feedback from three health and social care professionals who supported people who lived at Whitehaven Rest Home.

We looked at care plans and associated records for four people and reviewed the medicines administration records for 10 people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, five recruitment files and policies and procedures.

Is the service safe?

Our findings

People were safe in the home and were supported by staff who knew them well and understood how to support them to maintain their safety and welfare. One person told us they felt safe because, "There's always someone around that you can call if you need help." Another said, "If I press my buzzer someone will come. If they [staff] are busy it might be a little wait, but usually they come straight away." Staff had a good understanding of how to support people to maintain their safety. One told us, "Oh I think people are very safe here as we [staff] know everyone really well and understand what they want and need to be happy and not worry about things." Health and social care professionals said staff knew how to meet people's needs safely and always sought support appropriately if they had any concerns about people.

Risks associated with people's care needs had been assessed and informed plans of care to ensure their safety. These included risk assessments for maintenance of skin integrity, choking, falls, nutrition and the use of equipment in the home.

Risks associated with people's health conditions had been identified and appropriate plans of care were in place to mitigate these risks. Staff told us how they identified and responded appropriately to changing risks for people, including deteriorating health conditions or behaviours that put themselves or others at risk of harm. One staff member told us how they supported a person whose health had deteriorated and the steps staff took to ensure the safety and welfare of this person and others. Another member of staff told us how one person was at high risk of falls and how, through the use of appropriate alarm equipment, they were able to reduce the risk of harm for this person. Staff had a good understanding of the risks associated with people's care.

The risks associated with moving people in the event of an emergency in the home had been assessed. Personal evacuation plans, a robust business continuity plan and home emergency evacuation plan were in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure.

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. Staff had received training on safeguarding and recognised what constitutes abuse and how to report concerns to protect people. Staff were confident any concerns they raised would be dealt with swiftly by the registered manager and they were aware of the registered provider's whistleblowing policy. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The registered manager held clear records on any concerns which had been raised with them, or which they had identified and had been reported to the local authority

There were safe and efficient methods of recruitment of staff in place. Recruitment records included proof of identity, two references and an application form. Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable staff working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

There were sufficient staff deployed to meet the needs of people. Staff had time to interact and support people in an unhurried and calm way. The staff rotas showed there were consistent number of staff deployed each day and on occasions where staff had been absent from work through sickness these duties had been supported by other members of staff or occasional use of external agency staff. The registered manager had a very good understanding of the needs of the people who lived at Whitehaven Rest Home and when these needs changed. They had identified additional staff were required to support one person during the evening due to their increased needs at this time. Additional staff were employed to specifically support this person in the evening.

Incidents and accidents were reported, recorded and investigated in a way which ensured any actions or learning from these was completed and shared with staff. For example, a review of incidents of falls which occurred in a person's bedroom had resulted in the introduction of monitoring equipment to ensure the safety and welfare of the person. For another person, whose mobility had declined following incidents of falls, they had been supported to move to accommodation on the ground floor to ensure they did not need to use the stair lift which they found difficult.

People received their medicines in a safe and effective way. They were administered by staff who had been suitably trained and had a good understanding of the policies and procedures around the safe administration of medicines. Medicines were stored and administered safely. A system of audit was in place to monitor the administration, storage and disposal of medicines. For medicines which were prescribed as required (PRN) a protocol was in place to support staff in the safe administration of these medicines.

Is the service effective?

Our findings

Staff knew how to meet people's needs effectively and took time to allow people to make decisions in line with their wishes and preferences. One person told us, "I know what I like and so I tell them and they are very patient with me." A health and social care professional said staff understood when they needed to support people with choice and decisions and get other people involved in this process.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At our last inspection of this service in December 2014 we made a recommendation that the registered provider review their records of mental capacity assessments. At this inspection we saw these assessments had been completed and clearly documented.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. For people whose capacity to make decisions fluctuated staff took time to support them in making decisions in line with their wishes and preferences.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. The registered manager and all staff had a good understanding of the processes required to ensure decisions were made in the best interests of people.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards. At our last inspection of this service in December 2014 we made a recommendation that the registered provider complete any necessary applications under the Deprivation of Liberty Safeguards. At this inspection we saw these applications had been completed appropriately for people as required. For four people who lived at the home an application had been made to the local authority with regard to them remaining at the home to receive all care or leaving the home unescorted.

A program of supervision sessions, induction and training was in place for staff. This ensured people received care and support from staff with the appropriate training and skills to meet their needs. Staff felt supported through these sessions to provide safe and effective care for people.

Staff told us they were encouraged to develop their skills through the use of external qualifications such as nationally accredited qualifications and The Care Certificate if they had not completed this. This certificate is an identified set of standards that care staff adheres to in their daily working life and gives people confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The home environment was adapted to support people who lived with dementia or memory problems. For example, for one person who could become disorientated as they approached their room, the bedroom door had been brightly painted and decorated to help them identify this. Red hand rails and access points around the home helped to give clear signage to people as they mobilised around the home. Some areas of the home, such as a lounge area and activities board, had a large amount of information and pictures on the wall which can appear cluttered and very confusing. However we spoke with the registered manager about this and they told us this was how people had chosen to have the information displayed in their home.

People enjoyed a variety of freshly prepared foods of their choice. A new cook had been employed within the six weeks prior to our inspection and they were working with the registered manager, staff and people who lived at the home to introduce changes to the menu. Special diets such as those for people who required a soft or vegetarian meal were catered for. People's daily food and fluid intake was monitored and staff told us what action they would take if there were any concerns about people's nutritional or fluid intake; including contacting the GP or requesting support from a dietician or speech and language therapist. People's weights were monitored regularly and action taken should any significant changes be noted.

Care plans identified specific dietary needs, likes and dislikes of people and the cook was aware of these. Mealtimes were a calm and sociable time with staff available to support people if this was required. One person said, "[The food] is quite nice, quite reasonable. More than I can eat, I haven't got a big appetite but really the food is fine." Another told us the food was, "Quite good, they ask us sometimes what we would like. If there isn't anything you like they make you a sandwich." A third person said, "We always have a choice which is good as we're not all alike. We're very well catered for."

Records showed health and social care professionals visited the service as and when required. For example, care records held feedback from GP's and community mental health team staff. Professionals told us staff identified people's needs and involved them appropriately.

Is the service caring?

Our findings

People were valued and respected as individuals and were happy and content in the home. They were cared for by staff who understood their needs and who provided a calm, caring and happy environment for people to live in. Professionals who visited the home said people were well cared for and happy in the home.

The atmosphere in the home was calm, friendly and very family orientated. People were encouraged to interact with each other in a communal area of the home although some chose to remain in their rooms. People were encouraged to dine and enjoy activities together in the main lounge area of the home and another smaller lounge was also available if people wanted to sit quietly. Staff knew people well and demonstrated regard for each person as an individual. They addressed people by their preferred name and took time to converse with them in a way which was meaningful and supportive for them.

Staff had a very good awareness of people's life history, likes and preferences and incorporated this into the way in which they provided care for people. For example, one person enjoyed music and theatre and staff demonstrated a genuine interest in sharing this with the person. This person loved to play a piano which the registered manager had purchased for them. Another person regularly sang along to this. Staff were aware of these interests and encouraged people to participate in meaningful activities.

People and their relatives were involved in providing information to inform their care plans. Care records showed staff interacted with people to understand their needs, views, preferences and dislikes. Relatives were involved in the planning of care for their loved ones

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. There was a non-smoking policy inside the home. However, for one person who liked to smoke a cigarette when they moved into the home, the registered manager and staff had respected this choice and had created an outdoor area where they could enjoy smoking whilst ensuring the safety and welfare of everyone in the home. People's rooms were personalised with their own furniture and belongings. Some people chose to have memory boxes outside their rooms which were personalised to reflect their life, likes and preferences. When bedroom doors were closed staff knocked and waited for a response before entering.

Whitehaven Rest Home is a pet friendly home where people are encouraged and supported to continue to care for their pets or others kept in the home. Two dogs and two cats lived in the home and people enjoyed having them around. One person found it comforting to have a cat sleep on their bed with them and another enjoyed stroking them through the day.

People and their families were given support when making decisions about their preferences for end of life care. Staff recognised the importance of ensuring people were supported at this vulnerable time. Feedback from the families of people who had received end of life care at the home spoke of compassionate and caring staff who supported people and their families throughout a very difficult time. One family said they "Will always be grateful for the care the people of Whitehaven gave my [relative] that kept [them] healthy,

safe and content."

Another family wrote to the Commission and spoke of the excellent care and support that their relative had received in the final stages of their life. They said they, "Felt so relieved that [relative] had a good death in her home from people who really do care." A family very recently bereaved wrote to the Commission to commend the very high standards of care provided at Whitehaven and "When the end came, we were treated with such kindness and respectfully allowed to be with her, given the space, care and time we needed."

Staff spoke passionately of the care and attention to detail they took when supporting people in the end stages of their life and how they supported families at this difficult time. One member of staff told us, "We really get to know people very well and so it is always a sad time for us all but it is a privilege to share this time with families." We saw the activities coordinator provided support to a family recently bereaved by producing a scrap book of mementoes for the family including specific articles, pictures and information sheets about the person.

Is the service responsive?

Our findings

People were able to express their views and be actively involved in making decisions about their care. They were encouraged to be active and healthy in the home and were supported by staff who knew them well.

People had been assessed prior to their admission to the home and these assessments helped to inform care plans. People's preferences, their personal history and any specific health or care needs they may have were documented. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes and the personal abilities of people to manage their own care, along with the support they required from staff.

Staff had a good understanding of the need for clear and accurate care plans which reflected people's needs. Care plans in place were person centred and gave clear information for staff on how to meet people's needs. Care plans had been updated monthly or more frequently as required. For example, for one person who had recently returned from hospital, their care plans had been updated to reflect their changed needs and how staff should support these.

Information in care plans noted people who were important to each person and who needed to be involved in their lives and in helping them to make decisions. People were supported to maintain close relationships with families and friends. Relatives and visitors were warmly welcomed in the home and encouraged to participate in daily activities and events.

There was a wide range of activities available throughout the week in the home, including music, art and crafts, games, reflexology, reminiscing therapies and external entertainers. These were planned in advance by the registered manager and their deputy and clearly advertised throughout the home including in most people's bedrooms. On the day of our inspection an external entertainment company presented a 'Summer Show'. People told us they enjoyed the show very much. One person said, "The show was amazing, I loved it, great fun." Another said, "We do lots of great fun things, we don't have to do them but it is fun to do things together." We saw that people enjoyed each other's company and were encouraged to join in all activities. There were photographs around the home of people participating in social events and people spoke highly of the activities available to them.

The registered manager invited local community groups including people from the local church, dementia care groups and school children into the home. They told us this allowed the home to be an integral part of the local community. People also visited local venues to involve their families in the home. An annual open day was held to invite local people to visit the home and events were held to celebrate special occasions such as Christmas and birthdays. A 'Family Involvement Board' displayed in the home provided details of events and any other information for families and visitors. This displayed recent events such as a thank you from a national charity for funds recently raised for them at the home.

The registered manager displayed information about the home, how to make complaints and other

documents in an easy read format. This meant people had access to the information they needed in a way they could understand it and the home was complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff spoke with people and their relatives and visitors in a warm and friendly way and encouraged them to express any views about the service. People and their relatives were able to express their views or concerns and they told us they felt these would be dealt with effectively.

There were effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. We saw any concerns or complaints were investigated and actions from these were implemented.

Is the service well-led?

Our findings

People felt the service was well led and spoke highly of the registered manager and all the staff at the home. Health and social care professionals said the service was well led. They said they received a good response from all staff when they visited as they knew people very well.

The registered manager completed a robust program of audits to ensure the safety and welfare of people. Any actions identified through these audits were completed. These included audits on medicines, care records, infection control, environment, equipment checks and fire safety.

The staffing structure in place at the home provided a strong support network for staff and people who lived at Whitehaven. Staff had a good understanding of their role in the home and the management structure which was present to support them. The registered manager and their deputy manager provided senior leadership in the home and were supported by a group of team leaders to ensure a smooth running of the home. Staff told us they felt supported through supervision and team meetings which were used to encourage the sharing of information such as learning from incidents and new training and development opportunities.

The registered manager promoted an open and honest culture for working which was fair and supportive to all staff. They were visible in the home and encouraged people and the staff to be proud of their home. A member of staff told us, "This is a lovely home to work in. We are a team and work well together, we are just like family." Another said, "[Registered manager] really promotes a family ethos in the home. We are like a family together and this is really lovely for the residents. I love working here." A third member of staff said, "[Registered manager] knows her stuff, I would definitely want my Mum to live here when she can't cope any more."

People, their relatives and staff were encouraged to feedback on the quality of the service provided at the home through a variety of means of communication. A comments book in the home and comment cards were available in the reception of the home. One comment from a health care professional said, "Whitehaven always greets me with exceptional service from all the team and are welcoming and helpful. Residents always seem happy and busy with activities." Annual quality assurance surveys showed people and their families were very happy with the care provided at the home. One said, "A happy, caring environment," and another said, "Very caring staff." One relative provided feedback which said, "I am offered regular reviews and updates on my [relative's] wellbeing and we as a family are so pleased with Whitehaven." Staff feedback said, "Good team work." Feedback provided to an external website from relatives spoke highly of the care people received at the home.

Regular meetings with people and their relatives were held by the registered manager and the deputy manager in an informal and supportive manner. People were given opportunities to discuss any matters of concern they may have in the home and then action taken if needed. For example, people discussed meals or activities provided in the home and decided on new activities or trips to be considered and we saw these had been followed up by the registered manager.

People were happy living at the home. The home was recognised in Spring 2016 as being in the top 20 Highly Commended Care Homes in South East England. This award was received in recognition of the excellent reviews fed back from people and their relatives about the high standards of care maintained in the home. Staff were very proud of their home and strove to ensure people received high standards of care at all times.