

Strathmore Care

Whittingham House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Whittingham House is a residential care home providing accommodation and personal care for up to 70 people, including people living with dementia. At the time of our inspection, 47 people were living at the service.

People's experience of using this service and what we found

At this inspection, we found some improvements had been made to improve the quality of the service, this included the safe management of medicines. However, governance systems were not always effective and further improvements were required. This included the monitoring and oversight of safeguarding alerts and information contained in people's care plans. The quality of information in care plans varied and some records we looked at did not include sufficient information about individual risks to ensure people were safe. Care plans were currently being updated to ensure they reflected people's up to date care and support needs. The provider did not always comply with their legal duty to notify us of incidents, including safeguard concerns where alleged or suspected abuse took place.

People's care and support needs were met by sufficient numbers of staff. People were relaxed and comfortable in the presence of staff. The management of medicines was safe. Medicines were administered by staff who had received training to do so. There were systems in place to minimise the risk of the spread of infection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 21 August 2019)

There were multiple breaches of regulation. A Warning Notice was served on the provider in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A meeting was held with the provider and registered manager on 26 September 2019.

At this inspection enough improvement had not been made and the provider was still in breach of regulations 12 and 17. The service remains rated requires improvement. This service has been rated inadequate or requires improvement for the last five consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 and 18 July 2019. Breaches of legal requirements were found: Regulation 9 [Person centred care], Regulation 12 [Safe care and treatment] and Regulation 17 [Good governance].

We undertook this focused inspection to check the Warning Notice we previously served in relation to

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions Safe and Well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed following this focussed inspection and remains requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whittingham House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach of Regulations 12 [Safe care and treatment] and 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Whittingham House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focussed inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection team consisted of three inspectors. Two inspectors carried out a site visit, whilst a third coordinated documents sent by the registered manager and spoke with staff.

Service and service type

Whittingham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. We spoke briefly with the registered manager before entering the service to check the current Covid-19 status for people and staff.

What we did before inspection

We sought feedback from the local authority. We reviewed information we had received about the service since the last inspection. This included information sent to us by the provider on 13 July 2020 and a telephone assessment with the provider to understand how they were managing during the Covid-19

pandemic. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, acting deputy manager, senior care workers, care workers and activities coordinator. 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 reviewed a range of records. This included information relating to five people and medication records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included, but was not limited to, staff rostering, dependency levels, safeguarding, risk assessments, care plans and quality assurance systems. We held a teleconference call with the registered manager on 31 July 2020. We also attempted to speak with six relatives by telephone on 31 July 2020.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

At our last inspection in July 2019 the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risks to people were assessed and written guidance in place for staff to follow to keep people safe. However, although staff demonstrated they understood people's care needs and told us they were kept informed when people's needs changed, we found some care records were not always reviewed and updated in a meaningful way when people's care and support needs changed. For example, one person had lost 10.9kg over a six-month period (October 2019 to May 2020). An action plan was put in place in December 2019 and supplements were prescribed. Their care plan which was reviewed in June 2020 stated they had a 'fair appetite and their weight was stable'. There was no consideration of the weight loss or prescribed supplements. The nutritional element of their Waterlow assessment had not been completed. If this had been completed it would have increased the Waterlow score and highlighted the risk/correlation between the person's weight and poor skin integrity. A Waterlow assessment score gives an estimated risk for the development of a pressure sore.
- A member of staff told us one person was able to reposition independently, however their care records stated they required the assistance of two members of staff for repositioning to relieve pressure areas. A monthly review of the person's personal care/skin care undertaken in July 2020 made no reference to pressure ulcer management despite their recent discharge from hospital with a small pressure ulcer. There was no risk assessment in place for pressure area care when we visited the service. A risk assessment dated 1 May 2020 was retrospectively forwarded to us by the registered manager following our site visit.
- Systems were in place to manage falls and bruising within the service, however these did not always correlate. For example, one person had sustained bruising following a fall in May 2020 however the fall was not recorded on the monthly falls' audit/analysis. The poor monitoring of falls and bruising meant steps were not in place to fully investigate, meaning people were still at risk.
- Falls risk assessments were not always completed in full. One person's falls risk assessment recorded they had one or more falls in the last three months however the details of the falls and subsequent action plan to mitigate the risk of falls had not been completed. This meant staff did not have clear written guidance how to manage risk to the person.
- We discussed our findings with the registered manager. They informed us people's care plans were in the process of being reviewed to ensure they reflected people's current care and support needs.

Although some improvements had been made since our last inspection and we found no evidence people had been harmed, the systems in place were not robust enough to demonstrate safety was being effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The risk of harm to people due to poor recording practices was reduced because people were supported by staff who knew them well. Care staff told us shift handovers were informative and important information relayed.
- Some people were at risk of dehydration. They had a daily fluid intake target and had their fluid intake recorded. This was checked by staff and action taken if they had not reached their daily target.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider seeks good practice guidance on recognising and acting on safeguarding concerns.

- Prior to our inspection we asked the provider to provide an overview of all safeguards raised about people living at the service since December 2019; to include a summary of the nature of the safeguard, action taken and investigations that had taken place. The provider confirmed four safeguards had been raised. Feedback from the local authority stated ten safeguards had been raised. Furthermore, the outcome of the safeguard investigations received from the local authority did not always correspond with the information shared with us by the provider. We discussed this with the registered manager. They forwarded to us a safeguarding log which recorded all safeguarding alerts. They assured us they would keep this up to date with all relevant information, to mitigate people from the risk of harm and abuse.
- When safeguarding incidents had occurred, relevant notifications had not always been submitted to CQC as required. This included when people had sustained injuries following unwitnessed falls. We discussed this with the registered manager who confirmed they would ensure relevant notifications are submitted to CQC.
- Staff had received training in safeguarding and understood their responsibilities to raise concerns.

Using medicines safely

At our last inspection we found the management of medicines was not always managed safely. At this inspection, we found improvements had been made.

- Systems and processes were in place to ensure people received their prescribed medicines.
- Medicines were administered by staff who had received relevant training and on-going assessments of their continued competency to administer medicines.
- Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed. Where people had been prescribed medicines on an 'as required' basis, such as analgesia, plans were in place for pain management.

Preventing and controlling infection

- Staff had received training in infection control.
- We observed staff using appropriate personal protective equipment such as gloves, masks and aprons to reduce the risk of infection.
- Because of the increased infection risk to people during the Covid-19 pandemic, CQC undertook an Emergency Support Framework (ESF) assessment with the provider on 16 June 2020 to assess their infection control measures. This showed the provider had good infection control practices in place to minimise the

risks to people and staff.

- The registered manager had implemented a policy and procedure relating to visits to the service during Covid-19 to help keep people and staff safe.

Staffing and recruitment

- There were enough staff to keep people safe and people did not have to wait long to be assisted when they required help.
- The provider had introduced a new dependency tool to ensure suitable numbers of staff were effectively deployed within the service; based on people's needs as opposed to the number of people living at the home.
- Staff told us there were enough workers to keep people safe which confirmed what we saw on the day of our visit.
- People appeared relaxed and comfortable in the presence of staff. People we spoke with told us they were well looked after. One person said, "I told my son all the staff are lovely."
- Recruitment records were not reviewed during our site visit.

Learning lessons when things go wrong

- The registered manager informed us lessons learnt were shared with staff to help improve the quality of the service. They told us they had introduced weekly body mapping checks following concerns being raised by external professionals about the high number of pressure ulcers and bruising within the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection in July 2019 the provider had failed to ensure robust systems were in place to monitor the quality of the service. Furthermore, the standard of record keeping was inconsistent and was not being effectively audited and monitored to ensure it improved. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor the quality of the service including reviewing care records, medicines, health and safety and incidents and accidents. However, further improvements were required to ensure the provider's quality assurance systems were being used effectively to drive improvements to ensure high quality care was consistently delivered. It was clear from our inspection that the lack of robust quality monitoring and auditing was a contributory factor to the ongoing breach of regulation 17.
- Improvements were required to the standard of record keeping. The checks in place were not always sufficiently robust and had not identified the concerns we identified such as shortfalls in risk management as highlighted in the safe section of this report. In the absence of up to date care records staff, including new and agency staff, may not be aware of people's specific care and support needs, thereby placing people at risk of not receiving safe, appropriate care from staff.
- The provider had not always notified us of all safeguarding concerns in accordance with their legal responsibilities.
- The registered manager told us they were committed to ensuring they had greater oversight and governance of the service. They acknowledged there had been a delay in updating care planning documentation to ensure people's care and support needs were accurately reflected. They shared their plans on how they intended to achieve this and assured us reviews of people's care plan documentation would be completed and inputted onto an electronic care planning system by November 2020.

Whilst we found no evidence people had received poor care, the systems in place for checking the quality of the service were not always effectively managed. This placed people at risk of receiving unsafe care and treatment. This was a continued breach of regulation 17.

- Staff told us communication was good. One member of staff praised the daily handover meetings which all staff attended. They said the meetings made them feel inclusive, were non-judgemental, informative and

demonstrated everyone had a role in supporting people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were positive about working at the service and told us the registered manager was supportive. Feedback included, "Morale is good. Most staff are happy. We are looking forward to Covid ending so we can take residents out again." And, "We are treated well and the home supports me. Most staff seem happy so morale is good."
- The acting deputy manager told us the service had improved a lot since our last inspection. They acknowledged further work was required, and the staff team were working well together to achieve this. They were supporting the registered manager to get all care planning documentation up to date. They told us important information about people's care and support needs was shared with staff at daily handover meetings.
- The registered manager told us the acting deputy manager had recently been made supernumerary to support them with the embedding and sustainment of quality monitoring systems.
- Duty of candour requirements were understood by the registered manager if anything went wrong in providing personal care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were actively encouraged to be involved in the running of the service such as menu planning and activities. During Covid-19, one to one meetings with people had been conducted by the activities coordinator. Minutes showed people were happy with the service, particularly with an event held in the grounds of the service where people were able to see their families since the onset of Covid-19 whilst respecting social distancing.
- The registered manager informed us resident and family surveys had been undertaken since our last inspection and was waiting for the final report from the provider; the analysis of returned surveys had been delayed due to the Covid-19 pandemic.
- Staff meetings were held to enable staff to have a say in how the service was run.

Continuous learning and improving care; Working in partnership with others

- Whilst we found some improvements had been made since our last inspection, the concerns identified at our last inspection had not been fully addressed.
- Referrals were made to healthcare professionals so that people could access the healthcare support they required.
- The registered manager recognised the importance of working in partnership with others. At the time of our inspection, the acting deputy manager was attending a meeting with a local GP's practice manager to resolve issues the service had raised about the supply of medicines and GP support.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not robust enough to demonstrate risks to people were being effectively managed. |

The enforcement action we took:

Notice of Proposal to place positive conditions

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Further improvements were needed to ensure quality monitoring systems were robust and effective to drive improvements and ensure people received safe care and treatment. This included ensuring risks to service users were identified and mitigated, clear oversight of safeguard concerns, systems and processes effectively identified where service services' care records contained outdated information about their care needs and relevant notifications submitted to the Commission. |

The enforcement action we took:

Notice of Proposal to place positive conditions on the provider's registration.