

Genesis Homes (Essex) Limited

Whiteacres Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Whiteacres Residential Care Home is a residential care home providing personal care to 17 people aged 65 and over, or living with dementia or mental health problems at the time of the inspection. The service can support up to 18 people in one adapted building which has substantial accessible gardens.

At our last inspection people did not always have a choice of well presented, nutritional food. At this inspection this had improved but people did still not always receive effective care. Although people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. We made a recommendation around continuing to improve these systems. People's needs were assessed, and they had care plans in place but these did not always highlight individual risk. We made a recommendation around improving these plans to ensure that information from other professionals was accessible to ensure people's healthcare needs were met by staff in line with guidance.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

People received caring and kind support from staff who respected their dignity and privacy. They were encouraged to be independent and staff understood their needs well and understood how to care for them in a personalised way. Care plans were informative and regularly reviewed to support them.

The registered manager was approachable and there were opportunities in place which encouraged people and staff to give their feedback. People and relatives knew how to raise a concern or make a complaint.

The environment was adapted to meet people's needs. Regular monitoring of the home ensured that quality of care was regularly reviewed, and improvement measures were in place.

More information is in the full report.

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

Rating at last inspection

The last rating for this service was Good (published 10 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Whiteacres Residential Care Home

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.

Inspection team

The inspection was completed by one inspector.

Service and service type

Whiteacres Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

What we did before the inspection

We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection. As the PIR had been complete nine months prior to the inspection visit we also gave the registered manager

and staff team the opportunity to update us on this during the inspection visit.

During the inspection-

We spoke with three people who used the service and two visiting relatives / friends about their experience of the care provided. We spoke with members of staff including the registered manager, the deputy manager, a senior carer, and one carer. We also spoke with two visiting health and social care professionals on the day of inspection and had feedback from two further professionals after the visit. We reviewed a range of records. These included eight people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including audits, were reviewed.

After the inspection –

We asked the provider to send us further information related to changes to care planning and capacity assessments and they did this.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
- Relatives and people who lived at the home told us they trusted all the staff and would be happy to raise any concerns with any of them. One relative said, "I feel [Name] is safe here."
- When safeguarding concerns were raised and investigated, action was taken to protect people from further harm. For example, the security system for entering and exiting the building had been altered to make it safer for people living at the home.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed.
- People were included in assessing and managing their own risks. For example, some people went out independently and made arrangements with staff for this.
- We saw people being supported in line with their risk assessments; for example, being moved with the assistance of equipment or using cushions to protect their skin. When staff supported people they explained what they were doing and were reassuring.
- Staff we spoke with knew about people's individual risks in detail. For example, they told us about a system used to protect one person's skin when they were resting in bed.
- The environment was checked regularly to ensure that it was safe and well maintained. For example, one member of staff had responsibility for checking water safety and explained the training they had to take on this role and the procedure they followed.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely.
- We saw that staff had time to spend with people throughout the day and to respond promptly when assistance was requested.
- There were systems in place to plan staffing levels according to individual's needs.
- The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- We observed medicines being administered and saw that the staff took time with people and explained what the medicines were. One person received their medicines covertly which means without their

knowledge or consent. This had been agreed with medical professionals as being in the person's best interest for their health management. Records were maintained of this in line with national guidance.

- Some people were prescribed medicines to take 'as required'. Staff asked some people if these were required; for example, for pain management. There was guidance in place to support staff to know when this was needed.

Preventing and controlling infection

- The home was clean and hygienic which reduced the risk of infection.
- Staff understood the importance of protective equipment in managing cross - infection. We saw staff wearing protective equipment and that it was readily available.

Learning lessons when things go wrong

- Lessons were learnt from when things went wrong, and actions taken to reduce the risk. For example, any accidents or incidents were recorded and reviewed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were records to evidence capacity assessments and best interest's decision making when people did not have capacity to make decisions. However, they were not always decision specific or detailed to describe how the judgement was made.
- The provider was receiving advice and support from the local authority quality improvement team to improve the capacity assessments. We saw this work had commenced and that one new assessment had been completed in the new improved format.
- Any restrictions on people's liberty were reviewed to ensure it was the least possible. Conditions in DoLS were adhered to.

We recommend the provider continues to review individual capacity assessments to ensure they are meeting the requirements of the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People's needs were assessed, and care plans were aligned to national guidelines.
- The provider was in the process of moving from paper-based care plans to electronic ones. Although these care plans contained information to support specific conditions, the individual support required was not always clearly evident. For example, staff recorded how much everyone at the home had to eat and drink. However, some people were more vulnerable to dehydration or losing weight and this was not clearly defined in the daily monitoring staff completed.

- When we spoke with one health professional they stated that specific information about individuals needs were not always clearly communicated across the staff team. For example, repositioning advice to prevent people developing sore skin.
- We spoke with the registered manager about these areas for improvement. After the inspection, they adapted the new electronic care plan to ensure this important information for supporting people with specific needs was available for staff through daily prompts. This development would reduce the risk of guidance from staff from other agencies not being shared or followed to meet people's healthcare needs.

We recommend the provider continues to develop their new care planning system to ensure it provides staff with the guidance required to maintain people's health and wellbeing.

- People told us they had regular contact with a variety of health professionals to keep them well.
- Assessments were in place around people's healthcare requirements. This included assessing and monitoring their oral health. One member of staff we spoke with said, "This is reinforced every day and we make sure everyone has mouth care including those who no longer have any teeth because we recognise how important it is."

Supporting people to eat and drink enough to maintain a balanced diet

- At our last inspection we found people did not always have a choice of a well-presented nourishing meal. At this inspection this had improved.
- People were supported to have balanced diets and made choices about the kind of food they enjoyed.
- One person told us, "That meal was delicious, I don't know how they get it so soft and lovely."
- Staff were attentive during mealtimes. When people required support to eat, this was given patiently with gentle encouragement.
- Special diets were catered for and this included softened or puree food for people who were at risk of choking. However, although one person ate this meal and seemed to enjoy it, it was presented in one puree rather than each aspect of the meal being individually done. This would ensure the person could still enjoy individual tastes and a more attractive presentation would encourage appetite, in line with best practise guidance.
- People were offered snacks and drinks on a regular basis and this included some high calorie drinks to enhance some people's dietary intake.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the skills and training to support them well. One person said, "All of the staff are good and know what they are doing; we work together."
- There was a thorough induction for new staff and they completed the care certificate. The care certificate is a national set of standards to ensure all care staff receive a through induction.
- One member of staff told us they completed a workbook of their knowledge and experience to obtain their care certificate. This was followed up by the deputy manager who observed and assessed their competency.
- Other staff had worked at the home for longer periods and were given the opportunity to review and update their skills on a regular basis. The provider kept a record of all the updates staff were required to complete to ensure they did them in a timely manner.
- Some staff were studying for nationally recognised vocational qualifications.

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about the premises and environment.
- There was signage throughout the home to assist people who were living with dementia to orientate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same add rating. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had caring, kind supportive relationships with the staff who supported them.
- One person told us, "The staff are all lovely."
- We saw caring interaction between staff and people throughout the inspection. They chatted and joked with people and had time to put people at ease when needed. They spoke kindly to people and touched their hands, arms and shoulders to offer reassurance which people responded positively to.
- Assessments highlighted equality and diversity support requirements; for example, some people did not have English as their first language. Staff told us about the support provided by relatives to understand them and to use some words. They also used some written signs and translations to assist them to communicate.
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- People were supported to practise their religious beliefs. Staff understood this for each individual. For example, one person carried a prayer book and staff regularly took time in the day to pray with them.
- One visitor told us, "The staff are very supportive of [Name] spiritual side and understand it well."

Supporting people to express their views and be involved in making decisions about their care

- People were enabled to make choices about the care they received. They chose where they spent their time; for example, people spent time in their rooms.
- They were consulted about decisions in an accessible way. We heard people asked what they wanted and what help was required throughout the inspection visit.

Respecting and promoting people's privacy, dignity and independence

- Dignity and privacy were upheld for people to ensure that their rights were respected. Staff supported people with personal care requirements discreetly and ensured they kept doors and curtains closed.
- People were encouraged to be as independent as possible. For example, they used adaptations at mealtime to support people to eat without support.
- Some people's health and wellbeing had improved since living at the home as their condition was managed. As they improved they were encouraged to become more independent and take back some of their care tasks, such as showering independently. A visiting professional told us, "They understand [Name] well and are supportive of their need for independence."
- There was a visitor at the home who had previously lived there. They explained to us how they had improved their independence and taken on tasks in the home like gardening to prepare for moving out. They visited twice a week to see friends and have ongoing support from the staff they had developed relationships with.

- People's families and friends could visit the home freely. One visitor said, "They look after us and make a fuss when we visit as well as caring so well for [Name]; I would say it was excellent."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who knew them well and understood their preferences. Staff we spoke with could explain how they cared for each person in detail and anybody they felt needed closer monitoring.
- People had care plans which were personalised and detailed. They were regularly reviewed and updated.
- Staff told us they met regularly to discuss what support people required. One member of staff said, "We have a handover every day to find out about people's needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and it was clear how information should be shared with them. For example, one person who was living with dementia found it difficult to understand when asked a question. However, they could still read well, and staff therefore wrote down any questions or information for the person who understood information better in that format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were some activities planned with people to ensure they were engaged and interested.
- Staff told us how they planned some group activities and spent time with people individually; for example, going to the shops.
- One relative we spoke with said, "There are outings arranged sometimes and parties; for example they had a Christmas party at the local social club. My relative also likes to be helpful and they get them involved in tidying up and dusting which they like a lot."
- The inspection visit happened on a hot day and the registered manager arranged for an ice-cream van to visit the home and we saw people enjoy choosing an ice cream and reminiscing about doing this in their lives.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints and were confident that they would be listened to.
- One relative told us, "I haven't had any problems, but I would happily talk to the manager if I did."
- There was a complaints procedure in place and any complaints received were managed in line with the providers procedure.

End of life care and support

- People's wishes about the care they would like at the end of their lives had been discussed and recorded. For example, people's choices about whether they wanted to be actively resuscitated were recorded.
- There was nobody receiving end of life care at the time of our inspection.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- People we spoke with told us they knew the registered manager well and they were approachable and available. One person said, "They are very friendly." One relative told us, "The home is well run. They let us know if there are any concerns."
- Staff spoke with us about shared values which focussed on people's wellbeing. One member of staff said, "The registered manager is very good, if you ask for anything he will get it for you."

Continuous learning and improving care; Working in partnership with others

- Audits were regularly completed to measure the quality of the care provided and to set actions to improve it.
- There were improvements being embedded within the home; for example, areas of the home had been recently decorated and the provider had invested in new electronic care plans.
- One social care professional described to us the partnership approach to improving standards. After a quality audit the provider had taken action to make the recommended improvements. They had also accepted support around embedding the MCA fully and were working with the quality team to provide people with better, more detailed capacity assessments.
- There were relationships in the local community to ensure people could socialise outside of the home; for example, with the local social club.

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

- All staff understood their roles and responsibilities and there were clear lines of delegation. Senior staff explained their role and the leadership they provided during a shift.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. They understood the duty of candour and we saw evidence of this in safeguarding records.
- The previous rating of the home was displayed in line with our requirements.

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

- There were regular opportunities for people who lived at the home to give feedback about their care and

any improvements they thought could be put in place.

- Staff felt supported through regular supervisions and appraisals. Team meetings were productive, and staff felt confident their views and opinions mattered and were listened to.