

Farrington Care Homes Limited

Whitway House

Inspection report

Winterbourne Steepleton
Dorchester
Dorset
DT2 9LG

Tel: 01305889455
Website: www.farringtoncare.com

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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

Whitway House is registered to provide accommodation and nursing care for up to 39 people. The people living in Whitway House had diverse support needs: Some people living in the home had needs associated with enduring mental health problems, others need support with needs related to a learning disability or dementia. At the time of our inspection there were 34 older people living in the home.

The service had a registered manager at the time of inspection. 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.

At our last inspection in July and August 2016 we found people were at risk of harm, the requirements of the Mental Capacity Act 2005 were not being met and the systems in place to ensure the quality and safety of the care people received were not effective. There were continued breaches of regulation. We took enforcement action and required the provider to detail the improvements they would make and make monthly reports on their actions to the Care Quality Commission. At this inspection we found that the actions detailed in reports had led to significant improvements.

People felt safe and well cared for. They were protected from harm because staff understood how to reduce the risks people faced. They also knew how to identify and respond to abuse and told us they would be confident to do so.

People had support and care when they needed it from staff who had been safely recruited and understood their needs. Staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet these needs. They told us they felt supported in their roles and had received appropriate training that provided them with the necessary knowledge and skills. Staff also told us they felt valued and part of a strong team. Staff were cheerful and treated people and visitors with respect and kindness throughout our inspection.

People saw health care professionals when necessary. Records and feedback from healthcare professionals reflected that staff responded appropriately to both on going healthcare needs and health emergencies. People received their medicines as they were prescribed.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their lives. Care plans and practice reflected the framework of the Mental Capacity Act 2005. Deprivation of Liberty Safeguards had been applied for when people needed to live in the home to be cared for safely but did not have the mental capacity to consent to this.

People were engaged with a wide range of activities that reflected their preferences, including individual and group activities.

Everyone described the food as good and there were systems in place to ensure people had enough to eat and drink. When people needed particular diets or support to eat and drink safely these were in place.

Quality assurance had led to improvements being made and people, relatives and staff were invited to contribute their views to this process. Staff, people and professionals spoke positively about the management and staff team as a whole.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were supported by staff who understood the risks they faced and provided consistent support in response to these risks.

There were sufficient staff to support people at the times when they needed and wanted support.

People were protected by staff who understood their role in keeping them safe.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were knowledgeable about their needs, felt supported and had received relevant training for their role.

People were supported by staff who worked within the framework of the Mental Capacity Act 2005 and where needed, decisions were made in people's best interests.

People enjoyed social mealtimes and were supported to maintain their health with their choice of food and drink.

People were supported to access healthcare professionals appropriately for both on going and acute healthcare needs

Is the service caring?

Good ●

The service was caring.

People and relatives described the staff as kind and caring and we observed that people were relaxed in the company of staff.

Staff knew how people liked to be supported and offered them appropriate choices.

People had their privacy and dignity respected.

People were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People had person centred care plans and were involved appropriately in regular reviews about their support.

People and relatives felt listened to and were aware about how to complain should they wish to.

Is the service well-led?

Good ●

The service was well led.

Staff told us that the registered manager and senior staff team were all approachable and that they were encouraged to discuss any issues or concerns.

Staff and management communicated well and this meant people's needs and wishes were responded to by the service.

Quality assurance systems were embedded and used to identify trends and areas for development.

Whitway House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on the 4, 7 and 10 April 2017. The inspection was carried out by one inspector.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including injuries to people receiving care and safeguarding concerns. The provider had been providing monthly reports to the CQC since our last inspection.

We spoke with nine people who lived in the home and three visiting relatives. We received emails from two further relatives after our visits. Whilst visiting the home we spent time observing the support people received from staff. We also spoke with seven members of staff and the registered manager. We looked at a range of records during the inspection. These included five people's care records and three staff files. We also looked at information relating to the management of the service including quality assurance audits, policies, meeting minutes and staff training.

We spoke with professionals who had worked in partnership with the staff at Whitway House Nursing Home and gathered their feedback. This included three social care professionals and two health care professionals.

Is the service safe?

Our findings

At our last inspection in July and August 2016 we found people were not receiving safe care and treatment because the risks they faced were not managed effectively. There was a continued breach of regulation. We took enforcement action and required the provider to detail the improvements they would make and submit monthly reports on their actions to the Care Quality Commission. At this inspection we found that the actions detailed in reports had led to significant improvements.

People told us they felt safe. One person told us: "I feel very safe. The staff really are one above." Another person said: "I feel safe. They always come if I need them." Some people were not able to tell us about their experience because they did not use words as their main form of communication. We observed that these people were relaxed with staff; smiling and initiating interaction.

People were at a reduced risk of harm because staff were able to describe consistently the measures they took to keep people safe. This understanding reflected care plans that were written to mitigate assessed risks whilst respecting individual choice. For example staff described how they: helped people manage risks associated with eating and drinking; protected people's skin from developing sores; limited the risks of them falling and responded to risks of social isolation. During the inspection we observed care being delivered in ways that were described in people's care plans to reduce risk. For example, one person used equipment to assist their mobility and staff understood how to support them to use this safely and in ways that suited them as an individual. People who needed support to eat and drink safely received this support as detailed in guidance from professionals.

Staff were confident they would notice indications of abuse and knew how they should report any concerns they had. Staff told us they had received information about how to whistle blow and were committed to doing so if it was needed.

Accidents and incidents were reviewed and actions taken to reduce the risks to people's safety. The root cause of any accident or incident was sought and actions taken to reduce the chances of it reoccurring. For example when people had fallen there was a robust system in place to ensure they were monitored for signs of deteriorating health and records were checked to ensure appropriate referrals were made. This meant that people were at a reduced risk of reoccurring accidents and they received support guided by the expertise of appropriate professionals. Where people could express themselves in ways that caused others distress this was monitored carefully and they were supported respectfully in ways that substantially reduced the chances of this occurring. This meant people were relaxed in each other's company.

There were enough safely recruited staff to meet people's needs. People all told us they did not have to wait to receive care and staff were able to spend time talking as well as responding to the reason they had called them. People who did not spend their time in communal areas were visited regularly by staff who offered them drinks or stopped for a chat. Staffing levels were monitored alongside the needs of people living in the home and this was reviewed by management in conjunction with feedback from staff.

People received their medicines and creams as prescribed. Medicines were stored and administered safely and we observed people receiving their medicines as prescribed. People were meaningfully asked if they wanted pain relief that was prescribed if they needed it in addition to their regular medicines. Some people were not able to communicate pain verbally and records detailed how staff would know if they were in pain using behaviour, facial and body expressions as indicators.

Is the service effective?

Our findings

At our last inspection in July and August 2016 we found that the requirements of the Mental Capacity Act 2005 were not being met and there was a continued breach of regulation. We took enforcement action and required the provider to detail the improvements they would make and make monthly reports on their actions to the Care Quality Commission. At this inspection we found that the actions detailed in reports had led to significant improvements.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

People received care that was designed to meet their needs and staff supported people's ability to make choices about their day to day care. Some people living in the home were able to make decisions about their care and they did so throughout our inspection. Where people were not able to make decisions this had been clearly assessed and decisions made on their behalf reflected the principles of the MCA. Staff understood how this legislation provided a framework to their work and described the importance of encouraging choice wherever possible. Where people were not able to consent to their care families and representatives received appropriate updates and were able to contribute to decisions appropriately. One relative told us: "I have always felt involved and welcome."

The home had applied for Deprivation of Liberty Safeguards (DoLS) where necessary. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely. We spoke with an advocate who was employed as the relevant person's representative (RPR) for people living in the home. This is a role defined by the MCA to act on the person's behalf in respect of their DoLS. The advocate told us that the nursing staff were very good and open and they had been able to actively carry out their role as RPR and work with the staff and relevant professionals in decision making processes.

People and professionals told us the staff had the skills they needed to do their jobs. One person told us: "I think the staff are good at what they do." One professional who had provided training in the home told us they had been: "impressed by the staff who want to learn". They also told us that they observed that the staff

understood people's needs and the way their health impacted on their lives. Staff told us they felt supported to do their jobs. They spoke competently about the needs of people living in the home and told us that their training was appropriate for their role. They were able to give examples of how training that had reflected the needs of people living in the home had made them more able to support people. For example staff described how training had helped them to communicate and understand people with learning disabilities and dementia living in the home. Another member of staff described how they had been supported to share training around infection control with their colleagues. Staff described how guidance from the whole management team and their colleagues ensured they were kept up to date with people's needs. One member of staff commented: "I can always ask and I know I will get support and guidance." Training reflected national changes such as the introduction of the Care Certificate which ensures that new staff receive a comprehensive induction to care work.

Staff told us that they received supervision from the senior staff team and that these covered both practice and development issues. All the staff we spoke with gave examples of how they had been offered personalised support and development opportunities and felt valued by their colleagues and line managers.

People and staff said the food was good. One person told us: "The food is fabulous." Lunchtime was a calm and social event for those that wanted to eat together. People who needed support to eat and drink received this and where people had guidance in place about safe eating and drinking this was followed. The chef was committed to exploring ways of making food more appealing and accessible to everyone living in the home. To this end they sought feedback directly and via the nursing staff and had worked to develop the options available for people who needed their food pureed. People who chose to eat in their rooms were able to do so and received their meals at the same time as those in the dining room. People were offered a choice of meals in ways that were meaningful to them individually. We observed that one person had not wanted the main options available and instead had chosen favourites from the café menu options. The staff brought this at the same time as everyone else ate saying: "Here you are something special." The person clearly appreciated this.

People's weights and other indicators of adequate nutrition and hydration were measured regularly and there were systems in place to make sure that action would be taken if anyone became at risk. During our inspection some people were receiving fortified diets and additional snacks to help them to gain or maintain their weights.

People were supported to maintain their health and records indicated they saw medical professionals whenever this was appropriate. One staff member described how people communicated if they were feeling unwell and the actions that could be taken. We spoke with two health professionals who were both complementary about the way staff had supported people with complex and challenging health conditions.

Is the service caring?

Our findings

When we last inspected the home in July and August 2016 we identified that people were not always encouraged to make choices and that people's experience of their support was not always respectful. We made a recommendation that advice was sourced about considering dignity and autonomy in ways that were meaningful to individuals. At this inspection we found that improvements had been made.

People and relatives all told us the staff were kind and that they felt cared for. One person explained the staff were all 'lovely'. Another person described how the staff "all come in and have a chat... they are all very good". Another person described how staff helped them with an activity that made them feel good about themselves; smiling as they talked. Relatives commented on the welcoming caring approach of all the staff. One relative told us: "The nurses and care staff are always smiling and friendly, nothing is too much trouble."

Some of the people living at Whitway House found caring for and about others challenging. This meant they could upset other people with their words and actions. Staff were attentive to people and were respectful of each person individually. The registered manager told us they had introduced a role of dignity champion within the home and described an approach that acknowledged what worked for and mattered to people. This philosophy of valuing people's individuality and promoting an environment that was not judgemental was evident in the way staff spoke about and with people.

Staff took time to build relationships with people in an individual way and spoke of, and with, people with affection. They spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. We heard laughter during our inspection but staff also spoke respectfully to people living in the home and each other. Staff described the importance of respect for individuals when providing care and support. For example, care staff described small details that people appreciated when they were supported with personal care. The member of staff who supported people with activities described how they developed relationships to support people better. They told us this was especially important with people who remained in their rooms and gave examples of conversation topics and activities they had discovered people responded positively to.

People were supported and enabled to make choices and the care provided reflected this. A social care professional reflected on the support provided to a person they supported and told us: "They (staff) are absolutely respectful of their wishes." People were encouraged to choose their food and drinks, what activities they joined and day to day decisions such as when they got up and when they went out. One person told us with a smile that: "I can decide what I do although they sometimes try and trick me to do what's best for me". People's independence was promoted and staff described how they only helped when needed and encouraged people to take on responsibilities. We observed a person being supported to walk to get a glass they had left in their bathroom rather than the member of staff getting it for them. The person told us they appreciated never feeling rushed. Another person was supported to retain their ability to feed themselves with discreet prompting.

There was a communal atmosphere promoted by staff when people were together in groups. For example

when doing activities and eating together people were encouraged to have conversations.

Care plans included information about end of life care where this was known and it was clear that this was only discussed with people who wished to do so. Feedback from relatives reflected gratitude for the care their relatives received. One relative had commented on "careful nursing" their relative had received and another relative described how "they could not have wished for better care or a better place" for their relative who had recently died.

Is the service responsive?

Our findings

When we last inspected the home in July and August 2016 we identified that people did not always receive support that was responsive to their needs and preferences. We made a recommendation that advice was sourced about embedding person centred care. At this inspection we found that improvements had been made.

People received the care they needed in ways that suited them. A relative commented on the impact of the care provided to their loved one saying: "Their health has improved mentally and physically and they've had no more falls." A health professional who visited regularly told us: "They are really thinking about people's needs there." People told us they were happy with the care they received throughout the day and night. One person told us: "I always get the help I need." Another person told us: "Day and night there is always someone available."

The registered manager knew all the people living in the home and described their needs and what was important to them and this detailed understanding was shared by staff we spoke with. The ethos of knowing people as individuals and using good practice to inform individualised plans of support was evident in staff behaviour and the way they described the care and support they provided.

People's care needs were assessed and these were recorded alongside personalised plans to meet these needs. Staff reviewed and discussed people's current care needs and this ensured that people experienced continuity of care. This was evident in staff members ability to describe recent changes to people's care needs with confidence. For example one person had experienced falls and the care plan had been updated to inform staff how to support them safely. Another person had lost weight and their care plan had been updated to reflect their changing needs. Staff were able to describe this change and how they were responding to it. Needs were assessed and care plans written to ensure that physical, emotional, communication and social needs were met. People told us they could ask staff to do things differently and that the staff always checked with them whilst providing care and support. This approach enabled staff to provide personalised and responsive care.

Records showed that relatives were involved and their knowledge about their relative was valued and sought out regularly. Relatives also told us that this was the case explaining that they always felt they were informed and consulted appropriately. One relative told us: "I receive information immediately if there is a change in (relative's) condition; the staff are very good at keeping (relative's) family informed of all (their) care. There are regular reviews of (relative's) care with the appropriate staff and I feel that (their) needs are very well met." Relatives told us that this involvement and feedback made them confident in the care their loved one received.

The staff kept records which provided information about the care people received and this meant the care could be reviewed effectively and changes made when they became necessary.

A social care professional commented on people's input into care planning within the home. They

explained that individual wishes were taken into account and this included revisiting decisions and plans in response to people's changing health and circumstances.

Activities were planned for groups and individuals, across the whole week, by a dedicated activities coordinator in conjunction with people and care staff. Another member of staff was being recruited to increase time for activities and social interaction during our inspection. People told us they enjoyed the activities. One person told us: "There is always plenty to do if you want to join in." Another person told us how much they had enjoyed painting. When necessary additional staffing had been provided. A wide range of activities were offered including music, discussion, sensory massage and exercise and trips out. These were under regular review to ensure people's individual needs and preferences were reflected. The activities coordinator described how training had enabled them to further develop their work with people living with dementia. They described how for some people: "doing something productive, helpful and/or creative sparks something" and gave examples of activities that had led to people living in the home becoming focussed, inspired and engaged. Plans had been made to reintroduce a furniture restoring activity after it was requested by a person and their relative. Volunteers were being actively sought to develop this at the time of our inspection.

People told us they would be comfortable raising concerns and complaints. One person told us how if they have a problem they could talk to the staff. Another person told us: "We can talk to Matron (registered manager) she is very nice." Relatives also told us they felt assured speaking about any concerns or suggestions. One relative told us: "I am confident to speak to any of the staff or (registered manager). They are always available." There had been no formal complaints received in the year prior to our inspection. However there was information available to all people and visitors about how to make complaints.

Is the service well-led?

Our findings

At our last inspection in July and August 2016 we found that the systems and processes designed to ensure the quality and safety of people's care were not effective. There was a continued breach of regulation. We took enforcement action and required the provider to detail the improvements they would make and submit monthly reports on their actions to the Care Quality Commission. At this inspection we found that the actions detailed in reports had led to significant improvements.

Whitway House was held in high esteem by the people living there, relatives, and staff. People told us they thought the home "lovely" and made comments like "I cannot fault the place." Everyone identified the registered manager as being important in their experience of the home. One member of staff told us: "We have been through difficult times but (registered manager) is supportive of the staff. They are a good manager. They are checking that everything is done."

There were systems and structures in place to ensure that the quality of service people received was monitored and improved. These included checks on medicines, health and safety and care plans. These audits had been effective in ensuring change. For example care plan audits had identified areas missing from a care plan and these had been addressed. Health and safety checks highlighted work that needed to be done and records showed these were attended to quickly. A review of people's meal time experience had been conducted and led to changes in how mealtimes were supported by staff. Equipment had also been purchased to ensure meals were kept warm. People and relatives had been asked for their feedback and the views and comments of professionals were considered and acted upon. The quality assurance processes considered people's experience and made the home safer and more responsive for people living there.

The registered manager worked closely with the staff team to ensure on going improvement to the quality of care people received and the support available to staff. They used feedback from people and staff to inform this process and reported every month on development plans. These plans had been sent to the provider as part of the CQC's enforcement action. The registered manager had found this process useful and planned to continue this reporting to ensure the provider was able to retain oversight.

The registered manager highlighted the work undertaken by the whole staff team in making changes to the experience of people living in Whitway House. They spoke positively about the commitment of all the staff and valued the work. This was reflected by staff who told us they felt valued and supported. They told us that they received constructive feedback and support through both formal supervision and informal discussions. The staff and registered manager spoke confidently and enthusiastically about their plans to continue making improvements at Whitway House. These included: continued improvements to the décor and furniture, which was becoming worn in places, before it led to difficulties with maintaining a clean environment and consideration of re-enrolling with the Gold Standards Framework. The Gold Standards Framework is a national scheme that promotes quality end of life care.

The registered manager described their commitment to achieving a unified and valued staff team in order to achieve the best care for people. Comments from staff indicated that this commitment was reflected in their

experience. Staff had a shared understanding of the ethos of the home and understood their responsibilities. They described both individual and a team commitment to ensuring that people felt at home living in Whitway House

. One member of staff described a strong staff team saying: "We work really well as a team." Staff meeting minutes reflected discussion regarding practice and a staff team who sought to improve the experience of people living in the home through team work. A member of staff told us: Staff meetings are good. Everyone speaks and we can sort out any issues." Staff, people and relatives told us that the management team were accessible and approachable.

Professionals were confident in the management of the home and told us that they experienced a team that were receptive and responsive.