Four Seasons (Bamford) Limited

Whittington Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 9 February 2015 and was unannounced.

Whittington Care Home provides accommodation, nursing and personal care for up to 48 older adults. This includes people living with dementia. At our visit, 34 people were living in the home, including 26 people receiving nursing care. There is a registered manager at this service. 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 June and July 2014, we found that the provider's staffing arrangements were not sufficient for people's needs to be safely met or to protect them from the risks of unsafe or inappropriate care and treatment. We also found that people's medicines and their health and personal care needs were not always

Summary of findings

being safely managed or met and that people's consent was not always properly obtained or authorised for their care. These were breaches of Regulations 22, 13, 9 and 18 of the Health and Social Care Act 2008 (Regulation Activities) Regulation 2010. The provider told us about the action they were taking to address this and the registered manager sent us regular progress updates. At this inspection we found that the required improvements had been made.

People were protected from harm and abuse. People felt safe in the home and relatives and staff were confident that people received safe care in safe surroundings. All were confident and knew how to raise any concerns about people's care and safety in the home if they needed to. Arrangements for staff recruitment and deployment were robust and sufficient to meet people's needs.

People were safely supported and potential or known risks to their safety from their health conditions were identified before they received care. Action was taken to mitigate any risks to people's safety through robust care and emergency planning arrangements. This informed staff about people's health conditions and their related care and support needs.

People were supported to maintain and improve their health and their medicines were safely managed. People received sufficient and nutritious meals and they were safely supported to eat and drink. There were plans to review the use of aids and equipment to optimise people's independence at mealtimes. External health professionals were consulted and staff followed their instructions for people's care and treatment when required. Staff received the information, training and supervision they needed to perform their roles and responsibilities. Improvements were being made to develop and tailor people's dementia care through staff training.

Staff understood and followed the Mental Capacity Act 2005 (MCA) to obtain people's consent or appropriate authorisation for their care when required. People's capacity to consent to their care was properly considered and decisions were appropriately made in people's best interests when required.

People received care and prompt support from kind and caring staff who, knew them well and respected and promoted their rights. People's relatives were asked for their views and they were appropriately involved in people's care. People's relatives knew how to raise concerns and complaints and they were kept informed and involved in people's care. The provider actively sought people's views about the care provided and listened and acted on what they said to make improvements when needed. Staff supported people to interact and engage with others in a way that met with recognised practice for dementia care.

People, relatives and staff were confident and positive about the management of the home and the on-going service improvements during the previous six months. The home was well managed and the quality and safety of people's care, was regularly checked. This information was being used to inform, plan and make care and service improvements when required. Records were robust and safely stored. The provider notified us when important events occurred in the service when required.

Staff understood their roles and responsibilities and they were regularly asked for their views. Staff, were confident in the management and leadership of the home and they understood and were motivated by the recent care and service improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Improvements had been made to protect people from the risks of unsafe care and treatment. People's medicines were being safely managed and staffing arrangements were sufficient to meet people's needs.

People felt safe in the home and they were protected from the risk of harm and abuse. Risk assessments and care plans showed how risks to people's safety were being managed. Staff recruitment arrangements were robust and work was in progress to improve some of the provider's emergency plans where required.

Good 

Is the service effective?
The service was effective.

Improvements had been made, so people's health, communication and personal care needs were met. People's consent or appropriate authorisation to their care was being obtained.

People received sufficient and nutritious meals. Staff consulted relevant external health professionals for people's care and treatment and followed their instructions when required. Staff received the training and supervision they needed. Improvements were being made to develop and tailor people's dementia care through staff training.

Good 

Is the service caring?
The service was caring.

Staff took time with people and knew them well. People and their families were welcomed, involved and happy with the care provided. Staff, were kind and caring and they promoted people's dignity and rights and treated them with respect. Staff, were sensitive to people's needs and acted promptly and appropriately when people needed assistance or became uncomfortable or distressed.

Good 

Is the service responsive?
The service was responsive.

People received prompt assistance from staff when they needed support and their diverse needs and known preferences were taken into account in the planning and delivery of their care. There were plans to review the use of aids and equipment to optimise people's independence at mealtimes.

People and their relatives were appropriately informed and involved in the care provided and their views, concerns and complaints were used to improve people's care experiences.

Good 

Is the service well-led?
The service was well led.

Good 

Summary of findings

The service was well managed and records were robust and appropriately maintained and stored. The quality and safety of people's care, was regularly checked and findings were analysed and used to make improvements when required. Staff, were confident in and understood their roles and responsibilities. They understood and were motivated by the recent changes and service improvements made for people's care.

Whittington Care Home

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.

We visited the home on 9 February 2015. Our visit was unannounced and the inspection team consisted of two inspectors.

Before this inspection, we looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. We also spoke with local health and care commissioners responsible for contracting and monitoring people's care at the home.

During our inspection we spoke with six people who lived in the home and six relatives. We also spoke with two nurses, five care staff, a cook, the registered manager and a senior manager for the registered provider. We observed how staff provided people's care and support in communal areas and we looked at seven people's care records and other records relating to how the home was managed. For example, medicines records, meeting minutes and checks of quality and safety.

As many people were living with dementia at Whittington Care Home, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

Good

Is the service safe?

Our findings

At our last inspection in June and July 2014, people's medicines were not being safely managed and staffing levels were not sufficient to fully protect people from the risks of unsafe care and treatment. These were breaches of Regulations 13 and 22 of the Health and Social Care Act 2008 (Regulation Activities) Regulation 2010. Following that inspection, the provider told us what action they were going to take to rectify the breaches and at this inspection we found that improvements were made.

At this inspection, all of the people we were able to speak with felt safe in the home and people's relatives were confident that people received safe care in safe surroundings. All said they had no concerns about people's safety, but if they did, they were confident to raise them and that they would be addressed. One person told us, "I do feel safe; I'm comfortable here."

Staff knew how to recognise abuse and the action to take if they suspected or witnessed the abuse of any person living in the home. Training and procedural guidance was provided for staff to follow, which included local procedures to follow in any event. Information was provided for people and their relatives about how to recognise and report abuse. This helped to protect people from the risk of harm and abuse.

People and their relatives said that staffing arrangements were sufficient for people' care needs to be met. Between October 2014 and January 2015, five people's relatives had shared their views about staffing and safety arrangements in the home on a recognised national care homes website. All of their views were positive and most described staffing, safety and also the cleanliness of the home as excellent.

We observed that staffing arrangements were sufficient to meet people's needs. Staff, were available when people needed them and they supported people safely. This included supporting people with their mobility and medicines. For example, we saw that staff closely, but discreetly, observed one person who often chose to move freely around the home. Staff explained that because the person often became unsteady on their feet, they were at risk of falling. We saw that staff, were to hand when the person became unsteady and they gently guided the person to sit and rest.

The provider's arrangements for staff deployment and recruitment were robust. Staff described appropriate arrangements for their recruitment and told us that staffing arrangements were sufficient for them to perform their role and responsibilities for people's care. A recognised management tool was used to help determine staffing levels and skill mix. This took account of people's care, safety and dependency needs.

People's medicines were being safely managed. People said they received their medicines when they needed them. We observed two nurses giving some people their medicines and saw that this was being done safely and in a way that met with recognised practice. For example, people were offered a drink of water to help them swallow their medicines and each nurse waited to check that the person had taken them, before signing the person's medicines administration record (MAR) to show whether they had been safely given. There were no people who had either chosen, or were assessed as being able to retain and administer their own medicines themselves. However, policy and procedural guidance and suitable storage arrangements were provided to support any person who may do so, safely.

Some people were prescribed medicines to be given when they needed them rather than at regular intervals. For example, for relief of their pain or anxiety. However, because of their medical conditions, those people were not able to request those medicines when they needed them. We observed that care plans, known as protocols, were attached to each person's MAR to help staff to make consistent decisions about when to give people those medicines. A recognised way of assessing the level of pain people may be experiencing was also used. This helped to make sure that people received their pain relief when they needed it. We saw that nurses giving people's medicines followed these when required.

People's care records showed that potential or known risks to their safety were identified before they received care. Their written care plans showed how those risks were being managed and reviewed. For example risks from falls, pressure sores, poor nutrition and infection. Staff understood the risks identified to those people's individual safety and the care actions required for their mitigation, which they followed. This helped to make sure that people received safe care and treatment.

Good

Is the service safe?

Emergency plans were in place for staff to follow in the event of any emergency in the home. For example in the event of a fire alarm. Improvements were being made to introduce personal emergency evacuation plans for each person living in the home, together with a summary plan for staff to follow if required. The registered manager told us they planned to carry out regular checks of these following their completion, to make sure they were kept up to date. Staff training was also planned for the use of additional emergency evacuation equipment, which had been recently provided. A report from the local environmental health authority in September 2014 found satisfactory arrangements in the home for food hygiene and handling.

Good

Is the service effective?

Our findings

At our last inspection in June and July 2014, the provider's arrangements did not always ensure that people's health and personal care needs were being properly met; or that people's consent or appropriate authorisation to their care was obtained. These were breaches of Regulations 9 and 18 of the Health and Social Care Act 2008 (Regulation Activities) Regulation 2010. Following that inspection the provider told us about the action they were taking to make the improvements required and also when they had been made. At this inspection we found that the required improvements had been made.

At this inspection, people we spoke with and their relatives told us they were happy with the care provided. All felt that people's general and mental health needs were being met. One person told us, "I get the care I need; the staff know what they are doing." Another person's relative told us, "The [care] improvements made during the last six months are very much for the better; I would certainly recommend the home."

People were supported to maintain and improve their health and staff understood people's health needs. This included arrangements for people's on-going routine health screening, such as chiropody and optical care. Staff consulted with external health professionals when needed and followed their instructions for people's care and treatment when required. For example, relating to some people's wound care or nutritional care needs. Pilot plans were underway for the service to have direct webcam access to emergency health care professionals at the local general hospital when required. This meant that staff at the home would have appropriate access for initial urgent medical advice following sudden changes in people's health conditions, with the least possible disruption to people receiving care in the home.

People's needs assessments and care plans, determined their health needs. They provided staff with comprehensive, up to date information to follow, about people's related care requirements and their general and mental health conditions. For example, one person's care plan showed they may become frustrated and aggressive because of their communication difficulties relating to their dementia condition. We saw that staff followed this person's care plan instructions to help them to communicate with and anticipate the person's needs. Staff helping the person said they had received training and instruction, which had helped them to understand the different types of dementia conditions and their likely effect on people.

All of the staff we spoke with told us they received the information, training and supervision they needed to provide people's care. Records showed that staff received regular training updates when required. This included clinical skills training and supervision for the registered nurses employed. Approaches to people's dementia care were being developed through staff training. This included dementia care mapping, which the registered manager had recently completed. Dementia care mapping is a research based specific way of observing people. It helps staff to understand how to engage with people and understand their experiences of their care when they cannot tell anyone.

Staff, were aware of and followed the key principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This helped to ensure that people's consent was being properly obtained or authorised for their care. The MCA is a law providing a system of assessment and decision making, to protect people who do not have capacity to give consent themselves to their care, or make specific decisions about this.

People's care plan records showed whether people's capacity to consent to their care, or their communication needs for obtaining their consent, had been properly considered. Many people were able to make some simple decisions about their day to day care, such as what to eat or drink or what to wear. However, most were not able to make important decisions about their care and treatment, such as in the event of their sudden collapse. Where people lacked capacity to make these decisions, their care plan records showed how they were made in their best interests. This included appropriate consultation with relevant health and social care professionals and family members.

The registered manager described how staff, were restricting one person's freedom in a way that was necessary to keep the person safe, following changes in their health condition. Appropriate steps had been taken to obtain a formal authorisation for this action from the relevant authority, which is known as a Deprivation of Liberty Safeguard (DoLS). This is required when a person's freedom is being restricted in this way. Staff told us about two people who were sometimes at risk of falls because of

Good

Is the service effective?

their health conditions and the care and equipment they sometimes needed to help keep them safe. Their care plan records showed that each person's care was planned to use the least restrictive option for their safety. Their care was also agreed in their best interests in consultation with their relatives and a relevant health professional where required.

People who were able to share their views and relatives told us that sufficient nutritious meals were provided. At lunchtime we observed a relaxed, calm atmosphere. People received a nutritious diet and they were provided with regular drinks. Staff knew people's food preferences and served different combinations of food to people to suit these. Food menus provided a choice at each meal, including at least one hot alternative.

Many people had difficulties eating and drinking relating to their health conditions. This included some people who had swallowing difficulties, which meant they may be at risk of choking. We observed that staff served different types and consistencies of foods to people, that met with their dietary requirements.

Good

Is the service caring?

Our findings

People who were able to share their views said they were happy living at the home. All people's relatives we spoke with were positive and appreciative of the care provided. All felt that staff, were respectful and kind and that they ensured people's dignity and privacy when they provided care. One person said, "Staff are lovely, they are kind and take care of me." People's care records showed the key names and contact details of those who were important to them. People's relatives said they were made to feel welcome and could visit at any time to suit the person receiving care. They also said that they were asked for their views and were involved in people's care. This included meetings that were being regularly held with them.

A local MP had written to the registered manager in October 2014, to share information they had received from a constituent about the care provided in the home. Their letter commended the home for the standard of care and the quality of life and dignity experienced there by their constituent.

Staff knew people well and they understood and supported people's known daily living preferences, routines and choices, which were clearly recorded in people's care plans. For example, one person living with dementia always rose very early in the morning and staff supported them to rest or sleep on their bed for a while during the afternoon. Staff explained that this person's routine matched their previous working life pattern. Staff also took time to engage socially with people and they promoted people's dignity and privacy and supported them to engage at their own pace.

For example, when staff supported people with their medicines or their mobility, they were patient and gave people time to focus and helped them to understand what they needed to do.

Most of the people living in the home needed significant support and guidance from staff to help them to perform their routine daily living activities, such as washing and dressing. This was because they were living with significant dementia conditions. People's care plans showed their known preferred daily living routines and preferences and we saw that staff followed these. For example, people were dressed in clean and comfortable or smart clothing and footwear, which met with their known preferences. Staff took time to gently check with people, that they had remembered to wear their spectacles or hearing aids when required. Staff helped to maintain one person's dignity, by discreetly encouraging them to change an item of their clothing after lunch when it became soiled with food spillage.

Most people were not able to tell staff directly how they felt because of their dementia care needs. We saw that staff acted promptly when people were in discomfort or distress and supported them in a caring and meaningful way. For example, staff quickly fetched a personal item for one person from their own room, because they knew it was of particular comfort to them when there were anxious. The person then became calmer and more responsive to staff, who then gently guided them to sit in the sunshine in the conservatory. Staff explained that the person liked to feel the sun on their face and particularly enjoyed the conservatory when it was cold outside. We observed that the person closed their eyes, lifted their face towards the sun light and then smiled for a while as they became visibly more relaxed.

Good

Is the service responsive?

Our findings

People who were able and all people's relatives we spoke with said that staff, were helpful and responded promptly when they needed assistance. One person's relative commented that they were pleased that staff had taken time to consult with them and to understand the person and their preferred daily living routines and lifestyle preferences. They told us, "He was always a practical man and a doer; the staff help him to be as independent as possible.

During our inspection, we saw that staff supported people to interact and engage with others. This was done in a way that helped to optimise people's autonomy and independence and met with recognised dementia care practice. People's care plan records included information about people's social, occupational and family histories and their known lifestyle preferences and routines. The information was used to help staff to know people and to understand and recognise their dementia care experience and related care needs.

Before lunch, we observed that staff used a range of ways to help people to choose their lunchtime meal from the available menu choice. This included, asking people directly, showing people pictures of the meals being provided and showing people the actual food dishes available. Staff showed one person two large picture cards that depicted one of the two main lunchtime meals that were being provided. They gently touched the person's arm and then drew the same hand they had used to the picture. Staff explained that this use of touch and gesture helped them to communicate with the person who had difficulties understanding the spoken word because of their medical condition. We saw that the person responded in turn and that staff understood and provided their meal choice.

At lunchtime we saw that people did not always receive the assistance and support to eat their meals, at the time they needed it. Some people living with dementia were struggling to recognise their meals and drinks, or to eat and drink independently. The use of aids and adaptations, to help people to recognise their meals and eat and drink independently, were not always provided for those who may have benefitted from their use. The registered manager said they intended to review their arrangements for assisting and supporting people at mealtimes, to help determine improvements that may be needed.

At all other times people received prompt assistance from staff when they needed support and the arrangements for the planning and delivery of people's care met their diverse needs. This included their mental health and sensory care needs. We saw that staff often supported people with those needs to interact and engage with others. This included social, occupational and recreational activities. Staff supported two people with dementia, to engage in simulated individual activities that related to a past work occupation and a practical hobby. We saw each person enjoyed their activity and became more relaxed and settled in their mood, rather than anxious and unsettled.

People we spoke with and their relatives knew who to speak with if they were unhappy or had any concerns about people's care. The provider's complaints procedure was visibly displayed and a central record was kept of all complaints received, together with the details of their investigation. Records showed whether the findings from these had been used to make improvements to people's care when required. This included improvements in staffing arrangements and to ensure that people's health and personal care needs were being properly met.

Since our last inspection, people's relatives had been kept informed about the progress of improvements being made to people's care and also their environment, which they were pleased about. Minutes of meetings held with people's relatives reflected this. They also showed what action had been taken as a result of relatives expressed views about other improvements they felt were needed. This included the development of memory boxes for people living with dementia and food menu changes. The provider was in the process of seeking people's views about the care and services provided at the home by use of a written questionnaire.

Good

Is the service well-led?

Our findings

People we spoke with, relatives and staff were all confident and positive about the management of the home. Many commented that there had been significant improvements made to people's care and the environment during the previous six months. This was mostly attributed to leadership of the new registered manager and staff's resilience and hard work.

The registered manager told us that they carried out regular checks of the quality and safety of people's care. This included checks relating to people's health status, medicines and safety needs and checks of the environment and equipment. Checks of accidents and incidents and complaints and clinical events, such as pressure sores, wounds and infections were closely monitored and analysed to help to identify any trends or patterns.

Since our last inspection improvements had been made to the management and staffing of the home and for obtaining people's consent to their care. They also included improvements in the arrangements for people's health, medicines, dementia care and safety needs. Local health and social care commissioners also confirmed this. Work was in progress to make improvements to people's environment and some of the provider's emergency procedures.

Staff said they were regularly asked for their views about people's care in staff group and one to one meetings, including care handover meetings. Staff said the registered manager was approachable and accessible and kept them informed about any improvements or changes that were needed for people's care and the reasons for these. Staff were confident in the management and leadership of the home and they were open to and motivated by recent changes and service improvements.

There were clear arrangements in place for the management and day to day running of the home. The registered manager was supported by a team of nursing, care and support services staff. Named nurses had delegated lead responsibilities for people's health and nursing needs. This included wound care and medicines and a management lead for infection control. External management support was provided. The provider's area management lead was present for part of our inspection and regularly visited the home to check the quality and safety of people's care. A staff photograph board was visibly displayed. This helped people, their relatives and other visitors to the home, to identify staff and their designated roles.

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, reporting accidents, incidents and safeguarding concerns. The provider's procedures, which included a whistle blowing procedure, helped them to do this. Whistle blowing is formally known as making a disclosure in the public interest. This supported and informed staff about their rights and how to raise serious concerns about people's care if they needed to.

Records required for the management and running of the home and for people's care were accurately maintained and safely stored. The provider had sent us written notifications telling us about important events that had occurred in the service when required. For example, notifications of the death of any person using the service.