

Strathmore Care

Whittingham House

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 responsive?

Good ●

Is the service well-led?

Good ●

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, 45 people were living at the service.

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

People told us they were happy living at the service. One person said, "The staff are really good, nothing is too much trouble for the carers."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after the required checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

The manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for people.

People and their relatives and advocates were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The manager responded to complaints received in a timely manner. People were supported to make plans for the end of their life.

The manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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 requires improvement (published 26 February 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

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?

Good ●

The service was effective.

Details are in our effective 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.

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors.

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 who had applied to be 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return and updates they provided. 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 twelve people who used the service and a visiting religious leader about their experience of the care provided. We spoke with four care workers, the deputy manager, manager and chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the governance of the service, including training dates, meeting minutes and audits.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection in July 2020, we found the service remained in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to the risks relating to the health, safety and welfare of people not being robustly assessed. At this inspection we found new systems had been put in place and risks were assessed and care planned.

Enough improvement had been made at this inspection that provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Improvements had been made in people's individual risk assessments and care plans. We saw this matched people's support needs and information was clear for staff to follow.
- Risks assessments were up to date and regularly reviewed. We saw these were person centred and provided guidance to staff to mitigate risks to people.
- The provider had invested in a new digital care planning system. Staff carried portable devices which contained all the information they needed to support people. One member of staff said, "Everything we need is on the hand-held device, if there are any updates these flag up or if there are messages from the manager. There are also alerts set if needed for example to encourage drinks."
- Personal evacuation plans were in place in the event of a fire or for the need for people to be evacuated. We saw these contained all the information staff or the emergency services would need to know to support people to evacuate.
- Maintenance checks had been completed regularly to ensure the environment was safe such as testing of medical equipment and legionella water checks.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe and protect them from safeguarding concerns. The provider had policies in place for staff to follow on 'whistle blowing' and staff received regular training on how to safeguard people. One member of staff told us, "I would whistle blow to my senior or head office, if I thought they were not taking me seriously I would go to the CQC. I would look for physical signs like bruising or wounds but also other signs like if they had gone off their food and drink or changes in behaviour."
- People told us they felt safe living at the service. One person said, "I cannot fault the staff from the top management to the care workers. It is excellent here, I feel safe."
- The manager raised concerns and investigated them as appropriate, to ensure people were supported to remain safe, and for all risks to be identified and lessened. When needed the manager had worked with the local authority safeguarding team to investigate concerns.

Staffing and recruitment

- There was a consistent staff team at the service. The new manager had been in post since September 2020 and had been developing the staff team and recruiting new staff as needed.
- Staff told us they worked well as a team and there was enough staff on each shift. One member of staff said, "There is always activities going on and staff in the lounge and we have more time now to spend talking with people."
- People told us there was enough staff. One person said, "The staff pop in and see me and if I need them, I can use my buzzer."
- There was an effective recruitment process in place, and staff recruited were suitable for the role they were employed for.

Using medicines safely

- People were supported to take their medicines safely.
- Staff were trained, and their competency checked to support people with medicines.
- We observed part of a medication round. The care worker wore a red tabard, as a visual clue they were doing medicines and were not to be disturbed. We observed good interaction between the staff member and the person receiving medication. Ensuring they were sitting correctly to receive their medicines and had a drink.
- Medicine records we reviewed were in good order. There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines.
- Regular audits were completed to check medicines were being managed safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The manager had systems in place to monitor accidents, incidents, safeguarding and falls. They did a monthly analysis of information and shared lessons learned with staff during meetings, daily handovers and through the care planning documentation.

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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed. Care treatment and support were delivered in line with current legislation and evidence-based guidance that achieved effective outcomes.
- Staff respected people's diversity and equality rights and supported their individuality. One person told us, "All the staff respect my rights and support my lifestyle choices."

Staff support: induction, training, skills and experience

- Staff were supported to obtain the knowledge and skills they needed to provide care.
- New staff had a full induction to the service. One member of staff said, "When I started, I spent a lot of time allocated to the lounge so I could get to know people. I spent time going through care plans and shadowed other members of staff."
- Staff had completed a number of courses including, donning and doffing, infection control, basic life support and sepsis awareness. A member of staff said, "We have done a lot of training and I am due to do dementia awareness training tomorrow."
- Staff had also completed training on monitoring people's vital signs such as blood pressure and oxygen levels. This information can then be shared with other health professionals such as the GP when needed.
- Staff felt supported by the senior team and had regular staff meetings and supervision sessions to discuss performance and any training required.

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

- People were supported to maintain a balanced diet. There was a new chef in post at the service and people were very complimentary of the food. The chef and manager set a vision for 2021 to enhance the catering and dining experience for people. Survey's evidenced positive feedback on people's dining experience.
- One person told us, "The food is very good now there is a new chef." Another person told us, "The food is restaurant quality."
- People's individual preferences were catered for one person said, "I am a vegan and the chef surprised me with an anniversary cake, all the food is really good."
- If people had specific dietary needs these were catered for such as, diabetic diet or soft diet for swallowing difficulties. If people needed support with hydration staff monitored this and they received alerts on their hand-held devices if people had not been supported to drink enough.
- Staff monitored people's weight and if there were concerns people were referred to the GP for review.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other health professionals to support people's healthcare needs such as the GP, district nurse, dementia nurse and mental health team. One person told us, "If I have any issues the staff call the district nurse and they come in pretty quick."
- People were supported to attend health appointments and care plans were updated with new support information.

Adapting service, design, decoration to meet people's

- The service was spacious, well maintained and spread over two floors. People had individual rooms that they could personalise to meet their needs and requirements. There were a number of different communal areas people could use as well as outside space.
- The manager had changed one lounge to be the visiting space. The lounge was spacious to allow for social distancing if needed and also had a dividing screen that could be utilised when visits required this.

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.

- Appropriate applications had been made to the local authority for DoLS assessments and best interest assessments had been completed. The manager worked within the principles of least restrictive practices and demonstrated people were supported to make their own decisions and choices.
- Staff had received training in MCA and DoLS. Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our inspection in July 2019, the provider had failed to ensure care plans reflected people's holistic care and support needs or provide enough guidance for staff as to how these were to be met. There was also a lack of meaningful activities for people. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 was a new computerised care planning system in use that contained all the information staff needed to support people. Some records were still paper based, but these were in the process of being uploaded to the system. Staff gave positive feedback on the system and said the efficiency of the system meant they had more time to spend with people.
- Care plans were person centred and supported people as individuals to meet their preferences, over the care they received. Cultural, diversity and spiritual needs were supported.
- Staff knew people well and how they wished to be supported.
- The manager employed two staff to support people with social activities. We saw throughout the day staff engaged people with activities of their choice. People told us they had enough to keep them occupied. One person told us, "I have plenty to do I have knitting, activity books and my television."
- We spoke to a visiting religious leader who told us they were hoping to set up services for people and involve people in activities.

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 were assessed to see how their communication needs could be best met. Communication care plans were in place detailing what support people may need.
- Communication picture boards and translation aids were used at the service for people whose first language was not English. The manager also employed a number of staff who were multilingual which helped with communication needs.

Improving care quality in response to complaints or concerns

- The manager had systems in place to record, investigate and respond to any complaints raised with the service.
- People we spoke with said they did not have any complaints but if they did they would speak to the manager.
- The service also received compliments from relatives and people which were recorded in surveys. One person wrote, 'Staff go beyond the call of duty, good staff.'

End of life care and support

- Staff had received training in end of life care. People had care plans in place to support them at the end of their life.
- When required the manager worked with other health professionals such as the palliative care team and GP to support people's end of life care.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in June 2020 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 continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation 17.

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

- A new manager has been in post at the service since September 2020. They had applied to be registered with the commission to make them the responsible registered manager for the service.
- The new manager has spent time engaging with staff to drive through improvements to ensure regulatory requirements are being met.
- The manager had introduced an electronic care planning system, which provided easy access to staff to have up to date information on the support people need. Staff gave positive feedback on this system.
- New systems had been put in place to provide oversight of the service to the manager and provider. There was an effective system in place for audits. The manager analysed information and shared learning from accidents and incidents to drive improvements.
- Environmental and infection control audits were completed regularly, and actions implemented.
- We saw a detailed action plan the manager had implemented since commencing in September 2020 to implement improvements at the service.
- Notifications were submitted to the commission when required and the manager understood their responsibility in regard to duty of candour.

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

- There was a positive and inclusive culture at the service. People told us they were happy living at the service and were complimentary of the support they received.
- Staff spoke positively of the people they supported and told us they liked working at the service. One member of staff said, "I would be happy for a relative of mine to be here, the staff care about people."
- Staff shared the managers vision and values to support people with dignity, independence and choice which they discussed at staff meetings. A member of staff told us, "We want people to feel valued as

individuals to be independent and make their own choices."

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

- The manager sought feedback from all stakeholders at the service. They had set up a residents committee to get feedback on the service provided to people. People had been included in the recruitment of new staff, a committee member was part of the interview process.
- The manager had issued a number of surveys to relatives, people and staff. These surveys had been analysed and the results displayed prominently at the service.
- Staff had regular meetings and supervision to share information and ideas on the development of the service.

Continuous learning and improving care; Working in partnership with others

- Staff worked in partnership with other healthcare professionals such as GPs and district nurses to ensure people's needs were met and they had positive outcomes whilst living at the service.
- Staff also received training from the district nursing and practice nurses on monitoring people's vital signs and recording these for the GP. Additional training on use of personal protection equipment and infection control, amongst other subjects had been provided.
- The manager had made links in the local community with a religious group who had started visiting the service to provide social and spiritual support.