Coast Care Homes Ltd

Whitebriars Care Home

Inspection report

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06 July 2018

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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

This inspection took place on the 28 June, 03 July and 06 July 2018 and was unannounced.

Our inspections in December 2014, September 2015 and April 2016 found breaches of regulation and we took appropriate enforcement action in April 2016. This was because they had not sustained the necessary improvements needed to meet the breaches of regulation. We received an action plan from the provider that told us they would meet the breaches of regulation by December 2016. We carried out a comprehensive inspection on the 9 and 10 January 2017 and found that whilst there were areas still to embed in to everyday practice, there had been significant progress made and that they had met the breaches of regulation.

Whitebriars 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. Whitebriars provides care and support for up to 26 older people some who are living with a dementia type illness or memory loss.

The service had a registered manager in place. 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.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan and confirm that the service now met legal requirements. We found improvements had been made in the required areas.

The overall rating for Whitebriars has been changed to good.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made. Care plans reflected people's assessed level of care needs and care delivery was person specific, holistic and based on people's preferences. Risk assessments included falls, skin damage, behaviours that distress, nutritional risks, including swallowing problems and risk of choking, and moving and handling. With preventive measures in place to reduce risk. For example, pressure relieving mattresses and cushions were in place for those who were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes. There were systems for the management of medicines and people received their medicines in a safe way. Staff and relatives felt there were enough staff working in the home and relatives said staff were available to support people when they needed assistance. All staff had attended safeguarding training. They demonstrated a clear understanding of abuse; they said they would talk to the management or external bodies immediately if they had any concerns. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home.

People were supported to eat a healthy and nutritious diet. Food and fluid charts were completed when risk of poor eating and drinking had been identified and showed people were supported to eat and drink. Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. The service worked well with allied health professionals. Staff had received fundamental training and there were opportunities for additional training specific to the needs of the service. This included the care of people with specific health and mental health needs such as diabetes and dementia. People were supported to make decisions in their best interests. The provider assessed people's capacity to make their own decisions if there was a reason to question their capacity. Staff and the registered manager had a good understanding of the Mental Capacity Act. Where possible, they supported people to make their own decisions and sought consent before delivering care and support. Where people's care plans contained restrictions on their liberty, applications for legal authorisation had been sent to the relevant authorities as required by the legislation.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. People told us care staff were kind and compassionate. Comments included, "Lovely friendly staff," and "Very nice staff." A range of activities were available for people to participate in if they wished and people enjoyed spending time with staff. Activities were provided throughout the day, seven days a week and were developed in line with people's preferences and interests.

The provider had progressed quality assurance systems to review the support and care provided. A number of audits had been developed, including those for accidents and incidents, care plans, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service. Relatives told us they could visit at any time and, they were always made to feel welcome and involved in the care provided.

Staff said the management team was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was very good; the registered manager was always available and they would be happy to talk to them if they had any concerns.

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

Whitebriars was safe.

There were systems in place to make sure risks were assessed. Measures were put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely.

Comprehensive staff recruitment procedures were followed. There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

Is the service effective?

Good

Whitebriars was effective.

Staff had received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

Staff received training which was appropriate to their job role. This was continually updated so staff had the knowledge to effectively meet people's needs. Staff had regular supervisions with their manager, and formal personal development plans, such as annual appraisals.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Is the service caring?

Good

Whitebriars was caring.

People's dignity was protected and staff offered assistance

discretely when it was needed.

Staff provided the support people wanted, by respecting their choices and enabling people to make decisions about their care.

People were enabled and supported to access the community and maintain relationships with families and friends.

Is the service responsive?

Good

Whitebriars was responsive.

People's preferences and choices were respected and support was planned and delivered with these in mind.

Group and individual activities were decided by people living in the home and regularly reviewed by them.

A complaints procedure was in place. People and visitors knew how to raise a concern or make a complaint but also said they had no reason to.

Is the service well-led?

Good

Whitebriars was well-led.

A quality assurance and monitoring system was in place. The registered manager used this to identify areas that could improve.

Comments from external health and social care professionals showed that staff worked in partnership with other agencies.

Feedback was sought from people through regular meetings and from relatives, friends and health and social care professionals through satisfaction questionnaires.

Whitebriars 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 checked 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 inspection took place on the 28 June, 03 July and 06 July 2018 and was unannounced. The inspection team consisted of inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications they had sent us. Notifications are information about significant events that the provider is legally obliged to send to the Care Quality Commission. We also reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection process we contacted the local authority with responsibility for commissioning care from the service to seek their views. We also spoke with and received correspondence from three visiting health or social care professionals.

During the inspection we spoke with ten people that used the service and ten members of staff: registered manager, provider, deputy manager, domestic and six care staff. We reviewed four sets of records relating to people including care plans, medical appointments and risk assessments. We looked at the staff recruitment and supervision records of four staff and the training records for all staff. We looked at medicines records and minutes of various meetings. We checked some of the policies and procedures and examined the quality assurance systems at the service.

Good

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in January 2017. At that inspection we found that improvements were needed to ensure that the management of medicines was consistently safe.

At this inspection we found improvements had been made and the management of medicines was safe.

People who used the service and their relatives told us they felt safe. One person who used the service told us, "Yes, I am safe here, they look out for us." Another person said, "Really safe and happy." A visitor said, "I have no concerns at all here, staff are very attentive."

Appropriate steps had been taken to ensure people were kept safe. The provider had ensured the proper and safe use of medicines within the service. Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. MAR charts are a document to record when people received their medicines. MAR charts indicated that medicines were administered appropriately and on time. Records confirmed medicines were received, disposed of, and administered correctly. People told us they received their medicines on time. One person told us, "I have my pills when I need them, always on time." One relative said, "Totally have faith that my relative get their medicines every day, we regularly meet the manager and staff for updates and changes."

There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol. Staff monitored for effectiveness of analgesia. Medicines were securely stored in a clinical room and they were administered by senior care staff who had received appropriate training and competencies. We observed two separate medicine administration times and saw medicines were administrated safely and staff signed the medicine administration records after administration. There was a clear audit trail that defined what action was taken following errors, such as medicine retraining and competency tests. When necessary, medicine errors had been reported to the local authority and the registered manager had followed the guidance for the professional duty of candour. This meant it had been disclosed to the individual or their next of kin, an apology offered and an action plan discussed to prevent a reoccurrence. This ensured as far as possible lessons had been learnt.

People were supported to live an independent life-style as far as possible despite living with a wide range of illnesses such as dementia, Parkinson's and diabetes. The registered manager and staff understood the importance of risk enablement, this meant measuring and balancing risk. One staff member said, "We want to ensure people live life to the full and taking risks is part of it." The staff team recognised the importance of risk assessment and not taking away people's rights to take day to day risks. With support from staff, people were supported to go out with family and take part in activities. Staff recognised the importance of respecting and promoting people's right to take controlled risk.

Risk assessments provided guidance about how to support people in a safe manner and mitigate any risks

they faced, both health wise and socially. The registered manager told us, "Staff get training on identifying risk. We identify risks from people's life history, current problems and health conditions. It's about looking at people's risks individually, because not everyone is the same." Risk assessments balanced safety with allowing people to make their choices and remain as independent as possible. Individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted. We saw computerised care plans with associated risk assessments which told staff how to meet people's individual needs in a safe way. Care plans contained information about people's skin integrity alongside the risk assessment to identify people's individual risk to pressure ulcers. This was linked to continence care and highlighted the need to offer regular trips to the bathroom, application of creams and regular repositioning. Equipment used to minimise the risk of skin damage such as pressure relieving mattresses and cushions were in place for those that required them and checked daily by staff to ensure they were on the correct setting for the individual. We found all were correct and working.

Risks associated with the safety of the environment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. People were safe from the risk of emergencies. Robust fire procedures included individual Personal Emergency Evacuation Plan (PEEP) in place. PEEPs identify people's individual independence levels and provide staff with guidance about how to support people to safely evacuate the premises. The provider recorded when fire drills were completed and all staff received fire training. A business contingency plan addressed possible emergencies such as extreme weather, infectious diseases, damage to the premises, loss of utilities and computerised data. Procedures identified ensure people had continuity of the service in the event of adverse incidents.

All areas of the premises were safe and well maintained. People told us that their room was kept clean and safe for them. One person said, "Very nice and clean." Visitors told us, "Never smells, always smells clean." Staff had attended infection control training. Protective personal equipment (PPE), such as gloves and aprons were available and we saw staff used these when needed. Handwashing and hand sanitising facilities were available throughout the home and staff used these. Laundry facilities were in place with appropriate equipment to clean soiled washing safely.

Accidents and incidents were documented and recorded. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC. Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and follow up actions by staff to prevent a re-occurrence was documented. This demonstrated that learning from incidents and accidents took place.

Staff had received training in safeguarding adults and records confirmed this. Staff understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. Staff were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. Staff told us, they would not hesitate to report abuse to the registered manager and were confident they would take appropriate action. The registered manager understood their responsibilities in reporting any concerns about people's safety which included reporting incidents of potential harm or abuse. A staff member said, "I would report any issues or safeguarding concerns to the manager, provider or local authority." They also told us told us, "There are various kinds of abuse; physical, financial, emotional, sexual. If I come on shift and I am alerted to something I'd check the person to make sure they're ok and then do an incident report and tell the manager. I'd also inform CQC." Policies and procedures were in place

for whistleblowing and safeguarding, as well as policies in relation to emergencies, fire safety, medicines, bullying and harassment. Staff told us they felt protected to whistleblow. A whistleblower is a person who informs in confidence on a person or organisation seen to be engaging in an unlawful or immoral activity. A care staff member said, "I would use this if I needed to but I haven't had to."

We discussed with staff how they made sure people were not discriminated against and treated equally and without prejudice. A senior member of staff told us, "Everyone should be treated the same and be treated with dignity and respect. The same for the staff, we are all here to do a good job and personal differences and cultures don't change that." Staff were mindful of racism or sexism and respectful of people's differences. Staff had received training in equality and diversity.

Sufficient numbers of skilled and experienced staff contributed to the safety of people who lived at the home. The rotas correctly displayed those staff on duty during the inspection process. The staff skill mix and the management d deployment within the service had been regularly reviewed along with the needs of the people they supported. As it had been identified that mornings were always busy, the registered manager or deputy were the medicine givers, giving the care staff dedicated time to support people with personal care. People told us there were enough staff to respond to their needs although sometimes it was very busy. We were told, "Lovely staff, always a smile, never too busy for a chat." A visitor said, "I think there are enough staff, we visit a lot and the staff team are great."

We observed people received care in a timely manner and call bells were answered promptly. Staff told us they worked hard to ensure an immediate response and felt the number of staff on duty allowed them to do so. Staffing levels allowed for staff to support people and to take people into the garden for fresh air and to sit and chat. We also saw that staff sat with people in the communal areas chatting whilst other people started to join them. The communal areas were never left unattended, if staff were called away then the manager or deputy manager would take over. The staff office was attached to the communal areas so the management team were always available.

Staff told us they thought staffing levels were good and appropriate to meet the needs of the people currently living at Whitebriars. One care staff member told us, "We can meet people's needs and the manager will get agency staff in if someone goes off sick. There is no problem with staffing." The registered manager completed staff rotas in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call the registered manager out of hours to discuss any issues arising. Feedback from people and our observations indicated that sufficient staff were deployed in the service at this time to meet people's needs. Staff were available for people, they were not rushed and supported people in a calm manner. People also approached staff for support throughout the inspection process and were always engaged with promptly.

Robust checks had been carried out to ensure staff who worked at the home were suitable to work with vulnerable people. These included references, identity checks and the completion of a disclosure and barring service (DBS) check. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable groups.

Good

Is the service effective?

Our findings

At the last inspection in January 2017, we rated this key question as Good. At this inspection, we found this key question remained good.

People told us that staff understood them and knew how to manage their health and social needs. One person told us, "They look after me very well and they get the doctor when I need one." Another person told us, "I see a doctor, and they keep an eye on me because I haven't been very well lately." One visitor told us, "My mum needs support and care and they are good to her."

People told us their health was monitored and when required external health care professionals were involved to make sure they remained as healthy as possible. People's health needs were supported by a local GP surgery. The community psychiatric team was involved when necessary for those who needed it and advice sought when required. One person told us, "I'm waiting to see a doctor, I think they are coming today." Where required, people were referred to external healthcare professionals; this included the dietician, tissue viability team and the diabetic team. People were regularly asked about their health and services, such as the chiropodist, optician and dentist were offered. Visiting healthcare professionals told us people were referred to them appropriately. One health professional said, "They respond quickly when a health problem is noted and work well with us." Another health professional said, "They are organised and seem to know their residents well."

People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence-based guidance that achieved effective outcomes. People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow Scoring Tool and a Malnutrition Universal Screening Tool (MUST). These assessments were used to identify which people were at risk of developing pressure wounds and action taken included appropriate equipment to relieve pressure to their skin, such as specialist cushions and air mattresses.

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. Staff members told us they received training on the MCA 2005 and told us how they worked within the principles of the Act. One staff member told us, "We always gain consent from people and try and help them to make their own decision." People made decisions about all aspects of their day to day lives. For example, people decided where and how they spent their time, some chose to remain in their rooms and had their meals there, while others sat in the lounge or used the dining room. Staff understood the importance of ensuring people made decisions, they said they consistently asked people for their consent before they offered any assistance and we saw staff doing this.

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 are called the

Deprivation of Liberty Safeguards (DoLS). We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations. Appropriate assessments had been completed in partnership with the local authority and any restriction on the person's liberty was within the legal framework. We found that the service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for people who lived in Whitebriars.

People received care from staff who had the knowledge, skills and experience to support them effectively. There was an induction for staff when they started work at the service. This included an introduction to the day-to-day routines, policies and procedures. They shadowed other staff to get to know people and the support they needed. Staff who were new to care completed the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. During this time, staff received on-going training and competency assessments. This included moving and handling, safeguarding and mental capacity.

All staff completed a rolling programme of essential training and competency assessments. Regular audits were completed to ensure staff received the relevant training. The registered manager told us they were continually looking at different ways to provide and access training. Staff received medicine training 'in house' from senior staff within the organisation who had been trained to train staff in medicine management and undertake competency assessments.

Staff received regular supervision from the registered manager. Supervision included an opportunity to discuss training, development opportunities, and review practice. Staff told us they felt supported by the registered manager and they would be happy to discuss concerns with any senior staff.
Staff had a good understanding of equality and diversity and there were policies in place for staff to refer to. The policy provided clear details about the groups covered by the Equality Act 2010; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation and, that these are now called 'protected characteristics'. Staff were confident people's equality, diversity and human rights were protected and they were aware that as employees they were also protected.

People were supported to have a nutritious diet and sufficient drinks to meet their needs. People told us the food was good. One person said, "The food is good, lots of choice, we can have seconds." Another one said, "Excellent food, cakes, fresh fruit, and a variety of drinks." Relatives said, "The food always very good, fruit and cakes are in the dining room so people can have them at any time."

People had an initial nutritional assessment completed on admission and their dietary needs and preferences were recorded. People told us their favourite foods were always available, "They know what I like and don't like and there is always a choice." A Registered Nurse (RN) told us, "People have a nutritional assessment when they arrive. We can cater for diabetic, vegan, soft or pureed and any other special diets. We don't have any cultural preferences at the moment but the chef would be able to meet any dietary requirement." Staff provided assistance when needed. One person's meal was cut up and plate guards were provided for people who had limited eyesight so that they could be as independent as possible. Choices were offered for each meal and alternatives were available if people changed their minds. Staff said people could really have what they wanted and we saw this was correct. People were weighed regularly and if there were any concerns staff contacted GP for advice or referral to the dietician.

People's individual needs were met by the adaptation of the premises. The service has been consistently decorated and upgraded over the past year. There was a safe accessible garden area and large communal areas. All communal areas were on the ground floor and accessible to wheel chair users and people with walking aids. There were adapted bathrooms and toilets and hand rails in place to support people. There were visual aids in communal areas which fully supported and enabled the orientation of people with day to day living. The communal areas contained visual aids of day, month, season or weather. There were menus or pictures relating to food to prompt and stimulate people to eat or drink. The layout of the dining area enabled people to enjoy their meal with their friends and was a social event for them. This was because there were chairs available for staff to sit whilst assisting and maintaining good eye contact.

Good

Is the service caring?

Our findings

At the last inspection in January 2017, we rated this key question as Good. At this inspection, we found this key question remained good.

People were treated with respect and dignity. The home had a relaxed atmosphere. People responded positively when staff approached them in a kind and respectful way. People nodded and smiled when asked if staff were kind and caring. Relatives felt staff offered the care and support people needed and wanted. One relative thought the staff were, "Lovely, always patient and friendly " and, "Pleasant atmosphere and relaxed staff who are kind and lots of laughter." One person told us staff didn't try and rush them to get everything done. One staff member said, "We are a good team, all of us care."

People were treated with kindness and respect and as individuals. It was clear from our observations that staff knew people well. Staff made eye to eye contact as they spoke quietly with people; they used their preferred names and took time to listen to them. Staff knocked on people's bedroom doors before they entered, saying, "Good morning (name) would you like me to help you" and, "Are you ready for a cup of tea?"

People's privacy and dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were assisted to wash and get up. When staff assisted people in communal areas they ensured it was done respectfully. Staff told them what was happening and explained what they were doing. One person said, "The staff help me because I'm not as good on my legs as I used to be, they are very kind." Staff told us, "People need a lot of support with their personal care and we keep in mind at all times that some things are very private." This showed staff understood the importance of privacy and dignity when providing support and care.

Staff promoted people's independence and encouraged them to make choices. We saw that those people who liked to move around independently were supported discretely by staff. Staff talked to people and asked them if they needed assistance, they explained to people what they were going to do before they provided support and waited patiently while people responded. One staff member said, "Shall I help you to the table, its lunchtime soon." They leant down to talk to the person face to face so they could see their expression, and waited until the person responded. Comments from staff included, "We encourage people to be independent as they can be. We give them space and respect their independence" and, "We let people make their own decisions if they can. For example, if someone doesn't want to do something then we make sure we offer later." Some people were able to confirm that staff involved them in making decisions on a daily basis. One person said, "I can choose to have breakfast in bed or in the dining area. Staff always ask me."

People's equality and diversity needs were respected and staff were aware of what was important to people. People were encouraged to be themselves. One person said, "I know that I can express myself and staff will support me." Another person liked to look smart and told us staff ensured that their clothes were clean and pressed, we were also told, "I like to wear make-up especially if I am going out, I can't do it myself but staff help me."

People were supported to maintain their personal relationships and relatives and friends said they were welcome to visit at any time. Visitors told us, "We visit quite regularly and are always most welcome. We have tea and can sit and chat for as long as we like." "They let us know if there have been any changes, like they need to see the doctor" and, "They know the residents very well and know how much support residents need." Staff chatted to visitors as they arrived, drinks were offered and people and visitors were clearly on friendly terms with staff.

Confidentiality procedures were in place and staff said they were very careful to discuss people's needs in privacy. Records were kept secure and staff were aware of the General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. This is looked at in more detail in well led.

Good

Is the service responsive?

Our findings

At the last inspection in January 2017, we rated this key question as Good. At this inspection, we found this key question remained good.

People were involved in developing their care, support and treatment plans as much as they wished to. A senior staff member said "We try to involve people all the time in how they want their care delivered, sometimes though we ask families as not everyone can tell us." One person said, "Yes I know I have a care plan because staff have told me and my family." Another person said, "Staff sit and discuss what is happening, they make sure I see a doctor immediately when I feel poorly."

People's needs had been assessed before they moved into the home, to ensure they could provide the support and care needed to meet their needs. The information from the assessment was used as the basis of the care plans and there was evidence these had been written with the involvement of people, and their relatives if appropriate. Records confirmed that people and their families or representative had agreed with the information recorded, as well as consent for photographs, sharing the information with external professionals and for reviews of their care plan.

Care plans had been reviewed regularly and updated when people's needs changed. A new computerised care plan had been introduced in May 2018. All staff had received training in using the care system and the technology involved to assist them in recording events accurately.

Staff undertook care that was suited to people's individual needs and preferences. The care delivery was person specific and in line with people's preferences. For example, what they preferred to eat and drink, what time they got up and what time they returned to bed. For people unable to tell staff their preferences we saw that staff had spoken with families and friends. Staff told us, "Care plans change with the persons' needs, it's much easier now we have the computer system. It's great because we can add drinks immediately and we know when they had a drink last."

Each care plan looked at the person's individual needs, the outcomes the support and care aimed to achieve and the action staff had taken to achieve this. For example, one person's need was assistance with mobility. The outcome was for staff to ensure their walking aids were always near them and that staff accompany them to ensure they were safe. Staff followed these care directives and this person was seen walking confidently around the home. For another person who had become increasingly frail and at risk from falling out of bed, staff had lowered the bed and placed a crash mat with a sensor mat by their bed to alert staff. Staff reviewed these strategies regularly to ensure they remained appropriate. Staff demonstrated a good understanding of this person's changing needs, both health and socially. One member of staff said, "If someone becomes confused or appears unwell we look for a cause, such as a urine infection and immediately encourage fluids and contact the doctor." Another staff member told us that they monitored people's weight and immediately sought advice if a person was losing weight. This meant that care delivery was responsive to people's individual needs.

Staff were kept up to date with changes in people's needs and the services provided through the handovers at the beginning of each shift. In addition, any significant information was recorded on a handover sheet that was passed on to the next staff team. Staff recorded the support offered in the daily records on the daily event log and these were checked daily by senior staff to ensure they reflected the support provided.

The provider and staff worked with other healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. This included having 'anticipatory medicines' available, so people remained comfortable and pain free. Staff could discuss how to manage the medicines with the assistance of the district nurses. End of life care plans were in place for people, which meant staff had the information they needed to ensure people's final wishes were respected. Where people had chosen not to engage in these conversations, with the person's permission, discussions had been held with family and those closest to them. We looked at the care plan for one person who was approaching end of life care. The documentation had reflected that care had been adjusted for this stage of their life. It emphasised the need for constant monitoring of pain and of ensuring that food and fluids were to be offered regularly in small amounts. It also identified the importance of positioning and application of cream to prevent their skin becoming sore. The registered manager discussed that they would be enrolling on the gold standard framework for end of life care in the near future.

Technology was used within the home to enable people to communicate internally to staff in the home using the call bell system and, externally to receive calls from friends and relatives on the landline or their mobile phones. A broadband system was in place which enabled people to use the internet if they wished to or for families who I've away to keep in contact. To improve care documentation, all care plans and associated documentation were computerised. This enables families to be sent a care review and respond easily. Further technology to manage medicines E-MAR has been discussed in their future plans but not yet implemented.

The staff team had a good understanding of the Accessible Information Standard and discussed ways that they provided information to people at Whitebriars. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

An activity programme for the current month was displayed on the notice board. This showed that a range of activities were provided throughout the week. There were minibus outings organised each week and people could choose if they wished to go out. On the day of the inspection, there was a bingo quiz, a birthday musical session which also led to people dancing together and was really enjoyed by all who attended. The activity person supported and encouraged people to join in. The programme also showed sensory games, quizzes, crafts, bingo, musical bingo and reminiscence. Musical entertainment was provided by external entertainers and there was a monthly reflexology session that people could choose to join. We were told that everyone was given the choice to take part in activities. Visitors told us, "Excellent social times for people, always a lot of fun and laughter going on." The provider had recently brought a mobile home at a nearby holiday camp which was available for people to use to experience a holiday supported by the staff.

The activity coordinator spent one to one time with people who chose not to participate in the structured activities or due to health problems could not attend. These were recorded so as to judge how people benefitted from these sessions or if a different approach was needed to prevent social isolation. The activity person was continuously developing the activities provided, based on peoples and staff feedback and enjoyment seen by people. We were told, "If people aren't enjoying an activity I will change it to something else." The use of sensory equipment and had also purchased some large skittles. The activities continued to bring enjoyment to the people at Whitebriars.

There was a complaints policy that was displayed in the entrance lobby. People told us they would feel comfortable raising concerns if they needed to. All complaints were recorded, investigated and had the outcome recorded. All had been responded to as in line with the organisational policies. Staff had received compliments and these were shared with all the staff.

Good

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in January 2017. At that inspection we found that improvements were needed to improve outcomes for people and embed good practice into everyday care delivery.

At this inspection we found improvements had been made, embedded into everyday care delivery and sustained over the past year.

People said Whitebriars was their home; they were comfortable and staff looked after them very well. People and relatives said the provider and registered manager were approachable and available at any time. We saw people and visitors seek out the registered manager in their office, which was open unless a confidential meeting or phone call was taking place. One person said, "They check that everything is ok every day, very nice here." Another said, "I know who is in charge, very good staff." A relative told us, "We see the manager and provider here chatting to residents, relatives and they make time for everyone. We think the home is very happy and well managed."

Staff told us the management style was good but some staff felt that communication could be better as when they raised concerns they were not told they had been actioned and so felt they had not been listened to. We discussed their concerns with the provider and registered manager and found that action to the concerns had been taken and documented but not fed back to the staff. The registered manager acknowledged this was something that he hadn't always done but would do in the future.

Effective management and leadership was demonstrated in the home. The registered manager was knowledgeable, keen and passionate about the home and the people who lived there. There had been a change in staff in the past year, the majority were natural reasons such as relocation and maternity leave. Staff felt that the staff team was strong and worked effectively with people at the centre of the service. The management team were open and transparent about the challenges they had faced, but were very proud of what the staff team had achieved in the past year. They were committed to embrace the changes and continue to grow and develop the service.

Staff told us that the philosophy and culture of the service was to make Whitebriars a home. Staff of all denominations had contributed to developing values for the home. The values stated 'We strive to focus on our individual residents varied and different needs, ensuring that every resident enjoys the quality of life they deserve with the highest level of independence maintained.' Staff spoke of the home's vision and values which governed the ethos of the home. The ethos of the home was embedded into how care was delivered and the commitment of staff to promote independence and provide good quality care individual to each person. The registered manager and staff had a strong emphasis on recognising each person and their identity. Staff wanted to provide care that was individual to that person and it was clear staff recognised each person in their own entity. From observing staff interaction, it was apparent staff had spent considerable time with each person, gaining an understanding of their life history, likes and dislikes. Care was personal to each person and staff clearly focused on the individual and their qualities.

Quality monitoring systems had been developed and sustained since the last inspection. There were a wide range of audits undertaken to monitor and develop the service and we looked at a selection of these. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so quality of care was not compromised. Areas for improvement were on-going such as care documentation and on-going redecoration. The registered manager said recording was an area that they wanted to continuously improve, especially daily notes. All care plans were up to date and reflective of people's needs. Where recommendations to improve practice had been suggested, from people, staff and visitors, they had been actioned, such as environment, training and menu choices.

Falls, accidents and incidents were recorded, monitored and an action plan put in place to prevent a re-occurrence. Call bell responses were monitored to ensure staffing levels were sufficient. Medicine audits looked at record keeping and administration of medicines and the manager said action would be taken through the supervision process if issues were identified.

The management team had been working consistently to develop the support and care provided at the home. The manager said, "Whilst we feel we have really improved, we want to continue to improve to deliver an outstanding care service." Staff were proud of the improvements they had made, they said the morale of staff was strong and they worked as a team. All the staff spoken with were enthusiastic and felt Whitebriars was a really good place to work. One staff member said, "The provider and manager really supports us. We are encouraged to develop our skills, and ensures we get the training we need."

The service worked in partnership with key organisations to support the care provided and worked to ensure an individual approach to care. Visiting health care professionals were positive about the way staff worked with them and this ensured advice and guidance was acted on by all staff. Comments received included, "The staff are knowledgeable about the people they care for and want to get it right" and, "They listen, take advice and act on the advice."

The registered manager said they had tried to introduce residents/relatives meetings but not many chose to attend them, so alternatives had been introduced to ensure people could put forward their opinions and suggestions. The registered manager talked to people and/or their relatives on a one to one basis regularly. Feedback was also sought using questionnaires. The registered manager said they had sent out a questionnaire about the meals, including the times they were available and choices in 2017 and were conducting an audit of activities at the time of the inspection. Satisfaction questionnaires had been given to people and relatives and sent to health and social care professionals in January 2018 and the feedback from these had been very positive. Comments from people and relatives included, "Lovely homely home," "We think it's marvellous" and, "Thank you all very much for all you do." Comments from external professionals were equally positive, "Friendly and professional care," and "Staff and management always very supportive and responsive to meeting the client's needs consistently great partnership working." This showed that staff worked with in partnership with external agencies to support joined up care. In addition, it was clear that action had been taken when negative comments were received. For example, comments about decor were immediately taken forward and actioned. Staff proudly talked off the coloured doors introduced on the top floor and the entrance hall ad corridors.

Staff had attended training on General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. A review of records and papers that contained personal information about people living at the home had been completed. In line with the training and advice they had been given these had been removed from notice boards or places where visitors to the home or other people could read them.

The registered manager was aware of their responsibilities under Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to, it requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong. The registered manager told us they were open about all aspects of the services. They contacted relatives or their representatives, with people's permission, to inform them of any concerns they might have. Such as when a person's needs had changed and an appointment had been made with their GP.

The service had notified us of all significant events which had occurred in line with their legal obligations.