

# Ms K A Rogers

# Whitegates

## 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 was carried out on 8 September 2015 and was unannounced.

Whitegates provides accommodation and personal care for up to 37 people. At the time of our inspection there were 35 people living at the home.

There was a registered manager in post. 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 and associated regulations about how the service is run.

People and their families were able to be really involved in the projects to evolve how people were supported and the shaping of the service. People were at the centre of the provider's core values of individualised care that aimed to provide fulfilment of people's wishes. There was a positive atmosphere in the home, with people being able to be active part in the day to day running of the service.

# Summary of findings

People had good relationships with the staff. People were relaxed with staff spending time to reminisce or talk about current news events and the atmosphere of the home was calm and relaxed. People were treated with dignity and respect.

People were supported by staff who were motivated and well trained. They said that staff were kind, knew their health needs and they received support when they needed it. Medicines were managed safely and that people received their medicines in line with their prescription.

People said that they were able to make choices about the food they wanted to eat. They told us that they enjoyed the food. Where recommendations had been made by other professionals regarding their diet or health needs these had been acted upon.

People told us the staff and management were approachable, willing to listen to their views and opinions. People were encouraged to be actively involved in the running of the home through regular meetings and were involved in the recruitment of new staff. They said that if they had any concerns they were able to speak with the registered manager. Feedback from the people that lived there and their relatives was gathered on a regular basis and any areas identified for action were acted upon. A range of audits and checks were also completed regularly to ensure that good standards were maintained.

# 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.

People were kept safe because there were sufficient staff to meet people's assessed needs. People were involved in managing the risks around their care and treatment.

People medicines were stored and administered safely.

Good



### Is the service effective?

The service was effective.

People's choices were respected and they were involved in decisions about their care and treatment. Staff understood about the principles of the mental capacity act.

Staff had training and support to provide meet people's needs effectively. People were supported to access healthcare services when needed to promote their health and wellbeing.

Good



### Is the service caring?

The service was caring

People were empowered and encouraged to express their views and shape their support to reflect their own individuality. People were supported in a caring way with dignity, respect and kindness. People were supported to have choice and to be involved in all aspects of their care.

Good



### Is the service responsive?

The service was responsive.

People were involved in their local community and were encouraged to pursue their own hobbies and interests as well as having opportunities to engage with planned activities.

People knew how to raise suggestions, concerns and complaints and there was a process in place to make sure they were dealt with appropriately.

Good



### Is the service well-led?

The service was well led.

People and staff felt that the manager and the provider were approachable and supportive. People said they could talk to the manager at any time and they would be listened to.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from people that lived there and their families.

Good



# Whitegates

## Detailed findings

### Background to this inspection

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

This unannounced visit took place 8 September 2015 and was carried out by two inspectors.

Before our visit we reviewed information we held about the provider including statutory notifications and enquiries relating to the service. Statutory notifications include

information about important events which the provider is required to send us. We also asked the local authority for any concerns or information relating to Whitegates. We did not receive any information of concern.

During the visit we spoke with 14 people who lived at the home, three relatives, seven members of staff who consisted of one activities co-ordinator, one person centred planner and five care assistants, the registered manager and also the provider. We observed staff supporting people throughout the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person said, “The atmosphere is very conducive to safety”. Another person said, “Yes I keep me safe. If ever I feel that I need reassuring the staff can be here.” People told us that they were able to raise any concerns with staff or the manager and felt confident that they were listened to. Staff were able to show us that they had a good understanding of the different types of abuse and what action they would take if they became aware of abuse. We could see that there were comprehensive systems in place to protect the people that lived in the home. The registered manager told us that guidelines were in place for safeguarding to make sure that the relevant authorities were informed and swift action taken to keep people safe.

The people we spoke with told us that staff gave them help and support to keep safe. One person had a previous job that they had said they enjoyed and would like to do again. Staff had arranged with a place in the local community for an opportunity for this to happen. The person told us, “The support and thinking into making this happen is great. They talk to me and discuss the pros and cons and look at how they can make it happen.” Staff told us about the support they were giving. They said that people are involved in assessing risk and decision making. One staff member said “We identify with the person first what they can do, and then discuss with them what support they want to help them with the things they need support with. It’s about being positive not negative about risk.” This showed that staff knew how to encourage positive risk taking.

People told us that they felt that there were enough staff to make sure that support was available when they needed it. We saw that when people needed support staff were able to give this quickly. We saw that staff had time to spend with people; some staff were talking with people about the news, whilst other people were reminiscing about the past with staff. One staff member said “We are busy, but it’s nice to have a job where you can spend some quality time with people and give them mental stimulation.” The registered manager and the provider told us that all shifts were covered even in the event of unexpected sickness and this meant they did not use agency staff. This ensured continuity of support at all times.

Staff told us that before they were employed checks were made to make sure they were suitable to work with people. These included reference checks and checks with the Disclosure and Barring Service (DBS) to make sure people did not have a criminal record.

People told us that they had their medicines at the correct time and with the right support. One person said, “They help me with my medicines. Very regular by the clock.” Staff were able to tell us what levels of support people needed to make sure that medicines were taken safely. Only senior staff who had received medication training were able to administer the medicines to the people. We saw that medicines were stored safely and securely and that medicine administration records (MAR) were accurate and up to date.

# Is the service effective?

## Our findings

People told us that the staff that supported them had the skills and experience to meet their needs. One person said “They know me and how to care for me.” A relative told us “The staff are very good at what they do.” Staff told us that they were able to go on lots of training and felt that the training helped them with their jobs. For example one staff member told us “I wanted to understand dementia more, so they (provider) are looking at more advanced dementia training for me.” Another member of staff had an interest in palliative care so had recently completed an end of life course. They told us “This has helped me understand more and this means I can give better care to people.” The provider told us that the service had an emphasis on training and support to all staff because it was important to make sure that staff felt valued and that the care provided was right. They had recently introduced new supervision and appraisal records which promoted staff development. Staff told us that they received regular supervision and were well supported by management.

The people we spoke with told us that they were able to make choices about what they wanted to do. Staff showed a good understanding of the importance of making sure that people were able to make choices relating to their care and treatment. From speaking with people, our observations and discussions with staff and the registered manager it was clear that people were able to make decisions for themselves. We spoke with staff about their understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff were able to tell us about the processes that made sure that decisions made on behalf of people were in their best interests and involved the people that knew them best. One staff member said, “We [staff] have all had training around the mental capacity act and understand that all because a person can’t make a decision in one area it doesn’t mean they lose all abilities to make choices and be involved in

their care.” The registered manager told us that while there were no people currently on a DoL there were systems in place to refer people for a DoL assessment if it was felt they may be being deprived of their freedom or liberty.

People told us that they were given choice over what they wanted to eat and drink and that the food was good. One person said, “The food couldn’t be better. They [staff] always make sure we have a good choice of food.” We saw that mealtimes were a positive time with staff chatting and laughing with people. One person said, “I look forward to my meals here.” We saw that people could ask for drinks and snacks through the day. One staff member said, “I have a drink when I want; it’s no different for everyone here.” Where needed people’s food, fluid and weight had been monitored and managed. The registered manager showed us an example where concerns over a person’s weight loss had been raised with health professionals. As a result staff were asked to monitor and to provide additional encouragement around meal times. This had resulted in the person’s weight increasing and there were now less concern over this person’s weight.

We spoke with people about how they were supported by staff to maintain good health and access to other health care services. People said that if they felt ill they could see the doctor when they needed to. People also told us that on occasions if needed other health professionals such as district nurses and chiropodists were involved quickly. We asked staff about how they made sure that people’s health needs were constantly met. They told us that they always checked that people were well by asking them and that if they were told they were not well they would seek advice from the senior or manager and arrange an appointment straight away. We spoke with seven staff about care of people in an emergency, it was clear they understood what actions they would take in the event of an emergency. A relative said, “They couldn’t be better. I feel confident that if [person] is ever ill they will contact the right professionals straight away.” This showed us that staff routinely monitored people’s health needs and involved the relevant professionals.

# Is the service caring?

## Our findings

All the people we spoke to told us that the staff were caring, kind and helpful. One person said, "The staff are really very caring; I will not hear a bad word said about them." A relative said, "You can't fault the staff they are dedicated to being caring and kind." We saw that staff had good relationships with the people that lived there. We saw that people were relaxed and we heard chatting and laughter. We saw staff go to check that a person was ok because they appeared uncomfortable in the chair they were sitting in. Staff showed patience in listening to the person before making them comfortable. Staff then returned a few minutes later to check that they were now comfortable. We spoke with this person and they said, "They [staff] are really very good and kind." All of the staff we spoke with were well motivated and demonstrated that they cared a lot for the people that they were supporting. Staff were able to tell us about what people's interests were and also about their history. We heard stories about what people did during the war and when we spoke with people they felt staff took time to listen to what they had done in their lives. One person said "They [staff] appreciate me for who I am." A staff member said "We need to understand what gets a person to this point here. It is about respecting who they are."

We saw that people's privacy and dignity was respected by staff. Staff knocked on people's doors before going into their room and that they addressed people by their preferred name. Where care was given this was done in a way that ensured the person's privacy was respected. For example we saw that when people asked for help with their personal care, staff were discreet with their assistance. Staff told us that they maintained conversation throughout any care tasks making sure that the person was happy with the support they were getting. The registered manager said that staff attended frequent workshops and training around promoting dignity and respect and also about equality. We saw that there was training planned for the following day on equality and that a number of staff planned to attend.

People were encouraged and empowered to express their views and be involved in the shaping of the care and support they received. One person told us about how with the support of a dignity champion they had become a point of contact themselves for the other people that lived there. They told us that they were fully supported by staff, the manager and the provider to play an active part in ensuring that people were happy with the support they received. They shared with us some of the changes that had taken place as a result of their meetings with the registered manager. They told us, "Some people were unhappy at how clothes were labelled. They felt that having your name stitched in wasn't really that dignified. After meeting with the manager an alternative has been found that still means the staff know whose clothes are who's but you haven't got such an obvious label." They told us that they were meeting again later in the day. This meeting went ahead and we spoke with the person afterwards and they said that they felt they had been listened to. Other people that we spoke with felt that they were able to raise things with the person that they may have felt uncomfortable raising with the staff directly. One person said, "[Person] is our ambassador." Staff told us that there were two dignity champions. We spoke with one dignity champion about their role. They told us it was to promote dignity throughout the home, support new staff and to be a point of contact both for staff and the people that lived there. The people we spoke with all knew who the dignity champions were and knew what the role meant.

People had choice over what they would like to do, and where they would like to spend their time. Some people chose to take part in the organised activities, other people chose to do other activities or spend time in their own rooms. People told us they had the choice of where they ate their meals and that they could go out when they wanted to.

We saw that staff had positive relationships with the people that lived there. We saw relaxed chatter and laughter between the staff and the people that lived there. This created a happy and relaxed atmosphere. All of the staff we spoke with were motivated to provide the best care and what we saw established that this was the case.

# Is the service responsive?

## Our findings

People said that they felt the support they received was tailored around them as individuals. The provider had a staff member employed as a person centred lead. We spoke with the person centred lead about their role. They told us that it was to identify and then action individualised plans which included people's aims and achievements. We looked at one of these plans and found that the person had identified what they would like; a plan for how this was to be achieved had been discussed and agreed with the person and a date set to evaluate what had happened. We spoke with a person and they said that they had identified an interest and from this had been supported to form their own interest club in the home. They said that they were now able to follow their interests and share this with other people. Another example was someone with an interest in football. On the day of our visit there was a football evening planned to watch England play. This had involved people being asked if they were interested in sitting down with a beer or other drink, snacks and watching the football. One member of staff told us that they were staying later so that they could stay and support people with this activity. They said that they had done it before and it had been a success. The people that we spoke with also spoke positively about this event.

People told us that they felt they were able to express their views. There were regular meetings facilitated by the people that lived there to discuss any concerns and also to provide ideas and suggestions to the registered manager. These meetings included weekly men's and women's groups which were open for any of the people that lived there to attend. They also looked at any activities people

wanted to take forward as suggestions to the registered manager. People told us that some of these suggestions had been put into place, examples they gave us were trips out and specific entertainment that had been brought in.

We observed staff giving a talk about the royal family at the request of the people that lived there. We asked the people about this and they said that they had identified it as a topic to staff because a member of the royal family was visiting the local town the following day. They had also been involved in preparing a display in the local church for the royal family member to see. A number of people from the home that had said they were interested were being supported to meet with the royal when they visited.

The provider told us about how important good links with the local community were. An example they gave was how they had engaged with the local school, and that school children visited the home, talking with people that lived at the home and also reading to them. The provider said that this had been really well received by both the school and the people that lived there. People we spoke with about this all said that they had enjoyed it.

People said that they would raise any concerns with the staff or the registered manager and felt that they would be listened to. One person told us "You can always discuss any worries or concerns to staff." A relative told us "You are given the details on how to complain. I have no complaints but if I did I know they would be dealt with straight away." We saw that the provider had a system in place for dealing with complaints but there had not been any recent concerns raised. There were regular meetings for the people that lived there and any comments or suggestions had been actioned.



# Is the service well-led?

## Our findings

The registered manager told us that the vision for the care was to, “Attain the best quality care where every person should have their wishes fulfilled.” The staff that we spoke with all told us about their aim to provide the very best care. One staff member told us, “We aim to be doing the best that we can do. Both as individuals and as a staff group.” People that we spoke with were positive about the approach of the service. One person said “It’s like a hotel. They [staff] always try their best.” The provider has been awarded the Outstanding Contribution Award at the Great British Care Awards 2015 for their contribution to care, they are currently working with staff in their service to develop the service for the benefit of the people using it and we will test this out at our next inspection.

People told us that if needed they could talk to the registered manager. Staff told us that they felt well supported; staff were able to see the manager at any time and also had regular supervision. One staff member said “It really is an open door. You can go and see [registered manager] with anything.”

Staff told us that they were aware of the whistle-blowing procedures and felt they would be supported to raise any concerns. One staff member said “I have no doubt [registered manager] would be as concerned as any of us if bad practice happened. We [staff] are all encouraged to challenge poor practice.” The registered manager told us that the provider took a very active part in the running of the service and would take swift and direct action if concerns were identified.

The provider and registered manager had a comprehensive quality assurance system in place. This included regular

meetings for the people that lived there, staff meetings, regular feedback from relatives and regular checks and audits. Staff were involved in the running of the service and kept up to date by management with regular meetings where they looked at policy and procedures and changes within the service. The provider and registered manager told us that they also did unannounced night visits. They said that the purpose of these visits were not to catch staff out, but to check with residents and staff whether there were any concerns, of which there had not been any recently. We could see where actions had been taken as a result of the checks and audits. For example by regularly monitoring the amount of falls individuals were having, any concerns triggered referrals and appointments with other health professionals. We could see where medicine reviews and additional support from district nurses had happened as a result of this monitoring.

The provider told us that they engaged with the local community. We saw evidence of this through the engagement with the local school, and also the engagement with the local village and community. The provider said that they always try to engage people with their local community. They said “Lots of the people who live here have lived around here all their lives, so they should be part of the wider community.” One person we spoke with told us about how arrangements were being made for them to undertake some voluntary work that was similar to what they used to do before moving to the home.

The provider had when appropriate submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.