

ARTI Care Homes (South West) Limited

Whitehaven Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 24 and 30 January 2019 and was unannounced. When the service was last inspected in January 2018 three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009 were identified. At this previous inspection regulations had not been met in regard to medicines management, staff supervision, accurate records and ineffective audit systems.

These breaches were followed up as part of our inspection. You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Whitehaven Care Home, on our website at www.cqc.org.uk. The service was rated requires improvement.

Whitehaven Care Home 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. The service is provided by ARTI Care Homes (South West). It is registered with the Care Quality Commission (CQC) to provide care and support for up to 23 older people, some of whom are living with the early signs of dementia. Respite beds are also provided. Accommodation was provided on both the ground and first floor. The service had a communal lounge and dining area and accessible secure gardens.

At the time of our inspection, 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 2008 and associated Regulations about how the service is run. The registered manager was also registered at another service owned by the provider.

At this inspection we found there were still shortfalls around accurate and consistent record keeping, medicines, and effective systems to monitor and review the quality of the service. The service has been rated as requires improvement for the second time. The Care Quality Commission will be monitoring improvements by the service.

We looked at systems in place to ensure people received their medicines in a safe way. We found staff who administered medicines were appropriately trained to do so. However, the quality of the recording of medicines management were inconsistent. Not all areas of care and support were included in care plans and the audits in place were not sufficiently detailed to identify the shortfalls.

Not all windows and wardrobes had been safely secured to minimise risk of injury to people. The provider rectified this immediately but these risks had not been identified through the provider's audit processes.

The service ensured people had an assessment before moving into the home. Care plans contained

important information relating to people's like and dislikes, their previous occupation, families and routines. Care plans contained support plans which confirmed people's individual needs. However, these were not always accurate in reflecting people's changing needs. Some risk assessments had not been updated.

Accidents and incidents were recorded. However, these had not been analysed to identify patterns and trends or identify areas of learning. Peoples hydration and nutritional needs were not consistently managed. However, staff knew people well and spoke positively about the support they provided to people.

People said they were stimulated by activities led by staff. We received mixed feedback from people with regards to staffing levels. Staffing was kept at the level deemed safe by the provider.

People's dignity and respect were upheld. Communication systems were in place to ensure people's views were heard. People who lacked capacity had their rights protected under the Mental Capacity Act 2005.

Staff were supported through induction, supervision and training. We made one recommendation with regards to the recording systems around staff supervision.

The provider had systems in place to monitor the quality and safety of the service. However, these were not effective and had failed to identify the risks and shortfalls where improvements were required.

People were encouraged and supported to remain independent. Visitors were welcomed at the service. People spoke positively about the registered manager and their relationships with staff. Staff felt valued and supported.

People and staff felt the registered manager was accessible and approachable. People and staff felt comfortable in raising any issues or concerns and these were listened to and responses given. Different systems were in place to effectively communicate and gain feedback from people and staff through meetings and surveys.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

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 not always safe.

People's medicines were stored safely, however not all recording was complete or accurate.

Environmental risks had not been identified

People were supported by staff that had checks undertaken prior to starting work.

Risk assessments and support plans were in place. However, these had not always been effectively updated to ensure risks were reduced.

People were supported by staff who had a good understanding of abuse and who to go to should they have concerns for people's safety.

Systems were operated effectively to report and investigate safeguarding concerns.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The service had made changes to how people's consent to care and treatment was sought in line with the Mental Capacity Act 2005 and the documentation to support this. However, we found some documentation had not been completed.

Records to support people with their nutritional requirements were not always accurate or complete. .

Staff were supported in their roles through induction and training However, supervision was irregular.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Requires Improvement ●

People were supported with access to healthcare.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's privacy was respected.

Visitors were welcomed and encouraged to engage with the service.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care records were inconsistent in the quality of detail provided.

People's feedback was there were not currently enough activities available.

People's feedback and suggestions were sought through meetings.

People and relatives felt comfortable raising a complaint or concerns. Complaints had been investigated and responded to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Systems to monitor and review the safety and quality of the service were not effective.

Notifications were submitted as required.

Communication to staff was effective. Staff felt valued and supported.

Whitehaven Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 30 January 2019 and was unannounced. The inspection was carried out by four inspectors, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. A Provider Information Return (PIR) had not been requested for this inspection.

Some people at the service may not be able to tell us about their experiences. We used a number of methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used pathway tracking. This is a method of reviewing people's care and the associated records to check their health and social care needs are met.

During the inspection we spoke with eight people living at the service, four relatives, and nine staff members. This included care staff, the chef, domestic staff, the registered manager and the nominated individual.

We reviewed six people's care and support records and five staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

At the last inspection on 15 January 2018 the service was in breach of regulation 12 and medicines were not always managed safely. At this inspection we found the provider had put measures into place to improve the safe storage and disposal of medicines.

At the last inspection, we found the provider did not have a protocol for 'as and when required' (PRN) medicine. At this inspection protocols were now in place. It was documented on the reverse of the MARs when as required medicines had been administered. However, the protocol did not always detail how people who were unable to communicate verbally might indicate they were in pain. One MAR lacked review dates and details on why the person had been prescribed the medicine. It was not clear if the medicine was still required. We raised this with the registered manager who put a protocol in place immediately.

At the previous inspection we found no body map patch records for people prescribed transdermal patches to help them manage their pain. A body map is an image of a body so staff know where to place patches. At this inspection we found the provider was using a computerised system which relied on free text without a body map. Manufacturer guidance specifies that the site of these patches should be rotated to avoid skin irritation. The computerised format did not have a body map with a record of where the patch has been applied, time of application, time of removal of old patch or any staff signatures. The current way of recording the application of the transdermal pain relief patches could be open to variations in recording. This was discussed with the registered manager who said she would contact the relevant pharmacy to obtain a recording sheet.

Medicine Administration Records (MAR) had been completed to show people received their medicines as prescribed. We observed staff signing the MAR after people had taken their medicine. However, we saw MAR records of a person who had gone out had been signed at 8.55AM as given on the 18 January 2019 at 11am. This was inaccurate confusing recording and could suggest that the person had over the prescribed dose.

The medicines policies were in place, however the policy needed updating as they did not cover the use of nebulisers, spacers or concentrators. This meant there was no best practice guidance for staff to ensure the equipment was used safely. We discussed our concerns with the registered manager who said that the policies were in the process of being renewed. By the second day of the inspection the provider had put the new policies in place which covered the issues raised.

Risk assessments had been completed for areas such as falls, moving and handling, malnutrition, and skin integrity. However, when risks were identified, the plans did not provide clear guidance for staff on how to reduce the risks. For example, one person had 43 incidents of bruises and breaks on their skin but their risk assessment had not been reviewed. The last entry was on 1 January 2019 detailed a bruise to person's right arm. There was no further record of monitoring or managing the bruise to ensure it doesn't recur.

Health and safety checks were taking place. However, the environment in which people were cared for was not always safe. For example, six wardrobes were not secured to the wall and three windows did not have

window restrictors. People were at risk of falling out of the window or crushed if a wardrobe fell on top of them. The provider took action to rectify this by the second day of the inspection.

All these shortfalls were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received their medicines from staff who had received training. Medicines were stored safely and stock was managed to ensure only the amount needed was available. Medicines that required greater security were managed safely with accurate checking procedures in place. Medicines that needed storage in line with legal requirements had been stored appropriately. Guidance was in place on how people preferred to take their medicines and for medicine that was taken as required. People's photographs were in place in the medicines folder but needed updating. Best practice suggests that they are renewed every six months so that staff can correctly identify who they are administering medicines to.

Systems were in place to ensure that people received their medicines, including creams, on time. People told us, "They do the medicines. If you need antibiotics they get straight on to the doctor. They don't let anything slip. I wouldn't let them anyway. No problems. They put them up. Stand over you when you take them". On the second day of the inspection we observed the senior staff administering medicines to people at lunchtime. They could be heard explaining to the person what the medication was, ensured they had a glass of water and stayed with them whilst they took the tablets.

At the last inspection, medicines were not always stored safely. Items for the fridge were not stored in a secure manner. At this inspection we found improvements had been made. The provider had a bigger ventilated medicine room which was clean and tidy. A new fridge had been purchased and was locked on both days of the inspection. Both the room and fridge temperatures were recorded and monitored to ensure they were within the recommended range for the safe storage of medicines.

Procedures were in place to protect people from the risk of abuse or harm. Staff knew how to protect people from harm and had received relevant training in this subject. The registered manager knew their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. Staff could confidently describe to us the types of abuse people were at risk from, and what they would do if they were concerned. Policies and procedures were in place and staff and records confirmed staff had received training.

There were enough staff available to meet people's needs and keep them safe. People told us, "There are definitely enough people to look after me." Staff confirmed they had time to chat with people and were not rushed and we observed staff not being rushed. The service used the Dependency Indicator Care Equation (DICE) tool. The tool determines the level of staffing required whilst taking into account the dependency needs of people. The registered manager told us the DICE tool was an indicator of staffing numbers but people's experiences of the support they received also needed to be taken into account.

Staff were recruited safely. Checks undertaken prior to employment included verifying the member of staff's identification, references and undertaking a disclosure and barring service (DBS) check. A DBS check confirms if the individual has any past record that might make them unsuitable to work with vulnerable people.

Personal evacuation plans were in place for people which detailed the support they required in an emergency. Evacuation mats for people were sited on the stairwells and staff had been trained to use various items of equipment such as fire extinguishers, evacuation mats, reading the fire panel and raising

the fire alarm. Fire safety was discussed with people to ensure people were trained on what to do in the event of a fire. There was an emergency grab bag that contained a fire plan folder. Regular fire drills were completed to ensure staff knew what to do in an emergency.

People commented that they felt safe with the care and support they received. One person said, "Oh yes, I feel safe. I'm a lot better than a lot of them here. We've got a bell to press if we need a nurse. If we fall the paramedics are in straight away. Very good for your safety." Another person said, "It's awkward to say how I like it here. It depends on how I'm feeling but I'm safe comfortable and happy here, yes happy thank you." A relative said, "Excellent. A Godsend. Gave me peace of mind. They ring me, tell me everything."

People commented that the service was well maintained and clean. One person said, "Oh yes, washing their hands all the time. Gloves on all the time. Very keen on the hygiene. Carpets have to be shampooed. The night staff got to do a lot of cleaning. They get inspected every morning."

The provider undertook an infection control audit regularly which identified areas for improvement. The provider had clear systems in place to separate laundry to reduce the risk of cross infection. A new sink was being installed in the laundry room. Staff had access to gloves and aprons which were disposed of following provision of care with new gloves and aprons for each person. During our inspection, refurbishment work was being undertaken to upgrade and redecorate rooms and communal areas of the service.

Is the service effective?

Our findings

People were assessed if they were at risk of malnutrition and their weight monitored. When people lost weight, records showed that staff had sought support and guidance. However, we did find one person's nutritional risk assessment which required completing monthly, had not been completed. Their 'Food and drink Nutrition Screen' document had not been reviewed since 31 January 2017. Care plans had not always been updated to reflect the latest guidance for people. For example, the care plan for one person showed over a period of several weeks the person's nutritional intake had declined. The GP had reviewed the person and had recommended the use of fortified drinks to supplement their diet. After inspection the registered manager informed us documentation on fortified drinks were kept in the kitchen. However this had not been reflected in the nutrition care plan. This information is important for the management of the persons weight and requires reviewing in keeping with the individuals support needs.

Nutritional plans did not consistently contain details of people's preferences in relation to what they liked to eat and drink or what was recommended for their health. One care plan we reviewed detailed that one person was borderline diabetic and the GP wanted them to cut down on sugar. However, the registered manager informed us the person chooses to ignore this advice. There was nothing in this or the nutritional care plan to show the risks had been discussed with the person. The Nutrition/Hydration care plan stated the person had a low need of support for their health. However, this was not correct according to the MUST score of four that was recorded, which is an indication of high risk of malnutrition.

Some people were having their food and fluid intake monitored. Monitoring charts lacked clear daily intake targets and how these would be monitored throughout the day. This meant shortfalls would not be identified as early as possible so that corrective action could be taken. Records we saw did not have fluid intake targets for each person. For example, one fluid record we saw stated [person] had a fluid intake since 7am of 210mls. The person's total intake over the previous 24 hours had been 930mls. There was no record of what the person's target intake was. Without this information the person was at the risk of dehydration.

Plans in relation to people's health needs were not always accurate or had limited information. One person had a skin condition which stated they are at high risk. However, there were no details on how to support them. For example, how frequently their position was being changed during the day and what pain relief they were prescribed. The person was prescribed a transdermal patch but this was not mentioned in the care plan. The care plan stated that the sacral area has improved but there was no detail on how and when this was monitored or determined. The skin care plans in place contained limited information for staff on how to support people. This had been highlighted to the provider at the last inspection

All these shortfalls were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had access to ongoing healthcare. Records showed people had been reviewed by the GP, the district nurse and the occupational therapist. One person said, "I'm very overdue going to the dentist." Another person said, "I've had my eyes tested here recently and got my glasses changed."

Staff spoke positively about the training they had completed. Staff had received training in areas such as infection control, first aid, dementia and moving and handling. The provider supported staff to obtain further recognised qualifications in health and social care. The registered manager told us staff had received training in diabetes care following our last inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made for people. An overview documented the progress and outcome of DoLS applications. However, one person's capacity assessment documentation did not detail why they lacked capacity and no mention of who their advocate was in the decision-making process.

Staff said they had received training in the MCA, and that they understood the main principles. One staff member said, "Starting point is people have capacity, they can decide and make a choice", and another staff member told us, "I can advise and explain why they shouldn't do something, but if they have capacity they can make a risky decision." People told us that staff supported them in their day to day decision making. People told us this included what they wished to wear, what time they wanted to go to bed and what they wished to eat.

Each area of the service had a range of different communal and living areas, as well as quiet lounges and spaces where people could be alone or have privacy with their visitors. It was highlighted to the provider that signage and orientation prompts were minimal in some areas of the service and at times may not have been clear enough for some individuals. This was immediately rectified by the registered manager, who printed and laminated signs for the toilets downstairs.

Supervision was not consistently recorded. Supervision is where staff meet one to one their line manager to discuss their performance, development and training needs. Records we reviewed did not evidence consistent meetings. For example, in one staff file we saw they had last recorded supervision in September 2018, but there was no information recorded about the discussion. Another file had the last supervision in June 2018 but did not have goals or actions to be achieved. Despite this staff said they had regular supervision and an annual appraisal. Staff told us "I have supervision once a month, I can discuss any issue about residents, what they like and what they would like to do, I am asked about my training. I was offered NVQ3 but I said no". Another staff said, "I discuss the changing legislation and support if I needed to change my working pattern. The registered manager informed us that some information is being transferred to new folders.

We recommend that the provider review the recording systems around staff supervision to assure themselves that staff are receiving appropriate support in line with their policy and published guidance.

Staff received an induction when they began working at the service, which was aligned to the Care

Certificate. An induction pack documented the different stages of the induction process as they were completed. This included mandatory training, information about the organisation, procedural information and policies, specific role information and practical tools such as forms and contact details. Staff told us that they shadowed a more experienced member of staff initially, and there was also evidence of this within individual induction packs. This meant that staff were able to find out more about people and their preferences before they began providing care for them.

Staff received training and records showed that training for staff was up to date. Staff spoke positively about the training they received. One staff member said, "We receive a lot of training, it helps me do my job". Training included subjects such as safeguarding, fire safety, manual handling, MCA and equality and diversity. Staff had raised that further training on dementia and diabetes would be beneficial to them. The provider had arranged this and one staff commented, "We requested diabetes training, now I can tell if [person] is having a hypo or hyper, I know what to do." People told us that the staff were well trained. One person said, "Without doubt, they are well trained and competent." A relative said, "Yes they are well trained, I can't fault them."

People spoke positively about the food provided by the service. The menu for the day was displayed on a white board in the lounge. People confirmed that the chef asked for their choice each morning. One person said, "I get on very well with the food here. There is always a jug of water or squash, whatever you want." Another person said, "Food, lovely. You get a choice and can list your favourites. You get something different every day and enough to drink. Tea, cranberry and water within reach. There are also jars of water. They encourage you to keep your drinks up." Although people were asked to complete a menu card in advance, staff also showed people the meals which were available and asked them which of two options they preferred. This meant that people's needs were being met and they were more able to enjoy mealtimes. Alternatives were also offered, such as a sandwich being made for a person who did not want any of the options available. This supported people to have a balanced diet whilst meeting personal preferences.

Is the service caring?

Our findings

People said that staff were caring. One person said, "The staff are very caring. If you weren't feeling too special they would pick up on it quickly." Another person said, "The staff are kind and caring." We observed staff were overall warm, friendly and supportive of people's needs.

We observed mealtimes within all areas of the service. We observed staff assisting people with food and drinks. This was done in a dignified way. People were given time to eat their meal without being rushed. Staff had a good knowledge of people's needs and supported people appropriately. People were encouraged to be independent around their mealtimes and skills were therefore maintained, but support given as needed. In some areas of the service staff offered people clothes protectors. One person commented, "The food is nutritional and varied all the time."

We observed staff administering people's medicines. Staff administering medicines were relaxed and friendly with people. Staff gave people plenty of time and engaged with them. One staff member we observed, asked the person if she wanted more water to swallow her tablets.

We observed many positive interactions between staff and people. People appeared relaxed around staff; they were smiling and appeared happy when staff approached them. Staff called people by their names and some people responded by calling staff by their names indicating they knew the staff who were supporting them. We observed staff supporting people in an activity. Staff were enthusiastic and chatty. There was a positive and happy atmosphere. One staff member commented, "We go crazy, together, we have fun with everyone."

People were offered choices throughout the day. A member of staff asked people if they wanted to join in the activity session. They went up to each person and asked them, "Would you like to join in the activities this morning? It's exercise." Some people chose to join in and others did not. We observed people being offered choices at mealtimes and their choices being respected.

We saw a member of staff ask one person if they wanted to visit the hairdresser. The person said they didn't have money. But the staff reassured the person that they didn't need to worry about the payment as their daughter had taken care of the costs. This reassured the person who then went to have their hair done.

People's independence was promoted. One person said, "I enjoy my independence here, I have my routine and I can stick to it." We observed this person on their daily stroll round the safe and secure gardens. We observed people moving round the service and supported accordingly. One staff member said, "We let them do as much as they can for themselves, it keeps them independent."

People said their privacy and dignity was respected. One person said, "Yes, they always knock the door before they enter your room. Yes, oh yes, the staff never tell you anything about anybody else."

Relatives and friends were able to visit as people wished. We saw visitors at the service spending time with

people where they wished. One relative was joining in the activity with their loved one and another relative came with a person's grandchildren to celebrate a birthday. The service had received several written compliments. These thanked the service and staff for their care and support.

We reviewed arrangements to ensure peoples' personal preferences and diversity needs were being met, including religious and cultural requirements. People's needs were well documented in their care plan, providing specific details. These were incorporated into the activities provided to ensure people's needs were met.

The service had received several compliments. One compliment read, 'Thank you for the love and care you gave to [Name of person].' Another comment said, "This was the best thing we ever did. Thank you for all you do."

Is the service responsive?

Our findings

At the last inspection on 15 January 2018 we found a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans did not always have details about people's choices and preferences in relation to how they wanted to receive their care.

At this inspection we found the same concerns around person centred care. Care records lacked consistency which meant that some people's preferences, choices and needs were not fully detailed. However, this information was gathered as part of the admission process. The registered manager told us the service finds out information about a person's interests as part of the pre-admission assessment. One person said, "I did speak to [registered manager] she came to the house and asked me what help I needed." A relative said, "Yes, they did come to the house to speak to nan. They asked a lot of questions about her and what she likes."

People had sections in their care plan that detailed their background and history, such as previous employment, areas they had lived and significant events in people's lives. For example, one person's past profession was described and how they had been recognised for this work with an engraved certificate. This meant that staff were aware of particular areas of people's lives. Staff demonstrated good knowledge of the person and could explain how they are supported with their day to day needs.

Care plans did not consistently provide enough detail to ensure the staff were aware of people's choices and preferences. Some care plans documented preferences such as, likes to have a shower and staff were; "to run shower water and check temperature." However, there was nothing recorded about what the temperature should be or what the person could do for themselves.

Guidance for staff of how to support people in their preferred way varied. For example, In another person's care plan, it had been written that the person's support needs with regards to washing, eating, dressing and bathing were "medium need." However, this conflicted with their nutrition and hydration care plan which said the person had "no needs." We also found a dressing care plan stated, "no need" but in another part of the care plan it stated, "need minimal assistance" but there was no detail on what that meant as information was not always documented.

Communication plans were in place, but did not always provide enough information for staff on how to ensure people's needs were understood. For example, one person's communication care plan states "no need in this area of care". However, the person was blind in one eye and had failing vision in the other. There was no information to guide staff on how to offer the person information.

Advanced care plans were not always fully documented or completed in every care plan. The quality of information recorded was varied. For example, two end of life care plans stated, "DNR (do not resuscitate) order in place" and another documented, "TEP (treatment escalation plan) completed, though end of life still needs to be discussed with family". Another person's plan described the type of funeral service they would like and who they would wish to conduct it. The inconsistency in recording meant people's choices

and preferences at the end of their life were not always clear or personalised.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were encouraged to follow their personal interests, and staff supported this on an individual and group basis. There was a board on display with information about the activities which were available. People also had a paper copy of the weekly programme delivered to their room. We saw that there were activities such as singers and visits from a scout group, games, bingo and gentle exercise. We saw three people knitting some blankets which they donate to the hospital. People spoke positively about the range of activities available. Staff said, "I make sure I have 1:1 time and interaction with people." One person said, "There is always something to do, the girls do bring it to life". Another person said, "They celebrate our birthdays with a song and dance, it's marvellous." We observed some chair exercises on the first day of the inspection and a sing along on the second day of our inspection.

The service had received three complaints since January 2018. Complaints were audited to identify any patterns or trends. People told us, "If I am unhappy with my care I can ask for it be changed, and they will do it so I don't worry." A relative said, "Complain? Not really. Might have had a difference of opinion but have straightened it out and things have gone on smoothly after."

People told us the staff were responsive to their choices. For example, where they wanted to spend their time or what they wished to do. One person said, "I don't always like the noise in the lounge, I can sit in my room and watch my television".

The service was decorated in a bright and stimulating way. There were themes in different areas of the service. This supported people's orientation and provided an interesting environment. The design of the building meant that there were limited spaces for people to independently move around or to go outside. Visitors were either in the main lounge or people's bedrooms. People had personalised their rooms. One person said, "I've got all my family pictures and my own blankets, it's very homely." Another person said, "I love my room and I like to sit by the window looking at the wildlife."

The service supported people with relationships that were important to them. People were supported to maintain family relationships and to develop friendships. The registered manager said, "Families come and go as they wish. We also call [person's] son in America so they can keep in touch."

Is the service well-led?

Our findings

At the last inspection on 15 January 2018 we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems and processes in place had not been effective in identifying the shortfalls found at the inspection.

At this inspection we found systems to monitor and review the quality of service remained ineffective. It had been highlighted to the service at the last inspection that audits were not fully effective. Whilst changes had been made to the systems in place, audits did not identify all the shortfalls found at this inspection.

A selection of care plans were audited each month by the provider. The inconsistencies and limited detail of some care records founds at this inspection were not always identified during this process. For example, one care plan had inconsistent details about the person's current risk assessment or health conditions. Another person's mobility care plan stated they had low mobility needs. However, the falls records reflected they were at medium risk of falls. Despite regular reviews of the care plans by the registered manager, these inconsistencies had not been identified. In addition there were shortfalls in medicines, fluid and positional recording charts that had not been identified.

In addition, accidents and incidents were not analysed for each individual. This meant potential patterns or trends may not have been identified and actions that had been taken to reduce reoccurrence were not monitored for effectiveness. This had been highlighted to the provider at the last inspection. After the inspection the registered manager sent us an analysis of accident and incidents for the whole service. This provided a clear analysis of the total incidents that had occurred and generic actions taken and how to reduce the likelihood of reoccurrence. We will look at the effectiveness of this when applied to each person at the next inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection of the service a number of policies and procedures had not been regularly reviewed and meant that information for staff was not always up to date and accurate. The medicines policies needed updating to cover the use of nebulisers, spacers or concentrators. The audits had failed to identify these shortfalls. However, on the second day of the inspection the manager showed us an updated medicines policy. All other policies were in place and had been updated.

People, relatives and staff spoke positively about the registered manager. One person said, "The relationships are good." One staff member said, "The manager and the head of care are brilliant. They'd help you out with anything, and they're always there." Another staff member said, "[The registered manager] is very caring. A relative said, "The manager is always around and is very approachable."

Staff spoke positively about the working culture and staff team. One staff member said, "It's great, I love working here. They're a great team." Staff felt valued and supported. One staff member said, "I'm well

supported. If there was something urgent I could always speak to [Names of managers]." An out of hours rota was in place in case staff needed assistance or support when a manager was not on site.

People and their relatives had been given the opportunity to provide feedback about the service. A survey was in the process of being completed. The service had established links with the wider community. Volunteers and community groups attended the service regularly.

Staff told us that communication systems were effective. A handover took place at the start of each shift, and this meant that day to day information was communicated to staff. A message book was in place where staff could record and follow up on information. One staff member said, "Communication is good. I am kept up to date with changes." Relatives said they were listened to. One relative said, "Communication is good". Another relative said, "Yes, there are meetings where the family can make suggestions about what we'd like to see".

Staff team meetings were in place, and staff were encouraged to raise issues or suggestions. We reviewed recent meetings minutes and noted that issues such as staffing, environmental issues and training subjects were discussed. Updates were also provided from previous meetings. This supported an open culture and encouraged staff to be involved in how the service was run. Weekly management meetings ensured that issues including the environment, safeguarding and complaints were regularly reviewed.

The service had a written vision and set of values. The provider told us, "We aim to make Whitehaven a home for life and therefore make this as the best place they have to ensure they have a good quality of life." Staff told us, "I like working here, it can be stressful when you have people who are dying, but we try to give people a good life."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The inconsistency in recording meant people's choices and preferences at the end of their life were not always clear or personalised. Person centred care Assessments and care plans lacked detail and did not ensure people received support in line with their needs and preferences.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure that people were prevented from receiving unsafe care and treatment and prevent avoidable harm or risk of harm
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not always ensured that care records were accurate and complete. The provider did not ensure Systems and processes were established and operated effectively to ensure compliance of the required regulation.