Platinex Limited

Whitewaves 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

Whitewaves Care Home provides support and accommodation for 19 older people, some of whom were living with dementia. Nursing Care is not provided. The home provides accommodation over three floors with a passenger lift and stair lift available to access all floors. The premises are located close to the seafront and amenities of Selsey West Sussex. At the time of our visit there were six people living at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our last inspection to the service in April 2016 we found five breaches of regulations. The provider failed to assess and keep up to date the risks to the health and safety of service users and failed to ensure the safe management of medicines. The provider failed to act in accordance with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The provider did not ensure that people were consulted or involved in planning their care or in the reviews of their care and treatment. The provider failed to notify the Care Quality Commission of events that affects the health, safety and welfare of people who use services. The provider did not operate systems and processes effectively to ensure good governance. We asked the provider to take action and the provider sent us an action plan In June 2016 which told us what action they would be taking.

At this inspection we found that improvements had been made and the regulations were now met. Although there are no longer any breaches of regulations the rating for the service remains at Requires Improvement. This is because currently Whitewaves Care Home were only providing care and support for six people which is less than a third of capacity. Given the current occupancy of the home, we did not have sufficient evidence to demonstrate how improvements had been sustained and embedded to ensure good quality care will continue to be delivered when new customers move in to the service. Therefore we have not changed our ratings at this inspection. We will continue to monitor the quality of service provided and inspect Whitewaves Care Home again when the occupancy has increased to check how quality and safety has been sustained and will publish what we find.

Potential risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. One person living at the home was currently subject to DoLS. We found the provider understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. The manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

Care plans provided information about people in a person-centred way. People were involved in the care planning process and were consulted and involved in reviews of their care and support. People's personal histories had been recorded and their preferences, likes and dislikes were documented so that staff knew how people wished to be supported.

The provider acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

People told us they felt safe with staff. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Staff were provided with training and supervision which quipped them with the skills to look after people effectively. People's healthcare needs were met and people were supported to attend regular health screening and checks with their GP, the optician and dentist as well as with mental health services.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were acted on appropriately. People were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

There was a variety of activities and outings on offer which people could choose to do. Complaints were dealt with in line with the provider's complaints procedure.

Weekly and monthly checks were carried out to monitor the quality of the service provided. Feedback was sought on the quality of the service provided through survey questionnaires. The provider told us that she met with people on a one to one basis to discuss issues relating to the home. These meetings enabled the provider to monitor if people's needs were being met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

Improvements had been made following the last inspection of the service. However, further time was required to demonstrate how these improvements would be sustained with normal occupancy levels.

People were protected from harm by trained staff. Risk assessments were in place.

Staffing levels were sufficient to keep people safe and the service followed safe recruitment practices.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was effective.

Improvements had been made following the last inspection of the service. However, further time was required to demonstrate how these improvements would be sustained with normal occupancy levels.

Staff had received suitable training and this was up to date. There were opportunities for staff to take additional qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005.

People had access to a choice of menu and were supported to maintain a healthy diet. A variety of professionals supported people to maintain good health.

Is the service caring?

Good

The service was caring.

Positive, caring relationships existed between people and the staff who looked after them.

People were consulted about their care and were able to exercise choice in how they spent their time.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was responsive.

Improvements had been made following the last inspection of the service. However, further time was required to demonstrate how these improvements would be sustained with normal occupancy levels.

Care plans were person centred and provided information so that staff could support people in the way they preferred.

People were offered choices with regards to activities and records reflected what activities people attended.

Complaints were acted upon in line with the provider's policy.

Is the service well-led?

Requires Improvement

The service was generally well led.

Improvements had been made following the last inspection of the service. However, further time was required to demonstrate how these improvements would be sustained with normal occupancy levels.

The provider and registered manager had had put systems in place to address the shortcomings found at the last inspection. They had made improvements to the quality assurance systems however these were not yet fully imbedded in practice.

People and staff were positive about the registered manager and provider. Staff said they were listened to and valued.

The registered manager was being supported by a representative of the provider to maintain records and was working hard to promote an open and positive culture. Staff told us that the registered manager and staff team were supportive and approachable.

Whitewaves 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 18 April 2017. One inspector undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also looked at statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also used information gained at our last visit to the service. We used all this information together with other information we held about the service and the service provider to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people. We looked at how people were supported in the communal areas of the home. We also looked at plans of care, risk assessments, incident records and medicines records for two people. We looked at training and recruitment records for two members of staff. We also looked at staffing rotas, minutes of meetings with people and staff, records of activities and records relating to the management of the service such as audits and policies and procedures.

We spoke with three people who used the service to ask them their views of the service provided. We also spoke with the registered manager and two members of staff. Prior to the inspection visit to the service with spoke with a member of staff from the West Sussex County Council contracts department who provided us with useful information.

This service was last inspected on 12 and 19 April 2016 when five breaches of Regulation were identified.

Requires Improvement

Is the service safe?

Our findings

At the last inspection the provider failed to assess and keep up to date the risks to the health and safety of service users and failed to ensure the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan in February 2016 which detailed the action being taken to address the issues identified. At this inspection we found improvements had been made and the regulation was now met. However due to the current occupancy of the home, we did not have sufficient evidence to demonstrate how the improvements that have been made are embedded in practice to ensure good quality care will continue to be delivered when resident numbers increase and new customers move in to the service. Therefore we have not changed our ratings at this inspection.

We looked at risks assessments for people and these were kept in people's care plan files. We saw risk assessments in place for falls, security, use of wheelchairs and the use of bedrails. Risks were assessed as high, medium or low. Risk assessments had information about the identified risk and also contained control measures to reduce any risks. For example one person said they were going to have a walk around the home to get some exercise. This person mobilised using a walking frame. We saw that staff encouraged the person and made sure there were no obstructions such as chairs or tables in the way so they could move freely and safely around the home. People who were at risk of developing pressure ulcers had been assessed using Waterlow, a tool specifically designed for this purpose. The home also had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood. This meant that people's needs regarding risks had been identified and measures were in place to help keep people safe.

At our last inspection we found that an annual pharmacy visit undertaken had identified that the provider's medicines policy did not meet the standards specified in the latest National Institute for Health and Care Excellence (NICE) guidelines and that the policy had not been signed by staff who administered medicines to show they had read and understood the policy. At this visit we found the provider had updated their medicines policy to reflect relevant guidelines and this policy had been signed by staff. The registered manager had also obtained a thermometer so the temperature of the medicines room could be recorded to ensure medicines remained within the approved temperature ranges. We saw that medicines that were required to be stored at a lower temperature were stored in a fridge in the medicines room. Fridge temperatures were recorded as were the temperature of the medicines room. Storage arrangements for medicines were secure. Staff completed training in the safe administration of medicines and records showed that staff training was up to date. Medicines were provided in a monitored dosage system. Medication Administration Records (MAR) sheets showed when people had received their medicines and staff had signed the MAR to confirm this. Records seen were up to date with no omissions. We observed a member of staff administering medicines at lunch time and this was done calmly and staff remained with the person to ensure the medicine had been taken before signing the MAR. Staff supported people to take their medicines which were ordered, received, administered and disposed of safely. This meant that people received their medicines safely and as prescribed.

At the last inspection we found that there were no personal emergency evacuation plans in place that identified people's specific needs should they need to be evacuated in an emergency. The provider had also purchased an emergency evacuation sledge to help with evacuating people; however staff had not received any training on how to use this equipment. We made a recommendation that advice and guidance was sought to ensure people could be evacuated safely. At this visit we found that action had been taken to address these issues. There were plans in place in the event of an emergency, for example, evacuation of the premises because of fire, power failure or flood. The provider had made arrangements with another home in the local area to house people overnight should this be required. People also had personal emergency evacuation plans in place so that staff and the emergency services had information about people's individual support needs. Records confirmed that staff had received training in fire safety procedures and in operating the evacuation sledge. This meant that people were supported by staff who knew what action to take should they need to be evacuated in the event of an emergency.

People were supported by staff to be safe and people told us they felt safe at Whitewaves Care Home. One person said, "Yes I feel very safe here". Another said "Yes I feel safe and secure here".

People were protected from abuse and harm and staff recognised the signs of potential abuse. The provider and staff knew what action to take if they suspected people were being abused. Staff had received training in safeguarding and knew who they could contact if they had any concerns. The provider and staff were able to name different types of abuse that might occur such as physical, mental and financial abuse. This meant that people's safety was promoted because staff understood how to identify and report abuse.

Currently with only six people living at the home there were sufficient numbers of suitable staff to keep people safe and meet their needs. Whitewaves Care Home employed total of six care staff who worked flexibly to meet people's needs. The provider also employed a housekeeper who carried out domestic duties, a cook and a member of the management team who kept records and paperwork up to date. In addition the registered manager worked at the home each day and she carried out care duties to assist staff as required. There was a minimum of two members of staff on duty between 8am - 2pm and from 2pm - 8pm. From 8pm to 8am there was one member of staff on duty who was awake throughout the night and they were backed up by the registered manager who was available on call and who lived on the premises. The registered manager and staff told us that the number of staff on duty was sufficient to meet people's needs. People also told us they felt there was always enough staff on duty. We spoke with the registered manager who told us that staffing levels would be kept under review as service user numbers increased.

There were effective staff recruitment and selection processes in place. Since the last inspection the provider had recruited three new staff members. We looked at the recruitment records for two new members of staff. Recruitment records contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed.

During the inspection we undertook a tour of the home that was accessible to people. Accommodation was over three floors and there was a passenger lift and also a stair lift to provide access to the upper floors. We saw that people could move freely around the home. There were two lounges one of which included the dining area. Communal areas were warm and cosy which gave a nice homely feel. The kitchen and laundry were situated on the ground floor, bedrooms were situated on all three floors and some of these were en-suite. People were involved in the choice of furnishing for their rooms and were able to choose their favourite colours and personalise their rooms with photos and items of their choice. There were communal

bathrooms and WCs situated on the on the ground and first floor. Since the last inspection the front garden of the home had been refurbished with a pleasant gravelled area with pot plans and a lawn area that was currently being planted with shrubs and flowers. We saw that redecoration had been carried out in the lounge area and two bedrooms had been refurbished and furnished to a good standard. We also saw two bedrooms that were currently undergoing refurbishment. This refurbishment did not have any negative impact for people who lived at the home.

Requires Improvement

Is the service effective?

Our findings

At the last inspection the provider failed to act in accordance with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan in February 2016 which detailed the action being taken to address the issues identified. At this inspection we found improvements had been made and the regulation was now met. However due to the current occupancy of the home, we did not have sufficient evidence to demonstrate how the improvements that have been made are embedded in practice to ensure good quality care will continue to be delivered when resident numbers increase and new customers move in to the service. Therefore we have not changed our ratings at this inspection.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The provider registered manager and staff were aware of their responsibilities and understood the requirements of the legislation. 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. One person was being supported by the registered manager to attend a specialist appointment at the local hospital to explore the possibility of an operation to manage the person's condition. An assessment found the person lacked capacity to fully understand the implications and therefore a best interest meeting was held. This found that the person would be subject to extensive surgery and l treatment, a prolonged stay in hospital and radiotherapy. Following the best interest meeting a decision was made not to proceed and this decision was appropriately recorded

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that capacity assessments had been carried out for all people living at Whitewaves Care Home. One person had capacity to make their own decisions. However five people were assessed as lacking capacity and had restrictions placed on them with regard to leaving the home unsupervised. The registered manager had submitted DoLS applications for these people and to date one had been approved and the other four were being assessed by the local authority on a priority basis. Therefore the provider had taken action to protect people's rights where there may been restrictions made on their liberty.

People told us they got on well with staff and said staff knew them well. Comments from people included "I am happy here" and "All the staff they are very good". People said the food at the home was good. People said they could see their GP or the community nurse if they needed them.

The registered manager told us about the training provided for staff. Training was provided by an on line training company and the home also had a member of staff who had completed a 'Train the Trainer' course and they provided practical moving and handling training. Some training had been delivered face to face by

a trainer from the local authority. The registered manager had produced a training matrix which detailed the training each member of staff had completed and this was used to ensure training was up to date. Training completed included: MCA and DoLS, equality and diversity, medicines administration, infection control, safeguarding, health and safety, dementia care, assessing needs, skin care, promoting continence, dying death and bereavement, end of life care and compassion awareness. There were also a range of DVD's staff could watch to refresh training. Staff acknowledged that training had improved and one person said the training provided helped them to carry out their work effectively. Staff also confirmed that the training enabled them to understand what was expected of them and they how should provide the care and support people required.

The provider said that any new staff members would complete an induction when they first started work. The induction programme included receiving essential training and records for a new member of staff showed they had completed the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings.

The registered manager said she would encourage and support staff to obtain further qualifications. Currently one member of staff held an NVQ level three in health and social care, and one new member of staff was enrolled on an apprenticeship. This is a work based scheme that is achieved through assessment and training. To complete this candidates must prove that they have the ability to carry out their job to the required standard.

Regular supervision meetings were held between the registered manager and staff. Supervision took place every six to eight weeks. Staff confirmed this and records showed that supervision was being carried out as stated.

We spoke to people about the meals provided at the home. Breakfast was normally cereals and toast and people could choose what to eat. Lunch was normally the main meal of the day with a hot meal also available in the evening. People told us they enjoyed the meals at the home and said the food was always good. One person said "Its good home cooked food". People confirmed there was always a choice and if they changed their minds this was not a problem. Although there was a pleasant dining area people chose to eat in their armchairs, using over-chair tables. All had places laid, with napkins and cutlery. The majority of people ate without assistance however we observed one person being supported by a member of staff. The staff member engaged with the person throughout and encouraged the person to eat. The staff member did not rush the person and offered a drink from time to time. Care plans contained information about people's likes and dislikes regarding food and drink and they told us staff knew what they did and did not like. At the last inspection we made a recommendation that the provider seeks advice and support from a reliable source so that people's weight could be monitored more effectively. At this inspection we found that there was a monthly weight chart in each person's care plan and this included a Body Mass Index (BMI). The registered manager said if they had any concerns with a person's weight they would contact a dietician or a speech and language therapist for support. A record of meals provided to people was maintained which showed people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

People's healthcare needs were met and everyone was registered with a local GP and care plans included details about people's health needs. There was a record kept of any healthcare appointments and these contained records of who the person had seen, the reason for the visit and information about any treatment given. There was also information about action needed by staff and details of any follow up appointments. Records showed people were supported to attend regular health checks such as with their GP, the optician and dentist as well as with any community health services such as dietician, speech and language

therapists. Daily records showed staff had observed people's health and sought advice and possible treatment with the GP when needed.

Good

Is the service caring?

Our findings

People were happy with the care and support they received and were complimentary about how the staff cared for them. One person said "The staff are very good and they help me". Another person said "The staff are all kind and caring, I am always treated well"

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, they would always call them by name and engaged with them. They checked if they needed any support and gave people options so they could make their own decisions. A member of staff told us, "Everyone gets on well".

Throughout our visit people were shown kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. We observed positive interactions between staff and they engaged with people throughout our time at the home, showing people patience and understanding.

Everyone was dressed appropriately for the time of year. We observed that staff spent time listening and engaging with people and responding to their questions. There was a good rapport between people and staff with lots of good interactions taking place. People were encouraged to express their views and these were communicated to staff verbally. A staff member said "We work with people and know what support people need. We always talk with people and explain things as much as possible and give them clear information so they can make their own decisions". We saw that improvements had been made to ensure people's involvement in their care assessments and planning which we have written about in the Responsive section of this report.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary for staff where they could leave details for other staff regarding specific information about people.

Staff were able to explain what they were expected to do to ensure people's privacy and dignity had been maintained. This included ensuring any personal care was given in private and ensuring people locked the bathroom or toilet door when using the facilities. From our observations we found staff were polite and respectful when speaking to people. This was confirmed by people we spoke with.

Staff had received training with regard to equality and diversity and treated people with dignity and respect. One staff member said "You treat people in the way you would like to be treated, it's not rocket science".

It was recorded in people's care plans what their wishes were with regard to end of life and staff had received training with regard to death, dying and bereavement.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection the provider did not ensure that people were consulted or involved in planning their care or in the reviews of their care and treatment. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan in February 2016 which detailed the action being taken to address the issues identified. At this inspection we found improvements had been made and the regulation was now met. However due to the current occupancy of the home, we did not have sufficient evidence to demonstrate how the improvements that have been made are embedded in practice to ensure good quality care will continue to be delivered when resident numbers increase and new customers move in to the service. Therefore we have not changed our ratings at this inspection.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. We saw that care plans contained information regarding the following: Pain management, communication, dressing, personal care, elimination sleeping, moving and handling, personal safety, eating and drinking, keeping people healthy. Care plans were person centred and people were involved in compiling their care plans as much as they were able. Each care plan had a pen portrait which was a brief life history. This helped staff engage with people and identified ideas on topics for discussion and also gave them an insight in to their earlier life and what they did for a living. Care plans contained information about the aim of the care plan, the support people needed and what interventions were needed by staff to meet the person's needs. For example one person who could not weight bear needed staff to support them. The aim of the care plan was for the person to remain safe and be aided and supported to transfer from bed to chair/wheelchair. The care plan instructed that two members of staff were required and they should establish what the person wanted. The care plan also instructed staff to explain to the person how they were going to transfer the person and keep the person informed about what they were doing at each stage. This meant that the person was consulted and involved at all stages.

Each person had a daily report which was compiled by staff. This detailed the support people had received throughout the day and night and these followed the plan of care. Records showed the home had liaised with healthcare and social care professionals to ensure people's needs were met.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting held at the beginning of each shift. During the handover staff were updated on each person and were given any information they needed to be aware of. There was also a diary that gave information to staff about any issues they needed to be aware of. This ensured staff provided care that reflected people's current needs.

Care plans were reviewed on a monthly basis and every three months a full review took place and this included an evaluation of how the care plan was working for each individual and how their needs were being met. People confirmed they were involved in their care planning and review. One person said "The staff talk to me, ask if everything is working well for me and if any changes are needed" The registered manager said that for any review people were involved and family were contacted and invited to attend if

they so wished. Any changes to care plans were recorded. We saw that one person needs had changed in May 2016, the review indicated that the person could no longer mobilise independently, a new care plan was put in place to inform staff how this person should now be supported and this information was now meeting the persons current needs.

At our last visit we saw little opportunity for people to follow their interests or take part in social activities, unless friends or families visited or took people out. At this visit we found that more opportunities for people to take part in activities had been provided. There was a new activities plan that was displayed in the home and this included: Massage and well-being sessions, armchair exercise, gardening, walks, pat a pet, chat time and TV, DVD's, CD's and radio. Activities included visits from outside activities staff as well as in house activities. There was also a local venture club who arranged different activities in the local area, these included shopping trips, trips to local garden centres, bingo and lunch clubs. The venture club charged a nominal yearly charge to take part in these activities. The registered manager told us that everyone had been informed about the venture club but to date no one wished to join.

People told us they were well looked after and told us they liked living at Whitewaves Care Home. One person said "I am quite happy here, I have everything I need and I am well looked after". Another said "I have no problems or concerns, everything works fine for me".

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file.

The registered manager told us that before accepting a placement for someone they would carry out an assessment of the person's needs so they could be sure that they could provide appropriate support and that the person would fit in with the people currently living at the home.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they understood people's needs.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with staff. The registered manager told us any complaints or concerns would be dealt with promptly in line with the provider's complaints policy. She told us there had been no complaints received since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection, the provider failed to notify the Care Quality Commission of events that affects the health, safety and welfare of people who use services. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Also the provider did not operate systems and processes effectively to ensure good governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan in February 2016 which detailed the action being taken to address the issues identified. At this inspection we found improvements had been made and the regulation was now met. However due to the current occupancy of the home, we did not have sufficient evidence to demonstrate how the improvements that have been made are embedded in practice to ensure good quality care will continue to be delivered when resident numbers increase and new customers move in to the service. Therefore we have not changed our ratings at this inspection.

Whitewaves Care Home had a registered manager in post and they were acting in accordance with CQC registration requirements. We have been sent notifications as required to inform us of any important events that took place in the home.

The shortfalls and breaches of regulations we found at out last inspection gave us cause for concern that the provider and registered manager did not have systems and processes that ensured they were able to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider and registered manager had made improvements and had put processes in place to address these issues. Quarterly monitoring visits were now taking place to see how people's needs were being met. Regular staff meetings were now taking place and the registered manager had attended training sessions to update her knowledge. .

People told us the registered manager and staff were good and they were always around to listen to them. One person said "The manager is always around, I can talk with her whenever I want and can raise any issues with her or staff". People also told us they were consulted about how the home was run and were invited to put their views forward.

The registered manager told us she operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. The provider said she would not hesitate to make changes if necessary to benefit people. A staff member said communication had been much improved and they were confident that if they had any concerns they could raise them with the registered manager and they would be dealt with appropriately. They said the staff team worked well together.

Staff said the registered manager lived at the home and was always around to talk to. Records showed that staff meetings were now taking place and this enabled staff to influence the running of the service and make comments and suggestions about any changes.

At the last inspection we found that the registered manager had not attended any training for some time. At this inspection we saw training records that showed the registered manager had now attended a range of training so that her own personal knowledge and skills were up to date. The registered manager told us that she had over 20 years' experience in providing care to people and now that she had support from one of the providers to keep records and paperwork up to date this had given her more time to concentrate on the caring side which she enjoyed. This showed the registered manager was working to improving the service that people received by ensuring her own personal knowledge and skills were up to date.

The provider had a policy and procedure for quality assurance. Weekly and monthly checks were carried out to monitor the quality of service provision. Records that showed the checks and audits that took place included; Health and safety, care plan monitoring, audits of medicines, infection control audits, and audits of accidents or incidents and concerns or complaints. A representative of the provider now carried out a 50 point assessment and this was based on the Care Quality Commissions five Key Lines of Enquiry. The assessment is carried out quarterly. We saw a copy of the most recent quarterly assessment which was carried out on 31 January 2017. This was a comprehensive audit and the registered manager said this assessment helped her to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

Information leaflets were available in the entrance to the home about local help and advice groups, including advocacy services that people could use. These gave information about the services on offer and how to make contact. There was a copy of the most recent inspection report and the quality ratings given at the last inspection were displayed in the home. There was a suggestion box in the entrance hall of the home where people could raise issues or make suggestions.

People, relatives, staff and outside professionals were supported to question practice and asked for their views about Whitewaves Care Home through a quality questionnaire organised by the provider. These were sent out and any responses were explored to see if any changes could be made to improve the service. We saw completed questionnaires from the last audit and responses received back from people and relatives were positive about the service provided.

We spoke with a representative from West Sussex social services commissioning department who gave permission to share their views in this report. They told us that they had visited Whitewaves Care Home periodically over the last year and had seen improvements to the home. These included improvements to the front of the building, redecoration and refurbishment of some bedrooms, additional training for staff and improvements to care plans. They also told us that communication with the provider and registered manager had improved and that the input that had been put in by a representative of the provider had been very noticeable. This person was now managing records and was overseeing paperwork and this had taken some of the pressure of the registered manager.

Records were kept securely. All care records for people were held in individual files. Records in relation to medicines were stored securely. Records we requested were accessed quickly, up to date and were fit for purpose.