

Whitegates Retirement Home Ltd

Whitegates Retirement Home

Inspection report

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20 May 2016

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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

Whitegates Retirement Home is a small home that provides personal support for up to 24 older people. It is situated on the outskirts of the village of Westfield and there is parking on site. The building provides single rooms, a lift enables people to access all parts of the home and the gardens are accessible to people who use walking aids and wheelchairs.

There were 21 people living at the home during the inspection and they had a range of support needs. Some people needed minimal support and care, other people needed support with personal care and assistance moving around the home, due to physical frailty or medical conditions, and some people were living with dementia.

A registered manager was responsible for the day to day management of the home. 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.

This inspection took place on the 19 and 20 May 2016 and was unannounced.

People were assessed before they moved into the home to ensure staff could meet their needs, and care plans, including risk assessments to ensure their safety, were developed from this information. However, records did not consistently reflect people's specific needs and daily records did not evidence the support and care that staff said they provided.

People said there was not always enough staff working in the home to spend time with them to talk in addition to when they provided support and care. Staff told us there was not always enough staff working in the home during the afternoons. We saw staff supporting people to have a walk around the garden and the registered manager said staffing levels were based on people's needs and were flexible depending on the support needed day by day. Appropriate recruitment procedures were in place to ensure only suitable people were employed at the home.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were aware of the procedures to follow if a person needs changed and safe systems needed to be introduced to protect people.

Systems were in place to ensure people were protected. This included safeguarding training, staff had a good understanding of abuse and how to raise concerns if they had any. Staff were trained in giving out medicines and they gave them out safely and signed the administration records after they had been taken.

People, relatives and staff said the management were very approachable, and were involved in decisions about how the service developed with on going discussion on a day by day basis and during residents meetings. In addition feedback was sought from people, their relatives, healthcare professionals and other visitors to the home, through satisfaction questionnaires.

People told us the food was very good. Staff asked people what they wanted to eat, choices were available for each meal, and people enjoyed the food provided. People told us they decided what they wanted to do, some joined in activities while others chose to sit quietly in their room or communal areas. One person said, "I have never joined in group activities so I prefer to remain in my room."

People had access to health professionals as and when they required it. The visits were recorded in the care plans with details of any changes to support provided as guidance for staff to follow when planning care.

A complaints procedure was in place. This was displayed on the notice board near the entrance to the building, and given to people, and relatives, when they moved into the home. People said they did not have anything to complain about, and relatives said they were aware of the procedures and who to complain to, but had not needed to use them.

We found a breach 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 the full version 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?

Requires Improvement 

The service was not consistently safe.

Risk to people had not been managed effectively.

The system for the management of medicines was not always effective.

People and staff felt there were not always enough staff working in the home

The premises were well maintained and people had access to all parts of the home.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

People were cared for by a sufficient number of staff and recruitment procedures were robust to ensure only suitable people worked at the home.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

The training plan did not show that appropriate and relevant training had been provided and there were areas when training was required to ensure people were supported appropriately.

Staff had attended training of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good 

The service was caring.

The staff approach was to promote independence and encourage people to make their own decisions.

Staff communicated effectively with people and treated them with kindness and respect.

People were encouraged to maintain relationships with relatives and friends. Visitors were made to feel very welcome.

Is the service responsive?

The service was not consistently responsive.

Care plans did not reflect people's needs and there was no clear guidelines for staff to follow.

People's needs were assessed before they moved into the home.

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

People and visitors were given information about how to raise concerns or to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Records were not all accurate or complete and the quality assurance system had not identified where improvements were needed.

There were clear lines of accountability and staff were aware of their roles and responsibilities.

People, relatives and staff were encouraged to provide feedback about the support and care provided.

Requires Improvement ●

Whitegates Retirement Home

Detailed findings

Background to this inspection

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

This inspection took place on the 19 and 20 May 2016 and was unannounced. The inspection was carried out by two inspectors 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 service.

We looked at information we hold about the home including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with 15 people living in the home, two relatives, six staff, the cook, housekeeping staff, the registered manager, operations manager and a visiting healthcare professional. We observed staff supporting people and reviewed documents; we looked at three care plans, medication records, three staff files, training information and some policies and procedures in relation to the running of the home.

Some people living in the home were unable to verbally share with us their experience of life at the home, because they were living with dementia. Therefore we spent a large amount of time observing the interaction between people and staff, and watched how people were cared for by staff in communal areas.

Is the service safe?

Our findings

People were comfortable living at Whitegates Retirement Home. They said the staff supported them when they needed assistance and they felt secure and safe. People told us, "I feel safe here, they even look in on you a couple of time at night, this is my home now" and, "I have a call button and they soon come if I need them." Some people thought there was not enough staff working in the home. One person said, "I feel safe but lonely, I am on my own for many hours, they do not have the time to stay and talk, but I see the staff spending time talking to each other." Staff also told us that sometimes there was not enough staff working in the afternoon, particularly if there was no activity staff.

Despite the positive comments we found some areas that may impact on people's safety and choices.

Systems were in place to assess risk for each person. These were recorded in their care plans and included an assessment of people's ability to walk unaided or with assistance, risk of pressure damage and nutritional assessment to ensure they have sufficient food and drink. However, care staff told us they had not read the care plans, they did not have the time, therefore they were unable to demonstrate an understanding of risk to people they supported. Senior staff told us all staff should read the care plans, but agreed they may not have the time during the day. One person said, "They do everything for you, but don't have the time to wait for me to do things for myself." This meant staff may not know about people's individual risks, if the support they provided was appropriate and enabled people to be independent in a safe way. This was discussed with the manager as an area where improvements were needed.

Systems for giving people prescribed medicines (PRN) for example paracetamol, were not always effective. A policy was in place that stated that 'An individual protocol must be completed for each service user that is prescribed PRN medication; the home manager must countersign this'. One person had been prescribed pain relief before having a change of dressing. The person was living with dementia and the care plan stated that their mood and behaviour changed when they were in pain and they refused to take pain relief. There was no guidance for staff to follow to assess if the person was in pain or what action to take if they refused medicine and there was no PRN guidance for staff in the medicine records (MAR). The registered manager said they would immediately review the MAR.

People said there were times when there were not enough staff working in the home. They said they would like to go out for a walk or just talk to someone and staff said they were busy and couldn't always do this. Staff told us between 3 and 5pm can be, "A lean time" and if people used their call bells to ask for assistance they may have to wait. Sometimes staff had an hour to chat to people in the afternoon but, "If there is no activity staff, people may want interaction and we can't give them the time they want." We discussed this with the registered manager and operations manager and they said the staffing levels were based on people's needs and were flexible. At times when staff were on holiday or off sick other staff would cover for them and if necessary additional staff would be allocated to ensure people had the support they needed. Such as if a person had a hospital appointment and needed staff one would be allocated to do this. We saw that staff asked people if they wanted to have a walk in the garden on the afternoon of the first day of inspection and they told us they had enjoyed walking and chatting with staff and other people. The

registered manager said they would talk to people about their concerns and discuss the staffing levels with staff at the next meeting.

People liked to walk in the garden, some using walking aids, like zimmers, but they felt the pathways were not easy to walk on. Staff told us the paths were not even and some were not wide enough for people using walking aides to walk along safely with staff. The registered manager said the garden was an important area for people to be able to use safely. An appropriate professional had been employed to look at the paths; there were plans to improve them and we asked for a copy of any risk assessments for the garden and none have been available. Until improvements have been made the unevenness means people will be at risk of falls.

Accidents and incidents were recorded; the registered manager monitored these and audited them monthly. Staff said if an accident or incident occurred they would inform the senior or registered manager and an accident form would be completed. Information about what happened was recorded and staff said they discussed how they could reduce the risk of it happening again and staff had a clear understanding of what action to take.

The home was comfortable, well maintained and clean, maintenance staff said there were ongoing repairs and replacement as required and records supported this. They were painting seating areas in the garden, at the request of people living in the home and said, "There is a list of things for me to do each day." There were records to show relevant checks had been completed, including lighting, hot water, call bells and electrical equipment. The lift enabled people to access all parts of the home and was checked yearly. Fire alarm was checked weekly and staff had attended fire safety training, although some updates were needed. There was guidance for staff on what action to take in the event of an emergency, such as a fire. A fire marshal was appointed daily and their name was recorded near the entrance to the building, so that staff and people knew who was responsible for their safety. Each person had a personal evacuation and emergency plan in place and these were kept next to the fire marshal information. An on call arrangement was in place that ensured staff were available or provide advice and guidance if required. This meant there were systems were in place to deal with emergencies.

People said their medicines were given out safely; they had been assessed with regard to managing their own medicines and no one at the home was responsible for their own medicines. Records showed there were systems in place for ordering, receiving and returning medicines and they were stored appropriately in a locked trolley and cupboards. Daily temperature checks ensured the medicines were safe for people to take and only senior staff who had attended training were responsible for giving them to people. Medicines Administration Records (MAR) contained photographs of people for identification purposes and guidance for staff with regard to people taking medicines on an 'as required' basis (PRN), such as paracetamol for pain. On one MAR we found the guidance was clear with information about the how often PRN medicines could be given and if they were requested at different times this was recorded with the reason they were given on the MAR. Staff gave out medicines in a safe way and recorded on the MAR after people had taken them. The MAR were audited monthly, this meant they could see if there had been any gaps, who was responsible for them and could discuss these with the staff concerns. There were procedures to follow if there were errors; staff were required to contact the GP and registered manager, and the staff involved would not give out medicines again until they had been re-assessed as competent. Staff said they had attended training and the registered manager signed off their competency, after observing their practice when giving medicines to people. One said, "We have to attend training and are checked to make sure we give them out safely when people need them." Some medicines had been prescribed to be taken before breakfast and this meant senior staff were required to work night shifts, which they said was not a problem.

As far as possible people were protected from the risk of abuse or harm. Staff had undertaken adult safeguarding training and had an understanding of protecting people from abuse. They were clear about what action they would take if they saw anything of concern and they said if the registered manager had not acted appropriately they would contact the local authority, police or CQC. Staff had read the whistleblowing policy and said they would have no problem raising issues if they thought people were at risk in the home. One said, "If I saw something I felt was wrong I would intervene immediately and I would tell the senior staff and manager." Another member of staff told us, "The manager had an open door policy and we can talk to him at any time, so I would report anything and I am sure action would be taken." People, visitors and staff said they had not seen anything they were concerned about.

Recruitment procedures were in place to ensure that only suitable staff worked at the home. There were relevant checks on prospective staff's suitability, including completed application forms, two references, interview records, evidence of their residence in the UK. A Disclosure and Barring System (Police) check, which identify if prospective staff had a criminal record or were barred from working with children or adults, had been completed for all staff. Staff said the recruitment procedures were good and made sure only suitable people worked in care.

Is the service effective?

Our findings

People said the staff understood their needs. One person told us, "I think they know how much care we each need and they assist us if we need it." People told us the food was very good, there were choices at each meal and they could have something else if they didn't like what was on the menu. Staff told us relevant training was provided and the training. The training plan showed training had been available for staff including moving and handling they were required to do this and they felt supported to develop their knowledge.

Staff said they had to attend, first aid, food hygiene, health and safety and infection control. Five staff were not up to date with moving and handling and three on fire safety. A new member of staff was not on the training plan and they said the only training they had done was moving and handling. The registered manager said all staff had to do the training listed and some may have been sick or on leave when the training was arranged and additional training would be provided if required. However, we saw staff assisted a person to walk with a zimmer by holding onto their trousers and top at their rear and staff were unsure of how to transfer a person from a wheelchair in the dining room safely. These were discussed with the operations manager at the time they occurred and we were told action would be taken to ensure people attended and understood relevant training.

Staff completed a three day induction training when they started work at the home. One person said they worked with other staff shadowing for this period and then worked on their own. They had experience of working in care and had attended, "All the mandatory training where I worked before." However, there was no system in place to assess if new staff, who had attended training at a previous job, had the skills to support people at Whitegates Retirement Home and meet their needs. This meant people may not have received the support they want and need. For example, one staff said they asked people what support they wanted as they had capacity. However, they did not say that this could change depending on how people felt at the time, or that some people were living with dementia and may not have been able to respond to direct questions like, 'Do you want to get up'. The registered manager and operation manager said they would review the processes for assessing new staff capabilities and they were confident that all staff had the skills they needed to support people.

The registered manager and staff had completed training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA aims to protect people who lack capacity, and enable them to make decisions or participate in decisions about the support they received. Staff had an understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. People's capacity to make decisions had been assessed and recorded in their care plans.

Staff said people were able to make decisions about all aspect of the support and care provided, and they had a clear understanding that some people were living with dementia. Staff had attended the first stage of a dementia awareness package and eight staff were attending the second stage during the inspection. People told us that staff asked them what they wanted to do and if they needed assistance. "They are very

good they check what we want to do first." Staff said, "We always ask people what they want to do, if they want to get up, if they don't we go back later and ask again." "Some residents have dementia, and they forget what we have offered and what they have asked for, but they can still make decisions and we ask them again to make sure they make choices and are as independent as they can be" and, "People make decisions about everything in the home, the support we offer, the meals and if they want to join in the activities. Not everyone does, some people prefer to remain in their rooms." Staff felt MCA had been a major change and was regarded as most important for people they supported. Staff asked people going into the lounge where they wanted to sit, if they were comfortable and what they wanted to do. People were offered a range of drinks in addition to the planned coffee and tea breaks and cold drinks were available throughout the day.

Deprivation of Liberty Safeguards (DoLS), which is part of the MCA, is to ensure someone, in this case living in a care home, is deprived of their liberty in a safe and appropriate way. This is only done when people are unable to tell staff about their wishes and need support with aspects of their lives. Staff said the decisions about DoLS was only made during best interest meetings and agreed by relatives, health and social care professionals and staff, when there is no other way of safely supporting them. Staff said they had not needed to apply for a DoLS, but understood that they may have to do so if people, "Need additional support to keep them safe."

Staff told us they had regular one to one supervision with the registered manager and they felt this gave them a chance to sit down and talk about anything, and find out if there were areas where they could improve. The supervision records showed staff attended regularly and appraisals took place yearly. Supervision addressed common themes, such as reminders about the use of mobile phones and medicine policy, as well as training needs, attendance and shift issues. Staff said they could talk to their colleagues, including the registered manager, at any time, and they were clear about the disciplinary procedures if the registered manager or their colleagues thought they were not providing the care and support people needed. One member of staff said we can talk to anyone at any time, but supervision gives us the opportunity to sit down and talk about how we are doing and if there is any training we might like to do." All of the staff said the registered manager was very approachable and they were able to speak with them at any time.

People told us the food was good and staff asked them what they wanted to have for each meal. The cook had a good understanding of people's needs, their likes and dislikes and details of people's specific dietary needs, such as diabetic or pureed diet were recorded on a white board in the kitchen. They said, "Residents can have anything they fancy" and they made cakes for people's birthdays. The menu was changed every four weeks and displayed at the entrance to the dining area and on the individual tables for people to read if they wished. The food was fresh and home cooked. People were assisted to sit in the dining area if required and staff helped with reading the menu and asked people what food they would like to have. There was a choice of two main courses and two puddings at lunchtime. People were chatting with each other and staff as the meals were served by waitress service and they were able to say how much or how little they wanted. Condiments, napkins and hot and cold drinks were available. People were encouraged to have enough to eat and drink and staff said snacks were available throughout the day. Some people preferred to remain in their room and they were supported to do this. One person said they food was cold by the time it reached their room and staff said they would ensure this did not happen. Another person said the food was very good and, "We can changed our mind if we want to." If staff felt people were not eating and drinking enough they recorded how much food and fluids they had and their GP was contacted if staff had any concerns. For example, if a person lost weight staff asked the GP for a referral to a dietician, so they could get additional advice on how to support the person concerned. Staff said they knew some people liked a small meal, too much put them off, and they were aware of how much people usually ate, which meant they easily picked

up if people's eating habits had changed.

People had access to health care professionals and staff contacted GP during the inspection as a person's needs had changed. People were supported to attend appointments and health professionals visited the home when required, such as dentists, opticians and chiropodist. Records were kept of all visits in the care plan, including any changes to the support people needed. One person said, "You have only got to say you don't feel well and the next minute the doctor is here, I would not have come here if I didn't think it was good."

Is the service caring?

Our findings

People told us the staff were very kind and looked after them very well. One person said, "It's like living in a hotel but with help when you need it." Staff told us they treated people with respect and made sure their privacy was protected.

The home had a calm atmosphere. People sat quietly together in the lounge in places of their choice, or their own rooms, depending on what they wanted to do. One person was reading a newspaper in the lounge and talking to the son of a staff member who was attending training, other people sat in their preferred seat and observed what was going on. Communication between people and staff was relaxed and friendly and was on first name terms. Staff asked people if they wanted a drink a number of times during the morning and tea and coffee was available at any time. Staff sat near people when they spoke to them; they were quiet and respectful and waited for a response when they asked if they were comfortable, if they wanted a drink or to join in an activity.

Staff said they always asked people if they needed assistance, they never made decisions for them and it was clear staff respected people's choices. They took care to ask permission before they intervened or assisted people and where possible people were enabled to express their needs and receive appropriate care. Staff knew people's preferences about where they wanted to sit, what they liked to drink and if they needed assistance with personal care, but did not assume anything and consistently asked people before they assisted them. People living with dementia were supported to make choices about all aspects of their day, with kindness and respect. Staff sat near to and at the same level as people when they talked about the weather, what people were going to do that day and if they had everything they wanted.

People's care plans and associated risk assessments were stored securely in the office, which was kept locked when not in use. Staff said information about people was confidential. They were careful not to discuss people's needs if other people were nearby and when we asked questions staff answered in a quiet voice. This made sure that information was kept confidential. Staff told us that it was important to build up trust with people and ensuring their privacy was a part of that. One member of staff said, "We don't talk about other people's needs in front of anyone else and if relatives or friends ask about them we might say what sort of day they have had, like joining in an activity in the lounge, otherwise we refer them to the manager." Staff asked people if they needed assistance with personal care in a quiet and respectful way, and discretely asked if they needed to use the bathroom before lunch. Staff knocked on people's door and waited for a response before they entered. One person told us, "Yes staff always knock on the door before they come in, which is very nice."

People were involved in making decisions about the support and care they received. Some people said they knew they had a care plan, although they did not think they needed to be involved in looking at it. One person said, "They have asked me about the help they give me and I have it written down, but I don't worry about it, the staff look after that." Another person told us, "I think my daughter would look after that, and if I have any problems I talk to her and let her sort it out."

People's preferences were recorded in the care plans. There was information about each person's life and these had been compiled with people and their families where possible. They contained information that staff could use to help build relationships, such as people's previous occupations and hobbies. Not all the staff had read the care plans and they told us they spoke with people and their relatives to build up a picture of what people's preferences were, although this may change each day. One member of staff said, "We don't make assumptions about what people want to do, like us they change their minds and we have to be aware of this and make sure we offer support in a way that suits them."

People were encouraged to keep in touch with relatives and friends, and visitors to the home said they were always made to feel very welcome. One person told us they usually sat in the garden to have a cup of tea with their relatives when they visited them.

End of life care had been discussed with some people and their relatives where appropriate and, this had been recorded in the care plans. The registered manager said advocates were available to support people if they had no relatives or representatives and information was available in the office. They said this service was not needed at the time of the inspection.

Is the service responsive?

Our findings

People were positive about the care the staff provided and they said there were a number of activities they could take part in if they wanted to. One person said, "I like the exercises to music and the pat dog Freya." People said staff asked them what support and care they wanted. One person said, "They ask if we need anything, but I can do most things myself." Staff felt they had a clear understanding of people's different needs and the support provided depended on how each person felt that day.

Despite the positive comments we found some areas that may impact on people's opportunity to make choices about the support and care they want.

Care plans were legible and had been reviewed and updated monthly, with evidence of people's and relatives involvement in planning care. However, the information recorded did not always reflect people's specific needs as the format was the same for each person and some of the wording used could be regarded as negative. For example, the plans had identified areas that people needed support with, like assistance with washing and dressing as, 'Weaknesses', which could affect people's opinions of themselves or how staff see them. The use of a generic care plan package meant records were not personalised and did not always reflect people's needs. We discussed the care plans with the registered manager and operations manager, they thought the care plans were suitable for use in the home, but agreed that records should reflect the individual needs of everyone living at the home.

Staff said they did not have the time to read the care plans and the information they had about people's needs was from the handover at the beginning of each shift, other staff and from talking to people and their relatives. Staff demonstrated an understanding of some people's needs and were clearly aware of what they liked to do and how they spent their time. However, staff said they encouraged people to use the lounge to do activities and socialise with other people even if they did not want to. One member of staff told us they do all they can to get them to, "Come out, we'll get there," although one person preferred to remain in their room and made this very clear. Staff knew about people's preferences but did not always plan their support and care with these in mind.

Staff demonstrated an understanding of people's support needs and what action they took if people's needs changed. One said, "Residents feel differently each day and we have to be flexible in our planning care and support." Another told us, "We know people very well and recognise if someone is not feeling as well as usual. We keep an eye on them to see how they are as the day goes on, but usually the GP is contacted so that we can be sure we are looking after them properly." People and their relatives felt their care was personalised to meet their needs. One person told us, "Yes, I suppose so." A relative said, "They are so good here although my mother does not know me. I enjoy coming here it is such a lovely place and I am so glad my mother is being looked after."

People told us the staff were very helpful and assisted them to go out to appointments and people attended appointments in the village and Battle during the inspection. Staff felt they provided the support people needed and were available if people needed assistance. A walking chart had been started to record who

wanted to go out for a walk, as they had recognised that some people were missing out and it was too much for the activity staff to do. This meant there were daily checks on who staff should ask if they wanted a walk. During the afternoon several people walked around the garden with care staff.

The registered manager said people's need were assessed before they moved into the home, "To ensure we can provide the support and care people need." People said their relatives or representatives had chosen the home for them and they were generally happy with the choice made. One person told us, "My daughter looked at a number of homes and felt this was the best and I am quite comfortable here." Another person said, "I knew someone who used to live here and it has always had a good reputation in the area, I have no complaints."

A number of activities were arranged for people to participate in, including a quiz, and a film was shown in the lounge. One of the activity staff had not been available in recent weeks and one of the senior care staff had been involved in delivering activities. They said these included exercise classes, flower arranging with flowers provided by a local supermarket and word games. To ensure that activities were appropriate and staff had a clear understanding of the importance of people continuing to do things that interested them, activity staff attended the monthly senior meetings with the registered manager and the head of department meetings. Management and senior staff had a good understanding of the need to support people to spend their time as they wished.

A monthly activity newsletter was distributed to people, with photos of recent activities and notable dates for the month ahead, these included exercise sessions three times a week and arts and crafts. External entertainers had been booked weekly to cover the year and included singers, holy communion and church support for festivals such as Christmas, Easter and harvest festival. Activity staff said food tasting was always popular and recently they had tried smoothies and planned to do different ethnic foods. Raised beds had been put in the garden for people to grow their own plants, to produce vegetable for the home and a sensory area was planned. Animals were also very popular and were brought into the home on a regular basis. Activity staff said they spent time on a one to one basis with people who preferred to spend time in their rooms and records were kept to evidence this. They told us all staff were involved in developing activities for people living at the home and they were looking at making changes to the layout of the building to provide additional space for people to use. Such as a coffee lounge in the library, and discussions were on going. The library was a small room separate from the main lounge, with a range of books and seating that some people use when they have visitors, but generally staff said it was not used very much.

A complaints procedure was in place; a copy was displayed on the notice board near the entrance to the home, and given to people and their relatives. Staff told us they rarely had any complaints, and the registered manager kept a record of complaints and the action taken to investigate them. The complaints folder contained details of the complaints procedure and the action staff should take if a concern is raised. People told us they did not have anything to complain about, and relatives said they had no concerns and if they did they would talk to the registered manager or the staff.

Is the service well-led?

Our findings

From our observations and discussions with people, relatives, staff, the registered manager and operations manager we found the culture at the home was open and relaxed. Care and support was focused on providing the support people living at Whitegates Retirement Home needed and wanted. People said the registered manager was always available and they could talk to them at any time. Relatives said the management of the home was good and the staff were always very helpful.

Despite the positive comments we found improvements were needed to ensure the home provided the care and support people need and want.

The registered provider had not ensured that accurate and complete records were kept to evidence that staff were supported to ensure that people's needs were met. This included the training plan, which had not shown that people had attended relevant training. There was no system in place for assessing the skills and understanding of new employees who had attended training during previous employment.

The guidelines for giving out PRN medicines were not clear for all of the people living in the home.

The care plans were generic and did not identify people's specific needs and this meant there was no clear guidance for staff to follow. For example, it stated in one care plan that the person should be encouraged to engage in conversation with residents and staff and that they 'will sit with other residents in the lounge'. This meant that staff encouraged them to go into the lounge, when they clearly preferred to remain in their room.

Accident records were not clear. Staff had not consistently recorded what they had done following an accident or incident, including details of any treatment they might have provided or who they had spoken to for advice to reduce the risk of a re-occurrence. We discussed these issues with the registered manager and operations manager as areas where improvements were needed.

The policies and procedure used by the registered manager were generic they included policies and procedures that were not required. The registered manager said they had reviewed some policies; we found the safeguarding policy had relevant information, but said they needed to look at them in more detail to ensure they were needed and reflected the support and facilities provided at the home.

The registered manager discussed the audits they used to assess the support provided and the facilities and said that some were clearly more effective than others. We found that the audit used for assessing recruitment showed that they followed current guidelines, with relevant information collected and checks made to keep people safe.

The provider sought feedback for people living in the home, relatives and visitors using satisfaction questionnaires, although some of these had not been sent out since March 2015. The comments were positive and action had been taken if people wanted to change the support provided. For example, one

person asked to be put in touch with groups in the community and staff arranged this. The registered manager said they planned to send out questionnaires to relatives and give them to people in the home in the near future.

Staff said there were clear lines of accountability. The registered manager was responsible for the overall management of the support and care provided, with senior care staff taking responsibility for specific areas. Such as the allocation of staff on each shift, the management of medicines and activity provision. Staff were very positive about working at the home and said they were like one big happy family. They said the management were very supportive, they felt listened to and that their views were taken into account. Staff team meetings were recorded and indicated they were used for discussion, to address issues about the support provided and for the management team to update staff about any organisational changes. Staff said they found them very useful, they were able to catch up with other staff, talk about any issues they had and keep up to date with any developments in the home. Staff said they worked very well together as a team and felt they all had the same aim, which was providing the care and support people wanted in a safe way without restricting their independence.

The registered manager said they notified CQC of significant events which had occurred in line with their legal obligations and these were recorded on our system.