

Summerfield Medical Limited

Whittington House Nursing Home

Inspection report

58 Whittington Road
Cheltenham
Gloucestershire
GL51 6BL

Tel: 01242259260

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Whittington House is a residential nursing home providing personal and nursing care to 45 people aged 65 and over at the time of the inspection. The service provides care for people in one adapted building with four floors, one of these floors specialised in providing care for people living with dementia. At the time of our inspection, one of these floors was not being used. The service can support up to 66 people.

People's experience of using this service and what we found

People were exceptionally well supported to develop and maintain good social networks. People were supported to maintain relationships that were important to them, this included relationships with friends, families and religious communities. The service maintained a social and friendly atmosphere and supported people in forming new and meaningful relationships with those around them. Relatives were able to visit at any time and told us, without exception, they felt the service was friendly and welcoming to them. People who lived at the service were empowered to run their own activities and social clubs. The service organised activities and social events that were tailored to the preferences of people who live at Whittington house.

People were supported to make decisions regarding their end of life care and these were respected by the staff who cared for them. Peoples spiritual and religious needs were respected at the end of their lives and people were supported to die pain free and with dignity.

People were safe. Staff had received training and demonstrated good knowledge of safeguarding principles. There were systems in place to safeguard people from abuse and staff knew how to raise concerns if needed.

Medicine was received, stored and administered safely and in line with best practice guidelines.

People were complimentary about the care they received and the quality of staff. People told us staff knew them well and cared for them in the way they wanted. Staff respected people's privacy and dignity and supported people to be as independent as possible.

People's needs were assessed with a person-centred approach. Assessments and care planning considered people's diverse religious, cultural and spiritual wishes. People told us they enjoyed the food and were offered choices of what they preferred to eat.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well led. Management maintained good oversight and encouraged continued improvement and innovation within the staff team. Staff told us the management supported them and were accessible.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 31 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Whittington House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one 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.

Service and service type

Whittington house 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of this inspection was unannounced.

What we did before the inspection

Before this inspection, we reviewed the information we already held about the service. This included notifications sent to us by the provider. Notifications are information about specific incidents the service is required to tell us about.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke to fourteen people and four relatives about their experience. We spoke to nine members of staff, this included care staff, registered nurses, the receptionist, the chef, regional manager and registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five peoples care records, three staff files and a variety of records relating to the management of the service.

After the inspection

After the inspection we sought feedback from professionals who work with the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. This was because risk associated with the use of equipment was not always managed safely. At this inspection we found improvements had been made, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they thought the service was safe. One person told us "I am happy living here and my god I am safe, that is the least of my worries." Another person said, "I have never felt unsafe here, never."
- Staff had received safeguarding training and knew how to identify and report signs of abuse.
- All members of staff spoken with had a copy of the whistleblowing policy, the policy was also displayed at various points around the home. Whistleblowing is when a member of staff passes on information concerning a wrongdoing at work.

Assessing risk, safety monitoring and management

At our last inspection, we recommended the provider consider current guidance on management of people's risk associated with the use of equipment. The provider had made improvements.

- The service routinely completed safety checks to ensure the premises remained safe for people; these included checks on gas safety, legionella, electrical safety and fire safety systems.
- Assistive equipment, such as hoists and stand aids, were regularly serviced and staff knew how to check equipment was safe before each use.

Staffing and recruitment

- People told us there was enough staff and they received support promptly when needed. Comments included, "Oh yes I feel completely safe here. There are definitely the right number of staff here as far as I'm concerned", "There are enough I think. There are a variety of carers, they change of course, but they nearly all stop and have a chat."
- The service undertook regular call bell audits to ensure people received assistance promptly, these audits were assisted by people who lived at the service. The manager asked people to ring their call bell whenever they wished to and record how long they waited before someone came to assist them. This meant the registered manager was able to get an accurate reflection of people's experience.
- The registered manager listened to feedback from staff and people increased staffing levels when needed.
- Staff were recruited safely. Pre-employment checks were completed for all staff and registrations for nurses were checked regularly. Pre-employment checks included references and a DBS check. DBS (Disclosure and Barring Service) checks help employers make safer recruitment decisions and prevent unsuitable people working with vulnerable adults.

Using medicines safely

- Medicines systems were organised, and people received their medicines when they should.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff who administered medicines received regular training and competency checks.

Preventing and controlling infection

- The service had received a '5' rating from the food standards agency. This meant they had very good food hygiene standards.
- The service was clean, tidy and free from bad smells.
- The staff had a good understanding of infection control principles and used PPE (personal protective equipment) appropriately.

Learning lessons when things go wrong

- The service kept a record of accidents and incidents and analysed these for trends quarterly.
- Analysis of incidents and actions for improvement were discussed as part of the service's clinical meetings.
- Clinical meetings also discussed how to improve other areas such as infection control and reducing the risk of malnutrition.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The area of the service which specialised in dementia, known as 'Garden', was not always decorated in line with best practice recommendations. Garden was decorated with a muted colour palette and did not have any points of interest in the lounge or corridor. It was not clearly signposted, this meant bathrooms and people's rooms were not easily identifiable.
- The registered manager had identified that improvement was needed prior to our inspection, they told us the service had plans to re-decorate the floor in line with best practice guidance.
- Risks to the premises were identified and well managed. The service was adapted to cater for people of varying mobility needs.
- People who used the service had access to a secure garden, we observed people enjoying this during our visit. The garden also had an area with raised flower and vegetable beds, this meant they were accessible to people who used wheelchairs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved in to Whittington House. This ensured that the service was able to meet people's needs on arrival.
- The service used nationally recognised assessment tools, this meant assessments and care planning were supported by methods that were effective and evidence based.
- Peoples spiritual and religious needs were assessed as part of their initial assessment.
- We saw some people had more in-depth oral care assessments than others, when we asked the registered manager, they stated they were in the process of implementing more detailed oral care assessments for all people who use the service.

Staff support: induction, training, skills and experience

- Staff received ongoing training and were able to discuss any further training needs in supervisions. Training was reviewed and updated regularly. Staff told us they had enough training to do their jobs effectively.
- The registered manager told us how they provided training through a variety of methods. This was to ensure training was as effective and accessible as possible to people with different learning styles.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at Whittington house. Comments include, "I think the chef is very good, I enjoy Sunday lunch", "The food is generally good here", and "It is fine, the food here- there are

various menus and it is quite good."

- The service held monthly 'meet the chef' meetings. This was an opportunity for people to plan with the chef what they would like to see on the menu.
- People told us they were able to order an alternative if they didn't like what was on the menu.
- The chef was knowledgeable about specialist diets, this included diets to maximise independence for people living with dementia. This included presenting food in a way that was easy to see, foods that were easy to eat without cutlery and 'bento boxes'. Bento boxes were made for people who preferred to eat whilst walking.
- People were supported to maintain religious diets if this was important to them.
- The service supported people to maintain a healthy weight and diet. Where someone was at risk of weight loss and malnutrition, the service took measures to provide people with extra support with nutrition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when needed. One person told us, "They will take you to the dentist and the GP comes around quite regularly."
- We saw evidence that people were referred to specialist health care professionals, such as SALT (speech and language therapy) or Tissue Viability where required.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff we spoke with had good knowledge of the principles of the Mental Capacity Act 2005 and told us how they applied this in their role.
- Staff used different communication styles in order to maximise people's ability to consent.
- There were assessments and best interest decisions in place for people who lacked capacity to consent to treatment.
- DoLS applications had been applied for appropriately. Where DoLS were in place, the service was meeting any required conditions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked the staff and care they received was kind and supportive. Comments included, "They are always so friendly, I look forward to them coming to see me", "They have really helped me here, I came back in here when I was a bit 'iffy' and they have been marvellous here "and "I thought I might hurt myself living here but I find I am content, there is nothing I need for, the ladies all look after me very well".
- Relatives told us their family members were treated kindly, one relative told us "They know just how to treat [person], they do seem to have the time to spend with him too".
- Staff we spoke with told us the importance of person-centred care and respecting people's individuality, one staff member said, "To me you just care for everyone's needs individually, one person may like things done this way, another may like it done another way. You have to take care of each persons need individually, not generally." Another said, "it's care tailor made for the individual, all their needs, wants and preferences."

Supporting people to express their views and be involved in making decisions about their care

- People were signposted to advocacy services if required and information on accessing advocacy was given to people when they moved in. An advocate is someone who can speak up independently for someone if they need them to.
- People were encouraged to be involved in planning their care. They told us staff listened to their wishes. One person told us, "The staff are delightful, and they do tend to listen to what you say."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured they maintained people's privacy and promoted dignity. One staff member told us, "People have preferences; if they like their doors open or shut, you always knock on the door and keep people covered during personal care. Some female residents prefer another female (staff member). You always keep doors closed and curtains closed."
- People were supported to be as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in a range of activities and hobbies; activities were varied and created a social atmosphere within the home. People we spoke with told us there were enough activities and that they enjoyed these. Comments included, "The Ukulele band was fantastic. They played in the courtyard." And, "I do love Danni's reptiles especially Frank, (some kind of a lizard), he will sit on my lap. I held the snake too, something I had not imagined I would ever do".
- The service encouraged people who lived at the service to run their own activities, for example, one person ran a regular Thai Chi class for people. They told us they enjoyed doing this and other residents enjoyed attending. Comments included, "[person] does the Tai Chi, oh yes, we all relax and follow the deep breathing", "[person] takes Tai Chi classes, he is very good and very enthusiastic, I always join in".
- The service supported family members to understand their relatives care needs and invited family members to attend in house training. One example of this was the 'living in my world training', relatives reported they found this helpful and supportive. Comments included, 'It took away some of the guilt and feeling of letting my husband down', 'I found the session both enjoyable and informative, and since the session I have, I believe, been more tolerant and understanding of some of her difficulties and am able to react better to her highs and lows.'
- The service encouraged a 'buddy system' to help support new people moving to the home, one of the people who did this role told us, "I quite enjoy doing that. If anyone new comes here, they tend to sit with me."
- People were supported to maintain social links with their family and friends. Some people were supported to host their own events in the home, for example, one person hosted a bridge club weekly for their friends and told us, "I'm an average player but I've always been a member of a Club and enjoy playing."
- Without exception, relatives told us they always felt welcome when visiting the service. One relative said, "It is like a big family here. It is clean and always welcoming."
- People were supported to continue to be part of their religious communities, people were assisted to attend their preferred churches where possible.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were specific to them and set out how they would like their needs to be met.
- People were supported to manage some medications and conditions independently. One example of this was a person who, following some time in a different nursing home, told a staff member she was frustrated with her loss of independence. This person was supported to restart the management of her insulin, diet

and blood sugar monitoring. Following this the person became more engaged with their own care and made more day to day choices.

- The service worked with people as individuals to ensure their days were meaningful and reduce unnecessary medication. The service was able to give us several examples of people who were no longer on sedative medication as a result of effective care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communication needs were assessed and recorded in their care plan. This information was shared with health care professionals when required.
- People told us they had access to adapted documents, one person told us, "I have deteriorating eyesight, cataracts, and I asked specifically for my menu to have photographs on it, I got it too."
- The service had a good working relationship with the sensory impairment team and were able to source adapted equipment if required.
- The registered manager told us they had access to a range of adapted documents and were able to give us examples of documents that had been translated for people who did not read English fluently. This meant that people were assisted to make informed choices and had equal access to information

Improving care quality in response to complaints or concerns

- Complaints were recorded and responded to in line with the services policy. The service was open and made apologies when appropriate. People were informed how to escalate concerns if they were not satisfied with the response received.
- People had copies of the complaints policy and the policy was explained verbally when people moved in. The complaints policy was available in adapted formats if required.
- People and relatives told us they felt the home had an open atmosphere and they would be confident to complain if necessary. One person said, "I feel everything is so open and that nothing is hidden."

End of life care and support

- People were supported to make decisions about their preferences around end of life care, these decisions were recorded in their care plan.
- The service worked closely with other health care professionals such as local hospices, end of life consultants and the Sue Ryder team to ensure people's care needs at the end of their lives were met. Sue Ryder are a charity who provide palliative and bereavement support.
- Nurses were trained and confident in handling medicines and equipment that assisted people to have a pain free, comfortable death.
- Staff had access to a multi-faith guide and used this to ensure people were treated sensitively and in line with their faith after death.
- Relatives were invited to attend end of life training provided by the service, this meant they were supported to understand what to expect at the end of a person's life and how to support their relative.
- We saw feedback and thank-you cards received by the service which spoke of the quality of end of life care at Whittington House. Comments included, 'I would like to thank each and every one of you for all the kind care you gave [person] and the wonderful support you gave me. I know I didn't' always show it but I was so grateful and, in many ways, will miss my second home', ' thanks for the care and patience given to my husband in his final hours, I know he was very comfortable at Whittington house, your staff were so helpful and caring throughout his time with you,' and, 'We are writing to thank you and all your staff for the kindness and care you showed not only to my mother, but also to other members of her family. We particularly

appreciated that staff found time to talk to us during this difficult time.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke highly of the registered manager at Whittington House, commenting, "[registered manager] is marvellous and is wonderful, she got me something once that I wanted and asked for, but she had no reason to go out of her way to get me what I wanted, but she did." and, "[registered manager] has been fantastic and has been trying to get me home, she works very well with my social worker."
- Staff told us they felt the registered manager was accessible, supportive and listened to them. Comments included, "Yes, they are very approachable," and "they trust our judgement. Things that are in their power to change, they do."
- The Registered manager and management team created a culture of person centred, quality care by engaging with people using the service, staff members and stake holders. There was a clear vision for the service which centred around high quality, safe, personalised care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to the duty of candour.
- The service communicated openly with people and relatives, this was evidenced by the way complaints were responded to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team completed audits to ensure safety and quality of care were maintained at the home. These audits included infection control, medication audits, health and safety audits and observing staff practice.
 - Where audits identified areas for improvement, the service acted appropriately and promptly.
 - There was an on-call system in place to ensure staff always had access to managerial support.
- The registered manager had good knowledge of their regulatory requirements. CQC had received appropriate notifications from the service since their last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service sought feedback from people, family members and staff regularly. This was done in a number of ways including verbal feedback, feedback books and quality assurance surveys.

- The service held regular meetings for people and their relatives. These were used to plan upcoming activities, discuss changes to the service and introduce new members of staff.
- Staff told us they felt listened to and able to contribute to the running of the service.

Working in partnership with others

- The provider worked with other health and social care professionals. There were good arrangements in place to work with other organisations to ensure people had access to relevant health and social care services.
- The registered manager was a member of industry associations and networks, this ensured they were up to date with any changes in legislation or good practice guidelines.