

ARTI Care Homes (South West) Limited

Whitehaven Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Whitehaven Care Home is a residential care home providing personal care to up to 23 people. The service provides support to older people, people with a physical disability, sensory impairment, dementia and mental health requirements. At the time of our inspection, there were 22 people using the service.

Whitehaven Care Home is a former domestic property laid out over two floors. Each floor provides bedroom accommodation, and communal bathrooms and toilets. The ground floor offers communal dining areas and lounges. There is level access to the garden and at the time of this inspection, the registered manager's office was located on the ground floor.

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

Although improvements had been made since our last inspection, we found improvements were still needed to ensure a consistent approach to infection prevention and control (IPC), risk assessment, and management. There were processes in place to share potential safeguarding concerns with the local authority safeguarding team. We received mixed comments about staffing levels.

We found improvements had been made since our last inspection, and people now received care that was effective. Peoples' needs were assessed, and care was provided in line with their assessed needs and choices. Some staff had not completed their required training or supervision; the registered manager was aware of these requirements and working to improve compliance.

People were supported towards the end of their lives and care plans reflected peoples' individual communication requirements. People were supported to maintain relationships with loved ones and the registered manager was working with the provider to improve activities provision.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (Published April 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about medicines management and staffing levels. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

In response to our feedback during the inspection, the registered manager acted immediately to rectify some of the shortfalls we found, for example updating protocols for 'as required' medicines and covering radiators in communal areas.

You can see what action we have asked the provider to take at the end of this full report.

For the key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whitehaven Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Whitehaven Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of 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

Whitehaven Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Whitehaven Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed documents relevant to the running of the service including audits, health and safety checks and three recruitment files. We spoke with 13 people and two relatives about their experiences of care. We observed the day to day running of the service. We spoke with six staff, including the nominated individual, registered manager, senior carer and care staff.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection on 24 January 2019, we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because environmental risks had not always been identified and medicines were not always managed safely. At this inspection, we found that not enough improvement had been made and there was a continued breach of regulation.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The provider failed to identify there were four radiators in communal areas that were hot to touch. There were no risk assessments in place, and this meant people were at increased risk of experiencing an avoidable burn.
- When people required walking frames, these were not always well maintained. We found occasions when the rubber ferrules (rubber stoppers) were worn, and the metal of the walking frame was protruding. Ferrules are used to ensure walking frames grip the floor, and do not slip.
- Some areas of the service were visibly unclean and required maintenance. For example, some flooring was not intact and peeling away from the wall; when surfaces are damaged, this can affect the efficacy of cleaning. We observed extensive staining on one person's toilet floor and walls, and unknown residue on some bathing equipment.
- Communal corridors were used for storage, including for boxes, a wardrobe and moving and handling equipment. This increased the risks from cross-infection and avoidable harm, for example a trip.

Using medicines safely

- At our last inspection, we found protocols for 'as required medicines' did not always include sufficient guidance for staff. At this inspection, we found gaps in guidance remained. For example, protocols did not always include details about the spacing required between doses.

Shortfalls we identified in relation to risk management, assessment and monitoring, and protocols for 'as required medicines', were a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to our feedback about protocols for 'as required medicines', the registered manager reviewed and amended all protocols, ensuring complete guidance was accessible to staff at the point of administration.
- We spoke to the registered manager about our concerns in relation to hot radiators posing a burns risk. The registered manager said the radiators did not usually operate at such a high temperature. To remove the risk, the registered manager arranged for the maintenance team to visit and cover the radiators, so they

were no longer accessible to people.

- In response to our feedback about areas of the home requiring maintenance, the registered manager arranged for maintenance staff to attend and commence work, in the first instance replacing flooring in communal bathrooms and repairing uneven flooring in one corridor.
- We spoke with the registered manager about our concerns in relation to worn ferrules on peoples' walking frames. The registered manager contacted a local organisation to request these were replaced.
- The registered manager confirmed they were in the process of identifying areas for additional storage, including plans to improve shelving in one built-in cupboard.
- At the time of our inspection, the service was in the process of moving from paper based to electronic medicines records. The registered manager said this would help to improve medicines safety and management.
- At our last inspection we identified transdermal patches were not being managed in line with manufacturers' instructions. This was because the provider was not using body maps to guide staff about where patches should be applied. At this inspection we found body maps and guidance were in place to guide staff about the application of patches.
- The service supported relatives and peoples' loved ones to receive visitors safely; we observed visitors spending time with people during our inspection. The service continued to operate in ways that minimised the risk of visitors spreading infection, including requiring visitors to wear face coverings.
- Staff were supported to access personal protective equipment (PPE) and we observed staff wearing their PPE throughout both days of the inspection.

Staffing and recruitment

- We reviewed three staff files and found two staff files that did not include a full employment history. Staff recruitment files should include a record of the staff member's full employment history, and written explanation of any gaps in employment. The registered manager confirmed they did not have concerns about the conduct of these staff, and said they planned to review all staff files and ensure they were complete.
- Checks on staff had been carried out with the Disclosure and Barring Service (DBS); these checks are important as they provide details of previous criminal convictions, and confirm whether a person has been barred from working in care.
- The service had carried out checks to ensure applicants were who they claimed to be; we found applicants' identities had been verified through reviewing and recording copies of passports, driving licences, birth and marriage certificates.
- The registered manager used a staffing dependency tool to determine staffing levels in the service. Overall, staffing levels were maintained in line with the assessment and, when required, the registered manager attended the service and worked to provide care. We received mixed comments from staff and people about staffing levels. Comments from people included, "There are plenty of staff" and, "They need more staff."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential harm and abuse and concerns were raised with the local safeguarding team when required.
- Staff spoke confidently about actions they would take if abuse was witnessed, and how they would report any concerns. Comments from staff included, "I have never witnessed abuse. I would report abuse to [registered manager's name] and then higher up" and, "I would report it (abuse) to [registered manager's name] or to the seniors, and document what I've seen and witnessed."
- All of the people we spoke with said they felt safe. Comments from people included, "It's quite a pleasant place, people are nice; I feel safe" and, "Everybody's friendly; nobody is nasty."

Learning lessons when things go wrong

- The registered manager had identified that the induction process for new staff was not always effective. At the time of our inspection, the service had recently implemented a new approach to induction, including shadow shifts and practical learning.
- The registered manager had introduced reflective sessions, to understand what was working well, and where improvement was needed.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection on 24 January 2019, we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans contained limited information about peoples' needs and how staff should support them. At this inspection, enough improvement had been made and this was no longer a breach of regulation.

- At our last inspection we found guidance was not always available when people were at risk of skin breakdown. At this inspection, we found assessments were in place with sufficient guidance for staff. We reviewed one example of how a person admitted with a pressure ulcer, no longer had one. No one had a pressure ulcer at the time of our inspection, and preventative measures were in place. For example, specialist mattresses. The settings for mattresses we checked were all correct.
- To support staff with maintaining peoples' skin integrity, the registered manager had placed QR codes into peoples' rooms; staff had to scan the codes to evidence support had been provided.
- Assessments were in place to reflect peoples' needs and choices. For example, people had their oral health care needs assessed and were registered with a dentist. One person chose to be addressed by a different name, which was reflected in their care plan. We heard staff referring to them by their chosen name.

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

At the last inspection on 24 January 2019, we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because peoples' food and fluid requirements were not consistently managed and assessed. At this inspection, enough improvement had been made and this was no longer a breach of regulation.

- At our last inspection, we identified food and fluid guidance did not consistently and correctly reflect peoples' needs. At this inspection, we found guidance reflected peoples' needs and provided staff with guidance to improve food and fluid intake. For example, one persons' care-plan included information about recently prescribed nutritional drinks. Another person's care plan guided staff, "[Person's name] may decline food and fluids however if handed to her she will be accepting of these."
- The service had piloted a scheme whereby meals were plated up and shown to people, so they could make their food choice. However, this had not suited people, and the registered manager was in the process

of introducing a pictorial menu.

- People told us they enjoyed meals cooked in the service. Comments from people included, "Food is very good, and I enjoy it" and, "The food is the best thing." In between meals, people could access snacks independently, including fruit, savoury and sweet foods, and bottled drinks.

Staff support: induction, training, skills and experience

- The registered manager was aware not all staff had received their required training, and supervision sessions. The service had faced recent challenges, which had resulted in delays.
- There was an action plan in place to improve the numbers of staff who had completed their training, including a timetable for the provision of workshops, and a planned 'strategy day' to determine how staff training would be managed in the future.
- Staff we spoke with were knowledgeable about their roles, some staff had recently enrolled to commence professional qualifications in care.

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 MCA 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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working in line with the principles of the MCA; the registered manager was responsible for making DoLS applications, and tracked peoples' DoLS status.
- Staff we spoke with were confident about how the MCA should be applied in practice. Comments from staff included, "I always assume someone has capacity" and, "Assume a person has capacity, if a person does not have capacity the least restrictive decision should be made."

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

- People were supported to access healthcare services. We saw staff working with visiting healthcare professionals during our inspection, and found evidence of input from healthcare professionals in peoples' care plans, including district nurses, the dietician and social worker.
- Staff had recently worked with dermatology specialists to ensure a person was provided with safe and correct skin care support.

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

- Areas of the service required maintenance and redecoration. People had been involved with choosing the colours for the recently redecorated lounge.
- The registered manager had plans to create visual displays, including a dignity tree, where people could explain what dignity meant to them.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection on 24 January 2019, we found a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care-plans and assessments had not always detailed peoples' choices and preferences. At this inspection, enough improvement had been made and this was no longer a breach of regulation.

- At our last inspection, we identified guidance was not always sufficiently detailed to support staff with promoting peoples' independence, choices and preferences.
- At this inspection, we found guidance reflected information about what people were able to do themselves. For example, one person's care plan said, "Staff to put the soap on the flannel and [person] will wash her hands and face herself" and, "[Person's name] likes to eat late in the evening, and sometimes prefers breakfast later in the morning depending on what time she wakes up."
- People told us they were supported to be independent and make their own choices. Comments from people included, "Staff are wonderful; they let you do things for yourself, but will help if needed" and, "Breakfast is when you want it, they [staff] check if you are alright, and ask if you would like to come downstairs for breakfast or have it in your room."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- At our last inspection, we found guidance about peoples' communication needs was not always complete. We found improvements had been made, and guidance was now in place. For example, one person's care plan guided staff to, "Speak clearly and loudly." We observed staff bending down to speak with people at eye level.
- The service had recently introduced a 'service user guide' and this was available in large fonts. The registered manager confirmed staff were able to sit with people and read information to them when required.

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

- Activities provision in the service was inconsistent. For example, the service had hired a minibus and supported people to visit a safari park, and external entertainers had visited the service. However, during our inspection people were often sat, listening to the radio.
- We spoke with the registered manager and nominated individual about activities provision in the service. Both confirmed the provision was not consistent and they were working to make improvements; at the time of our inspection, a role was being advertised for an additional activities coordinator and volunteers were in the process of completing relevant background checks. Once the checks were completed, plans were in place for the volunteers to support people with meaningful, and person-centred activities.

End of life care and support

- People were supported with kindness and dignity towards the end of their life. Staff knew peoples' preferences, for example one person liked flowers in their room, and music playing gently in the background.
- End of life care plans were in place to reflect practical arrangements, including details about whether a person wished to be buried or cremated.
- The registered manager was in the process of developing end of life care plans to ensure they reflected peoples' preferences and choices, including information about the environment, such as background music, and where the person wished to spend the end of their life.

Improving care quality in response to complaints or concerns

- The service had not received any complaints in the six months prior to our inspection.
- Recent compliments received by the service included, "[Person's name] moved in, have seen a huge improvement, they look ten years younger" and, "Thank-you for all the care you gave (relative) while she was with you."

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection on 24 January 2019, we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because checks and audits had not always been used effectively to identify the shortfalls we found at that inspection. At this inspection we found enough improvement had been made and there was no longer a breach of regulation.

- Audits and checks were not always used effectively and had not always identified shortfalls we found during our inspection. For example, one audit confirmed that radiators accessible to people, were covered, "With protective fittings." However, we found radiators in communal areas that were not covered, and were hot to touch.
- The registered manager confirmed checks had been carried out on peoples' walking frames. However, these checks had not identified the worn ferrules we found at our inspection.
- The registered manager had implemented an action plan to improve areas of the home. However, the plan did not include actions for all the shortfalls we found at the inspection. For example, the plan did not include what actions would be taken to improve one persons' en-suite facilities.
- We found other examples when checks and monitoring was used effectively to monitor progress and drive improvement. For example, the registered manager was monitoring staff completion of training and supervision, and knew what items were outstanding for each staff member.
- At the time of our inspection, the registered manager was reviewing and updating how audits and checks were undertaken, this included aligning checks and audits more closely with areas we review during our inspections. Time was needed to embed and sustain these improvements.

We recommend the registered manager and provider continue to review and amend their governance systems, to improve efficacy.

- Staff were clear about their roles and said they worked with colleagues as a part of a team. Comments from staff included, "You work as a team, it's a very rewarding job" and, "I really enjoy working here, teamwork is very good here."
- Statutory Notifications were submitted in line with regulatory requirements. Statutory notifications are important as they help us to monitor the services we regulate.

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

- There was a person-centred culture in the service and staff spoke about people in a person-centred way. Comments from staff included, "Because they are elderly, doesn't mean they haven't got the rights of everybody else."
- People told us they were treated well. Comments from people included, "Whenever they [staff] pass my door, they check on me; I can't fault them in anyway" and, "I think that it is lovely; joy to be here. I have no complaints, if I need help, the staff help me."
- When the service had experienced an outbreak of COVID-19, the registered manager had stayed on site to support people, and prevent the spread of infection.

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

- The registered manager had recently held meetings with staff and relatives. Feedback was provided about plans for the future of the service, and in response to questions asked.
- The registered manager planned to introduce a newsletter for people and their relatives, including a section for 'you said, we did'. This meant people and their loved ones would know what actions had been taken in response to their feedback.

Continuous learning and improving care

- The registered manager and nominated individual were working to improve care provision and learn lessons when things had gone wrong.
- The service had achieved an overall rating of 9.7 on a care home review website. One review left by a relative said, "As a family, we would highly recommend Whitehaven Care Home. The manager and staff are all completely dedicated to the residents and treat them as their own family. During these strange times, it is reassuring to know they are kept safe and happy."

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 was aware of their responsibility in relation to the duty of candour. The registered manager said, "Duty of candour is about being open, honest and transparent and owning up when you have done something wrong...don't brush things under the carpet."

Working in partnership with others

- Staff worked in partnership as a team and with external professionals. During our inspection we observed staff working with a psychiatrist and a physiotherapy assistant.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We identified shortfalls in relation to risk management, assessment and monitoring and protocols for 'as required medicines.