

Swindon Borough Council

# Whitbourne House

## Inspection report

Whitbourne Avenue  
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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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Whitbourne House is a residential care home providing personal and nursing care to 34 older people at the time of the inspection. The service can support up to 41 people.

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

People living at Whitbourne House told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs and staff recruitment was on-going. Medicines were managed safely, and people received their medicines as prescribed.

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. People were supported to maintain good health and to meet their nutritional needs.

People told us staff were caring. Staff consistency enabled people to receive good care from staff who knew them well. The home environment had significantly improved, and people benefitted from the changes. People had access to activities to prevent social isolation.

Whitbourne House was well-led by a registered manager who was focusing on improving people's care. A lot of significant changes had been implemented to support effective team working and improve people's outcomes. The service had a clear management and staffing structure in place. Staff worked well as a team and complemented each other's skills. The provider had quality assurance systems in place to monitor the quality and safety of the service.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 10 October 2018).

### 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Whitbourne House

## 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

The inspection team consisted of 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 care service.

#### Service and service type

Whitbourne House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is purpose built accommodating up to 41 people. Five beds provide support to people requiring short term support in 'discharge to assess' or crisis beds. The rest of the service supported people with a range of conditions which included people living with dementia.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service and the service provider. 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. We

looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We received feedback from one social and health care professional who regularly visited people who received care from the service. We also reviewed the provider's previous inspection reports. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people and four relatives. We looked at four people's care records and four medicine administration records (MAR). During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the registered manager, the deputy manager and six staff which included, care staff, kitchen staff and domestic staff. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 good. At this inspection this key question has remained the same. 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 felt safe living at Whitbourne House. One person told us, "It is lovely here, I feel safe, I can go to bed and turn off the lights and just lie there". One person's relative said "She is safe, compared to where she was before, her mood has lifted. I was able to go on holiday without worrying".
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff explained, "We can report to the manager or higher up. I can also report to the police, safeguarding and GP".
- The provider had safeguarding policies in place and the team reported concerns accordingly.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as their mobility, nutrition and medicine management. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- People's safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. Agency staff were used when needed and the provider ensured the same staff were used to maintain consistency of care. The registered manager told us recruitment was ongoing and they had staff waiting to start.
- People and their relatives acknowledged staffing levels had improved. One relative said, "They used to have lots of agency, it's less now. [Person] has been here just over a year, we have seen changes and it's better. There is more staff to speak to, it has improved. They still get agency, but they told us 10 new staff are waiting on HR (Human Resources)".
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.

- Staff had been trained in administering medicines and their competency checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

#### Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- People's bedrooms and communal areas were clean.

#### Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following medicine recording errors.

# 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 remained the same. 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

- People's needs were assessed before they came to live at Whitbourne House in line with current evidence-based guidance and standards. This was to ensure those needs could be met and individual care plans put in place.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles. The induction was linked to the 'Care Certificate Standards'. The Care Certificate is a set of standards that social care workers are required to work to.
- Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff.
- Staff told us they felt supported and had regular supervisions and yearly appraisals. These meetings provided an opportunity for staff to meet with their managers to agree objectives and discuss their performance.
- The registered manager had introduced inter-home working to allow staff to learn from each other. This had proved to be a huge success with staff complementing each other's skills and willing to learn more.

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

- The home had clear systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care. Where referrals were needed, this was done in a timely manner.
- People's care and support was planned and coordinated when people moved between different services. People had proactive care plans in place which enabled up-to date information sharing with other services.
- Healthcare professionals complimented staff and told us staff followed their advice and sought further guidance when needed. One healthcare professional told us, "The management and staff are very approachable and helpful with a smile on their face. Our advice is always followed".

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

- There were enough staff to support and meet people's nutritional needs. We saw people were supported with meals in a dignified way.



- People were involved in decisions about their nutrition. Records showed menus were discussed in resident's and relatives' meetings so as to improve people's experience. This included special diets, individual choices and preferences.
- People told us they enjoyed the food and said, "Food is quite nice, and I get a choice" and "They feed us well, we get a choice. See the menu, lunch is about 12.30 and tea 5.30 and we can have a snack".
- We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support where ever they chose to have their meal.
- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available if and when people changed their minds.

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

- The provider had made further environmental improvements to the home. The whole home had been re-decorated and smelt fresh. There was a dedicated activities room with lots of different interactive items of interest that people were interacting with. One relative commented, "It has improved a lot, lots of new pictures".
- The home signage was dementia friendly and assisted people to orientate themselves around the home and maintain independence.
- The home allowed free access to people who used equipment like wheelchairs. People could move around freely in the communal areas of the building and the gardens.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.
- People had access to the large garden which they had decorated.

#### 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.

- People's rights to make their own decisions were respected and people were in control of their support.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We deem everyone has capacity unless deemed otherwise". People were given choices as staff worked to the principles of the MCA.
- Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.

# 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 the same. 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 were positive about the care they received and told us staff were caring. One person said, "They look after us well, they are quite nice, if you ask, they get it for you".
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were very happy in the presence of staff and other residents.
- The registered manager had introduced 'corridor working' to ensure consistency in care and allow staff to build relationships with people. This had a positive impact on the care people received.
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this.
- The provider recognised people's diversity and had policies in place that highlighted the importance of treating everyone equally. Staff told us they treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative told us, "We did a care plan at the beginning and she has been fairly stable since".
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement. Staff encouraged use of independent mental capacity advocates (IMCAs) whenever necessary. An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. IMCAs do not make decisions and they are independent of the people who do make the decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. One person said, "I get on with staff, they are kind and respectful".
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent.
- People were supported to be as independent as possible. One person commented, "I like to be as independent as possible and they let me do it if I can".

- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

# 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 requires improvement. At this inspection this key question has now improved 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

- People received care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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.

- People had communication needs assessments completed as part of the care planning process. For example, one person had impaired vision and was hard of hearing. The care plan guided staff to speak slowly and allow enough time to respond. We saw staff followed this guidance.

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 had access to a variety of meaningful activities which included 1:1 and group activities. The service had introduced activities provision by staff. This had allowed people to enjoy activities every day including weekends. The registered manager told us, "We decided not to have an activities co-ordinator but that all staff should be involved. One member of staff commented, "Activities are everyone's responsibility now". It was clear this had made staff more aware of people's interests. For example, staff talked to us about one person was never settled and liked cats. Arrangements had been made to get this person a lifelike cat and they were very happy.
- People told us they enjoyed the activities. Comments included, "We go downstairs, there are games and we have singalong", "I like colouring books and gardening. I do weeding".
- The provider had invested in an interactive projection table (Magic table) designed to stimulate physical and mental activity in people with dementia. People told us they enjoyed it.
- Staff at Whitbourne House had developed links with the local community. For example, the local schools.

There were a lot of fundraising activities arranged which had been successful and brought the community together.

- The home had support from volunteers who helped with activities and gardening.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy. Since our last inspection, the provider had only received three complaints. There were many compliments received regarding good care.
- People knew how to give feedback about their experiences of care and could do so in a range of accessible ways, including how to raise any concerns or issues. One person told us, "I could talk to staff or the manager if I needed to"

End of life care and support

- There were no people receiving end of life support at the time of our inspection. The team occasionally supported people with end of life care and they worked closely with other professionals to ensure people had a dignified and pain free death.
- The service had explored people's preferences and choices in relation to end of life care. These were recorded and included spiritual needs, funeral arrangements and preferences relating to support.
- Staff had received training in end of life care and knew how to support people and families.

# 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 requires improvement. At this inspection this key question has now improved to 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 and relatives were appreciative of the positive changes and told us the home was well led. People commented, "Lots of changes now. The manager comes around" and "There were times when there were not many staff, we talked to the manager and ironed a few things out. They are being addressed and we are seeing changes for the better".
- Staff were complimentary of the support they received from the registered manager. Staff said, "Manager is very good. It's not chaotic anymore" and "There is a huge difference, the atmosphere is more homely. It's all credit to [manager]".
- It was clear the staff culture had improved, and this had a positive impact on the care people received. One member of staff said, "Manager has been able to change the culture. It's changing our thinking".
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

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

- There was a registered manager in post for a year. The registered manager was also managing the provider's other home. There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered manager was supported by a deputy manager and service manager.
- The registered manager had made positive changes to improve people's care and had plans to sustain the improvements. One member of staff commented, "Before it was disheartening working here. Now you feel like you want to go the extra mile".
- The provider had quality assurance systems in place and had further plans to improve them. These included, audits of care plans, medicine records and analysis of accidents and incidents. These provided an overview to ensure improvements were made where necessary.
- The management team promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being.

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 provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their

behalf in relation to care and treatment.

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- People and their relatives had opportunities to provide feedback through surveys. The information gathered was used to improve the service. For example, some comments related to activities provision.
- People and their relatives had opportunities to attend meetings and raise any comments via an open-door policy at any time. The registered manager had focused on engaging and involving people and their relatives in projects focusing on improving people's quality of care. For example, a recent fundraising fete which had been very successful, and the proceeds were going to improving people's experiences.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "We feel empowered now. Manager is more welcoming to our ideas than the previous manager".
- During the inspection we observed effective team working. Staff worked well together and respected each other's skills and abilities. The atmosphere was more pleasant.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.