Fearnhead Residential Limited

# Whitehouse Residential Home

## Inspection report

High Street
Brotton
Saltburn by Sea
Teesside
TS12 2PJ

Tel: 01287677106

Date of inspection visit:
04 March 2016

Date of publication:
29 April 2016

## 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

This inspection took place on 4 March 2016 and was unannounced. This meant the staff and provider did not know we would be visiting.

Whitehouse Residential Home provides care and accommodation for up to 16 older people with care needs. On the day of our inspection there were 15 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Whitehouse Residential Home had not previously been inspected by CQC.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and staff and described potential risks and the safeguards in place. Staff had been trained in how to safeguard vulnerable adults.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The home was clean, spacious and suitable for the people who used the service. Appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act and was following the requirements in the Deprivation of Liberty Safeguards.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service were complimentary about the standard of care at Whitehouse Residential Home. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they moved into Whitehouse Residential

Home and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

People who used the service, family members and visitors were made aware of how to make a complaint and there was an effective complaints policy and procedure in place.

The service regularly used community services and facilities and had links with the local community. Staff felt supported by the manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

## 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.

Staffing levels were appropriate to meet the needs of people who used the service and the registered provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

The registered manager understood their responsibilities with regard to safeguarding and we saw staff had been trained in how to recognise signs of abuse.

People were protected against the risks associated with the unsafe use and management of medicines.

### Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People's dietary needs were understood and met.

People had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act.

### Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

Staff talked with people in a polite and respectful manner.

## Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved into Whitehouse Residential Home and care plans were written in a person centred way.

The home had a full programme of activities in place for people who used the service.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

## Is the service well-led?

Good

The service was well led.

The service had a positive culture that was person-centred, open and inclusive.

Staff told us the registered manager was approachable and they felt supported in their role.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

The service had links with the community and other organisations.

# Whitehouse Residential Home

**Detailed findings**

## Background to this inspection

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

This inspection took place on 4 March 2016 and was unannounced. This meant the staff and provider did not know we would be visiting. One adult social care inspector and a specialist advisor in nursing took part in this inspection.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. No concerns were raised by any of these professionals.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with five people who used the service. We also spoke with the registered manager, deputy manager and two care workers.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of people and their interactions with staff.

Good

# Is the service safe?

## Our findings

People who used the service told us they felt safe at Whitehouse Residential Home. One person told us, "Living on my own I was frightened if I fell. I am safe here." We saw this person had a call bell on a cable that was within easy reach of where they sat.

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS) checks were carried out. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. At least two written references were obtained, including one from the staff member's previous employer and proof of identity was obtained from each member of staff. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us they did not use a dependency tool to calculate staffing levels as they, and the staff, had a good knowledge of people's individual dependency needs. We observed there were sufficient numbers of staff on duty. Call bells were answered quickly and staff responded to people's calls for assistance in a timely manner. The registered manager told us bank and agency staff had never been used as the home's permanent staff were flexible and covered any absences. Staff we spoke with told us there was always plenty of staff on duty. One staff member told us, "It's fine, we've recently employed a few new staff. We don't use agency staff, we use the staff we've got."

The home is a detached building in its own grounds. Entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. There were no odours present in the building. Appropriate personal protective equipment (PPE), hand hygiene signs and liquid soap were in place and available. Window restrictors were in place on first floor windows however we found one person's bedroom window did not appear to be restricted. The registered manager told us it was a new window and they would have it restricted as soon as possible.

The laundry contained a locked COSHH (control of substances hazardous to health) cupboard. Cleaning equipment was colour coded for use in the kitchen, toilets, infectious areas or general cleaning. The laundry was clean, appropriate washing facilities and PPE were in place and clothes and laundry were stored in appropriate trays on shelves. Disposable commode pots were used by the service and were appropriately disposed of. This meant people were protected from the risk of acquired infections.

We found that risk assessments, where appropriate, were in place as identified through the assessment and care planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction. For example, individual risk assessments included

measures to minimise the risk of falls whilst encouraging people to walk independently. Assessments also ensured people were eating and drinking appropriately. Standard supporting tools such as the Malnutrition Universal Screening Tool (MUST) were routinely used in the completion of individual risk assessments. This meant that risks had been identified and minimised to keep people safe.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. The service had a business continuity plan in case of emergency. An up to date fire risk assessment was in place, fire safety checks were carried out regularly and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

Accidents and incidents had been recorded and copies were kept in each person's care records and in a master accident forms file. Each report recorded the details of the person who had the accident, where and when it occurred and what caused the accident. None of the accidents and incidents we looked at resulted in serious injury or required a notification sent to CQC.

The registered provider maintained a 'Falls risk analysis file', which included a diary for each person who used the service and recorded details of each fall and what action had been taken to prevent future incidents. For example, it had been identified that one person had falls during the night, so an electronic floor sensor pad had been put in place and staff were reminded to turn the pad on at night.

We looked at the provider's 'Safeguarding vulnerable people' policy, which had been written in line with the local authority's guidance and procedures. There had only been one safeguarding incident reported at the home in the previous 12 months. This was reported to the local authority safeguarding team but no further action was required. We discussed safeguarding procedures with the registered manager, who understood their responsibilities, and we saw staff had been trained in how to recognise signs of abuse. We found the provider understood the safeguarding procedures and had followed them.

We looked at the way medicines were managed. There were no controlled drugs, which are medicines which may be at risk of misuse, on the premises.

Medicines were securely stored in a locked treatment room and only the senior member of care staff on duty held the keys for the treatment room. Medicines were transported to people in a locked trolley when they were needed. The staff member checked people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

Staff gave people the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all medicines were taken. The MARs showed that staff recorded when people received their medicines and entries had been initialled by staff to show that they had been administered.

Current, minimum and maximum fridge temperatures were recorded daily however we saw that the

minimum fridge temperature had been below recommended levels since 5 January 2016. A staff member told us they would seek guidance from the pharmacy regarding the low fridge temperature recordings, to ensure that medicines were stored within the recommended temperature ranges.

A senior member of staff was responsible for conducting monthly medicines audits to check that medicines were being administered safely and appropriately. A missing signature was the only action that had been noted on the previous internal audit. Staff showed us how unwanted or out of date medicines were disposed of and records confirmed this. This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

# Is the service effective?

## Our findings

People who lived at Whitehouse Residential Home received effective care and support from well trained and well supported staff. People told us, "I am quite happy where I am", "Yes, well looked after" and "It's very nice".

The provider had a service training plan and staff had individual personal development plans in place. Staff received training in safe handling of medicines, infection control, first aid, health and safety, fire safety, COSHH, safeguarding, food hygiene, mental capacity and moving and handling. Mandatory training was refreshed every three years. Mandatory training is training that the provider thinks is necessary to support people safely. Records showed that staff training was up to date and the staff notice board contained information on further training opportunities.

New staff completed an induction to the home and completed an induction workbook, which included health and safety policies and procedures and information on staff welfare, communication and details of the role. All new staff were enrolled on the Care Certificate and each new member of staff was provided with a USB memory stick, which contained the workbooks for the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Staff received regular supervisions and appraisals. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Supervisions took place approximately every two months. Appraisals took place annually and included an assessment of performance, general comments from the member of staff and supervisor and an overall grade. This meant staff were fully supported in their role.

We observed staff supporting people in the dining rooms at meal times when required. People were supported to eat in their own bedrooms if they preferred. There were plenty of options at breakfast, lunch, tea and in the evening. Snacks were available throughout the day and people were asked after lunch what they would like for tea, for example, bacon, pork or crab sandwiches, or leak and potato soup.

There were systems in place to ensure people identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People were routinely assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults were malnourished or at risk of malnutrition. People's weights were monitored in accordance with the frequency determined by the MUST score to determine if there was any incidence of weight loss. This information was used to update risk assessments and make referrals to relevant health care professionals. Care records included information regarding dietary needs. For example, "Eats better when food is on a small plate and can take a long time to eat meals, prefers to eat their meals in the dining room, likes milk in tea with two sugars, prefers hot to cold drinks." This meant people's individual dietary needs were understood and met.

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. The application procedures for this in care homes and hospitals are 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 were being met. The provider was aware of their responsibilities with regard to DoLS and one person who used the service required DoLS to be in place. The service had an assessment record in place to check whether people had capacity to make decisions. These were decision specific. This meant the provider was working within the principles of the MCA and following the requirements in the DoLS.

People's care records showed details of appointments with, and visits by, health and social care professionals and we saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, General Practitioners (GPs), district nurse teams, mental health team, social workers and the chiropodist. Care plans reflected the advice and guidance provided by external health and social care professionals. This demonstrated that staff worked with various professionals to ensure that the individual needs of the people were being met.

Good

# Is the service caring?

## Our findings

People who used the service were complimentary about the standard of care at Whitehouse Residential Home. They told us, "Very happy" and "Everybody is very kind".

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. For example, we overhead staff talking to a female person who used the service and said, "Your hair is always beautiful. She is always beautiful." We overheard the cook laughing and joking with a person who used the service. The person asked if there was any poison in the food today. The cook replied saying, "Not today, we've got the inspectors in!" When staff carried out tasks for people they bent down as they talked to them, so they were at eye level. They explained what they were doing as they assisted people.

The registered provider had a privacy and dignity policy and their statement of purpose described how privacy, dignity, independence, choice, rights and fulfilment were core values of the care provided at Whitehouse Residential Home. The statement of purpose stated, "Carers will strive to preserve and maintain the dignity, individuality and privacy of all service users within a warm and caring atmosphere, and in so doing, will be sensitive to the service user's ever changing needs."

We saw staff knocking on bedroom doors and asking if they could go in before entering people's rooms and closing bedroom doors before delivering personal care. People were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. We observed the registered manager assisting a person with the stair lift. They explained to the person what to do and accompanied the person up the stairs, providing words of encouragement. The registered manager helped the person go into their bedroom and then shut the door behind them for privacy. We observed a staff member notice a person's glasses were not on correctly. The staff member gently moved them to the correct position.

We asked staff how they respected people's privacy and dignity. They told us, "Always knock on people's doors", "Respect their needs and wishes and quiet time with family", "We understand people's needs through training, experience, care planning and risk assessment training and always put the person at the centre". This meant that staff treated people with dignity and respect.

We observed staff escorting people to the dining room for lunch. People were supported to be independent, either on their own or with walking aids, but assistance was provided if people required it. Care records showed that people were supported to be independent and care for themselves where possible. All the staff on duty we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. For example, at lunch time staff demonstrated that they knew each person's likes and dislikes with regard to food.

Bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and occasions in people's bedrooms. All the people we spoke with told us they could have visitors whenever they wished and were made to feel welcome. One person who used the service

told us, "My family pop in often. They can come anytime."

Information on advocacy was made available to people who used the service and one of the

people who used the service had an advocate in place. Advocacy means getting support from another person to help people express their views and wishes, and to help make sure their voice is heard.

Good

# Is the service responsive?

## Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

People's needs were assessed before they moved into Whitehouse Residential Home. This ensured the home knew about people's needs before they moved in. Following an initial assessment, care plans were developed detailing the care needs and support, actions and responsibilities, to ensure personalised care was provided to all people.

Each person's care record contained a social profile, where the information had been collected with the person and their family and gave details about the person's preferences, interests, people who were significant to them, spirituality and previous lifestyle.

Personal care plans for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs were in place. Staff knew the individual care and support needs of people, as they provided the day to day support and this was reflected in people's care plans. The care plans gave staff specific information about how the person's care needs were to be met and gave instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. They also detailed what the person was able to do to take part in their care and to maintain some independence. People therefore had individual and specific care plans that were person centred and ensured consistent care and support was provided.

Staff told us the people who used the service, and their family members, were involved in care planning on a six monthly basis, and we saw the care plan documentation was signed by people or a family member. This meant that people were consulted about their care. Formal multi-disciplinary team (MDT) care reviews took place on an annual basis and involved the person, family members and other professionals involved in the person's care.

Daily notes were kept for each person. These were concise and information was recorded regarding basic care, hygiene, continence, mobility and nutrition. These helped to ensure staff had information that was accurate about people's needs and preferences.

The home had an activities programme. Activities took place on a daily basis and included floor and ball games, exercises, music and sing-alongs and pamper sessions. External outings were arranged based on people's needs and capabilities, for example, a drive in the countryside, visits to a local garden centre and pantomimes and theatre visits. During our visit, we observed bingo taking place in the lounge, which involved nine people who used the service and two members of staff.

People were supported to attend religious services in or out of the home. If people were unable to arrange their own transport, staff were able to accompany people if staffing levels allowed. We asked people if there was much to do at the home. They told us, "They have entertainment on" and "There's lots to do". This meant the registered provider protected people from social isolation.

The registered provider's complaints policy explained the complaints procedure and provided information on how to make a complaint, who to contact, verbal and written complaints and details of the investigation procedure. A copy of the complaints procedure was available in the home's entrance hall. We saw there had been six complaints made to the service in the previous 12 months. All of these were minor complaints and had been satisfactorily addressed. People we spoke with were aware of the complaints policy but did not have any complaints. One person told us, "Complaints? No, never." This showed the registered provider had an effective complaints policy and procedure in place.

Good

# Is the service well-led?

## Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The service had a positive culture that was person-centred, open and inclusive. Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. Staff told us, "They [registered manager] are wonderful" and "I feel supported we talk through problems, they're approachable, friendly and we work as a team".

Staff were regularly consulted and kept up to date with information about the home and the registered provider. Staff meetings took place on a regular basis. The most recent meeting had taken place on 7 January 2016 and discussions had taken place on staffing, general atmosphere in the home, the living wage, infection control, sickness levels and confidentiality. Staff memos were sent out by the registered manager between staff meetings. The registered manager told us these were to keep staff up to date and to pass on any relevant information, for example, any new specific instructions from family members.

The service had links with the local community. People who used the service attended a local community centre for bingo and coffee mornings. Coffee mornings at the home were attended by people from the local community and the service also had a link with a local school, whose students visited the home.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it. Care records were audited every two months to ensure they were accurate and reflected people's care needs.

Weekly room checks were carried out and included checks of light bulbs, windows, general cleanliness, tidiness and odours. Regular checks of the exterior of the home were carried out. These included checks of the footpaths, guttering and drains.

Residents' meetings took place every three months. Eight people who used the service had attended the last meeting and the minutes were discussed individually with those people who preferred to stay in their rooms. Discussions had taken place on activities, health and safety, food, safeguarding and complaints.

People who used the service and family members were provided with questionnaires to feedback on the quality of the service. The registered manager told us a new questionnaire had been written and was to be discussed with people at the next residents' meeting. This would include questions on catering, personal care and support, daily living, the premises and management.

A visitor satisfaction survey was carried out. This asked questions regarding the quality of care, friendliness of staff, response to telephone calls, response to comments and complaints, the laundry, meals, cleanliness and overall impression of the service. Comments from 2015 included, "Could have a laugh with them all [Staff]", "My mam is well looked after" and "The home is a delightful place to live for residents". One

respondent had said the décor of the home was "A bit dated." The registered provider responded in a letter, providing information about what they were going to do to improve the general décor and in people's bedrooms. Visitor's satisfaction survey forms and a suggestions box were available in the entrance hall. This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.