

Strathmore Care

# Whittingham House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

At a previous unannounced comprehensive inspection of this service carried out on the 10, 11, 12, 13 and 14 July 2017, we found breaches with regulatory requirements relating to Regulation 9 [Person centred care], Regulation 12 [Safe care and treatment], Regulation 13 [Safeguarding service users from abuse and improper treatment], Regulation 17 [Good governance] and Regulation 18 [Staffing]. As a result of our concerns the Care Quality Commission took action in response to our findings by rating the service as 'Inadequate,' placing the service into 'Special Measures' and amending the provider's conditions of registration.

Whittingham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 70 older people and people living with dementia.

Whittingham House is a large detached building situated in a quiet residential area in Southend on Sea and close to all amenities. The premises is set out on two floors with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the service on each floor. The service is unitised and consists of Lemon and Lavender Suites on the ground floor and Blossom and Bluebird Suite on the first floor.

The Local Authority had placed a restriction on the service provision following our last inspection to the service in July 2017. This inspection was completed on the 5 and 7 February 2018 and was unannounced. At the time of this inspection there were 38 people living at the service.

Since our last inspection to the service in July 2017, a new manager had been appointed and had been in post at Whittingham House since the 14 August 2017. The manager was registered with us on 2 March 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The overall rating for this service is 'Requires Improvement.' However, the service remains in 'Special Measures.' We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Whilst a number of improvements were noted since our last inspection in relation to the registered provider's arrangements for safeguarding, staffing levels, staff training, induction, supervision and some aspects of care provision, further improvements were still required. Quality assurance arrangements at both provider and service level were not as effective as they should be. Where issues were highlighted as part of

the management teams auditing arrangements, information was not always available to show actions required had been addressed. The registered provider and manager had failed to monitor and evaluate this progress properly so as to assure themselves that sufficient improvements had been undertaken to their audit and governance arrangements and these were effective and any improvements made were sustained.

Not all risks to people were identified and improvements were required to record how these were to be mitigated so as to ensure people's safety and wellbeing. Improvements were required to ensure that people's care plan documentation reflected all of their care and support needs and how the care was to be delivered by staff.

Although people told us that staff cared for them in a kind and caring manner and whilst some aspects of care by staff was seen to be good, other arrangements were not as effective as they should be and could potentially impact on the delivery of care people received. Improvements were required to the service's dining arrangements to ensure people were not seated for long periods of time waiting for their meal. The deployment of staff was not always appropriate to meet people's care and support needs and this required review.

Systems were in place which safeguarded people who used the service from the potential risk of abuse and harm. Staff understood the various types of abuse and knew who to report any concerns to should the need arise. People living at the service confirmed they were kept safe and had no concerns about their safety.

Training for staff was now much improved and the majority of staff had achieved up-dated training in a range of subjects and topics. Newly employed staff had received an induction relating to their role and responsibilities. Staff felt supported and now received regular supervision.

People received sufficient food and drink throughout the day and their healthcare needs were supported, having access to a range of healthcare services and professionals as required. Medicines management within the service was appropriate and safe. Staff had a good relationship with the people they supported. People were supported to maintain their independence where appropriate and had their privacy respected. They were able to participate in a range of social activities of their choice.

We have made recommendations about the management of risk and the deployment of staff within the service to meet people's care and support needs.

You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Not all risks to people were identified and improvements were required to record how these were to be mitigated to ensure people's safety and wellbeing.

The arrangements to review and investigate events and incidents and to learn from these were not as robust as they should be.

Sufficient numbers of staff were now available; however the deployment of staff was not always suitable to meet people's care and support needs.

The provider's systems to safeguard people from abuse were safe and people told us they had no concerns for their safety.

**Requires Improvement** 

### Is the service effective?

The service was not consistently effective.

The dining experience for people using the service required improvement.

Staff now received regular opportunities for training and supervision. Induction arrangements for new staff were appropriate.

People had their nutritional and hydration needs met. People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

**Requires Improvement** 

### Is the service caring?

The service was not consistently caring.

Whilst some aspect of care by staff was seen to be good, other arrangements were not as effective as they should be and this could potentially impact on the delivery of good quality care.

People and their relatives were positive about the care and

**Requires Improvement** 

support provided at the service by staff. People told us staff were caring. Staff demonstrated an understanding and awareness of how to support people to maintain their independence.

### Is the service responsive?

The service was not consistently responsive.

Although some people's care plans provided sufficient detail, others were not as fully reflective or accurate of people's care and support needs as they should be and improvements were required.

People were supported to participate in a range of social activities. Improvements were required to ensure staff facilitating, understood the specific nature of the activity and how any equipment worked.

Complaints were recorded but improvements were required to ensure all complaints were responded to.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Quality monitoring processes were not robust and working as effectively as they should be so as to demonstrate compliance and to help drive sustained improvement.

**Inadequate** ●

# Whittingham House

## 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 the 5 and 7 February 2018 and was unannounced. The inspection team consisted of three inspectors on both days of the inspection. On the 5 February 2018, the inspectors were accompanied by 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. Our expert by experience had experience of caring for older people and people living with dementia.

We used information the provider sent us in the 'Provider Information Return'. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

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

We spoke with 12 people living at the service, four visiting relatives, two members of care staff, two team leaders and the manager. We reviewed seven people's care files and 12 staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

# Is the service safe?

## Our findings

Safe was rated as 'Inadequate' at our last inspection on the 10, 11, 12, 13 and 14 July 2017. At this inspection, we found that safe had improved to 'Requires Improvement.' At our previous comprehensive inspection to the service in July 2017, concerns were highlighted about the numbers of staff available to meet people's care and support needs. Not all risks relating to individual people were identified or suitable control measures put in place to mitigate risk. The registered provider failed to have accurate oversight relating to the number of safeguarding concerns at the service. They were also unable to demonstrate all safeguarding concerns were comprehensively analysed and measures put in place to mitigate future occurrence. The above was in breach of Regulations 12, 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider shared with us their action plan and this provided detail on their progress to make the required improvements. At this inspection we found that sufficient improvements had been made in relation to safeguarding concerns and staffing levels, however further improvements were still required in relation to the registered provider's risk management arrangements.

Not all risks had been identified and suitable control measures put in place to mitigate the risk or potential risk of harm for people using the service. This meant risk to people was not consistently identified and information about risks and safety were not as comprehensive, accurate or up-to-date as they should be. The accident reports for one person recorded between September 2017 and December 2017, they had experienced a total of six falls, one of which resulted in the person being taken to hospital. Information available showed the person had been referred and seen by the local falls prevention team and a physiotherapist. However, the person's care plan and risk assessment had not been updated since their admission to the service in September 2017. It did not reflect the number of falls experienced and had not been reviewed to consider other control measures and steps to be taken to alleviate future risk.

We recommend that the service seek support and training about how risks to people are assessed, recorded and mitigated to ensure their safety and wellbeing.

We asked people whether they felt safe living at the service. People confirmed to us that staff looked after them well, that their safety was maintained and they had no anxieties or worries. One person told us, "I feel safe here yes, I think they [staff] all know what they're doing, and they look after me well." A relative told us, "I've never seen any bad care or bad practice here, I'd say they're safer here than when they were at home." They continued by telling us that they had complete peace of mind when they were not with them, "When they [relative] was at home, I worried constantly; it's such a relief to know that they are safe."

Staff employed at the service had received appropriate safeguarding training. All but one member of staff was able to demonstrate an awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. Staff were confident that all members of the management team would act appropriately on people's behalf. Staff told us they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt the management team or registered provider were not receptive or responsive.

Prior to the inspection we reviewed the service's safeguarding information that had been forwarded to the Care Quality Commission as required by regulation. We found there was a discrepancy between the number of safeguarding concerns recorded at the service and those forwarded and reported to us. There was no evidence available to show that one safeguarding concern dated January 2018 had been forwarded to the Care Quality Commission. An assurance was provided by the manager that this would be retrospectively completed.

Following the inspection the registered provider met with the Local Authority to ascertain the outcome of the current status of remaining safeguarding concerns at the service. Information provided confirmed of 14 safeguarding concerns in place, one was unsubstantiated and one was terminated at the request of the person's relative. Where others were in place, these were not yet concluded as either meetings relating to the specific concerns had yet to be completed, internal reports from the registered provider were still required or where internal reports had been submitted, these had not yet been reviewed by the Local Authority.

Environmental risk assessments to ensure people and staff's safety and wellbeing were in place. For example, those relating to the services fire arrangements. The manager demonstrated an awareness of their legal duties with respect to fire safety. A fire risk assessment had been completed and the manager confirmed that appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. An Emergency Evacuation Plan was in place for people living at the service. This is a bespoke plan intended to identify those who are not able to evacuate or reach a place of safety unaided in the event of an emergency. This was dated November 2017 and had not been up-dated. We discussed this with the manager and they revised this plan and provided us with a copy. However on closer review we found that this remained inaccurate.

Staff recruitment records for 12 members of staff were viewed and this included the manager, two staff who had transferred from one of the registered provider's 'sister homes' and a volunteer. The majority of relevant checks had been completed before a new member of staff started working at the service, for example, an application form had been completed, written references relating to an applicant's previous employment was evident, proof of an applicant's identity had been sought and a criminal record check with the Disclosure and Barring Service [DBS] had been completed. The service carried out exactly the same pre-employment checks for volunteers as it did for permanent staff. However, minor improvements were required to ensure that information relating to DBS checks confirmed whether or not these were satisfactory and if a risk assessment was needed. Five recruitment files did not contain a full employment history or demonstrate gaps in employment had been explored. We discussed this with the manager and they told us they were unaware that a full employment history was required.

People told us that staffing levels at the service met their needs. Relative's comments were variable. One relative told us, "I think overall there's enough staff, but sometimes they do seem rushed, and the reception area is not always manned. That's my 'go-to' person, so it matters when it's vacant." Another relative explained their relative normally chose to sit in the small communal lounge on the ground floor, but staff were rarely present and they were concerned about if their relative or others required staff assistance, how would they summon help. They told us, "If people need help there is a call bell, but they've [people using the service] got to get to it first."

Our observations showed that although people were happy with the care and support they received from staff, the deployment of staff on both days of inspection required improvement. For example, on the first day of inspection, seven people were seated within one communal lounge and over a 60-minute period, we saw that the only engagement staff had with people was when undertaking a task. This referred specifically



when a staff member administered medication, when staff provided moving and handling support and while mid-morning refreshments were given. As the communal lounge was 'open plan', staff were often seen to walk through this area without acknowledging people or enquiring if they were alright.

We recommend that the service review the deployment of staff and culture within the service to ensure it meets people's care and support needs.

Comments about the provider's medicines management arrangements from people using the service and those acting on their behalf were positive, as people confirmed they received their medication as they should. Our observations showed that people received their medication in a timely manner as the medication rounds were evenly spaced out throughout the day to ensure that people did not receive their medication too close together or too late. Suitable arrangements were in place to record when medicines were received into the service, given to people and disposed of.

The majority of people using the service had a medication profile detailing their preferred method of administration when taking their medication and including any known allergies. We looked at the Medication Administration Records [MAR] for 12 out of 38 people living at the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Minor improvements were required to ensure 'as and when' [PRN] protocols were in place for each person where appropriate and were accurate. Where a specific code was used on the MAR form to evidence 'as and when' medication had been offered but was not required, there were some occasions whereby staff used the incorrect code of 'refused' and this was confusing.

Suitable arrangements were in place to ensure all staff that administered medication were trained and competent to undertake this task safely.

Appropriate arrangements were not as robust as they should be to review, investigate events and incidents and to learn from these. For example, concerns had been raised about one member of staff's conduct in December 2017, regarding falsification of documents relating to people using the service. There was no information available to demonstrate this had been thoroughly investigated to show lessons learned and the appropriate action taken.

People were protected by the provider's prevention and control of infection arrangements. The service's infection control and principles of cleanliness were maintained to a good standard. Staff told us, and records confirmed they received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance.

## Is the service effective?

### Our findings

Effective was rated as 'Inadequate' at our last inspection on the 10, 11, 12, 13 and 14 July 2017. At this inspection, we found that effective had improved to 'Requires Improvement.' At our previous comprehensive inspection to the service in July 2017, staff had not received updated training and there was evidence to demonstrate staffs' training was not embedded in their everyday practice. Staff had not received regular supervision and where areas for improvement were highlighted, no evidence was available to show this had been followed up and how this was being monitored. The above was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider shared with us their action plan and this provided detail on their progress to make the required improvements. At this inspection we found that sufficient improvements had been made.

Since the last inspection in July 2017, the delivery of training for staff within the service had been reviewed. In addition to online training, staff were now given the opportunity to attend face-to-face training in a variety of subjects and topics. Staff told us they found the changes to the way training was now being delivered to be a positive experience and much improved. In addition, to the training provided by the service, the manager had arranged additional training by the local Clinical Commissioning Group [CCG]. A visiting healthcare practitioner confirmed training dates for catheter and continence care, pressure ulcers and falls was already arranged to take place between 12 February 2018 and 1 March 2018.

A copy of the staff training matrix was provided and this showed the service's training statistics had significantly improved from 38% in July 2017 to 91% in February 2018. However, the registered provider and manager need to assess the effectiveness of training relating to the Mental Capacity Act 2005 [MCA], Deprivation of Liberty Safeguards [DoLS] and moving and handling, as staff's knowledge and understanding was not always embedded as well as it should be within their everyday practice. We observed two occasions whereby staff placed their hands under people's armpits when assisting them to mobilise. This technique is unsafe, can hurt and cause injury because the person's armpits have too much pressure on them. This was brought to the attention of the directors and manager, particularly as one of the occasions related to a member of staff who we had previously raised concerns about in July 2017. Immediate action was taken by the directors to ensure people were kept safe from poor moving and handling practices.

The manager confirmed all newly employed staff received a comprehensive induction. This was completed over a six week period and monitored by the manager at regular intervals to ensure staff were confident and competent for their role and responsibilities. Records were available to show that staff had received an induction. Staff confirmed they had completed a number of 'shadow' shifts whereby they worked alongside a more experienced member of staff. The staff members were positive about the opportunity they had been given to 'shadow' and work alongside more experienced members of staff.

Supervisions were not routinely monitored by the manager. This meant there was no overview of the supervision process to demonstrate which staff had received formal supervision or where these remained outstanding. We discussed this with the manager and they confirmed a monitoring form had been newly implemented from January 2018. Staff told us they felt supported by the manager and other senior

members of staff. One member of staff told us, "I feel supported 100%. If I don't understand anything, I go to the seniors." Staff spoken with confirmed they had received supervision and that it was a two-way process whereby they could express their views and provide feedback on a range of subjects and topics. It was identified within supervisions that some staff struggled with English as it was not their first language. The manager confirmed appropriate steps had been taken to support them as they were enrolled on a college course to learn English. Additionally, staff had been aligned to work with other staff to enable and support them to communicate with people using the service.

Peoples' comments about the quality of the meals provided were positive and they repeatedly told us the food was, "always very good" and, "we never go hungry here". People were supported to make daily choices from the menu options provided and received food in sufficient quantities. People were able to choose where they ate their meal, for example, at the dining table, while some people remained in their lounge chairs with tables placed in front of them and others were able to eat in the comfort and privacy of their room.

The dining experience needed to be improved, particularly in the way mealtimes were organised. During both days of the inspection, people were taken into the dining room 30 to 40 minutes prior to the lunchtime meal being served. Our observations showed although people did not question this, several people were overheard to express to one another the length of time they were seated before lunch was served. One person was overheard asking a member of staff if it was lunchtime yet when they were assisted to the table at 11.50 a.m. The member of staff replied, "Not just yet, it takes so long to get everyone at the table, you're the first one." The lunchtime meal was not served until 12.30 p.m. On the first day of inspection whilst people waited for the lunchtime meal to be served and whilst staff were not present within the dining room, we observed two major spillages of drinks, an altercation between three people using the service and one person was observed to stand and try to walk despite their mobility being unsteady and at risk of falls. The person nearly lost their balance and staff only just managed to get to them in time.

Where people required assistance and support from staff to eat and drink, improvements were required as staff did not always effectively communicate with the person they supported. We observed on occasions staff sitting with people but not talking to the person being supported. On the first day of inspection one person was noted to receive assistance to eat their meal. The person was not fully awake and kept falling back to sleep. Despite this the member of staff repeatedly kept placing a spoonful of food to their mouth whilst calling their name. The person did not respond and on a number of occasions the member of staff was noted to push the person's forehead back to try and get them to open their mouth and eat. Consideration was not given by the member of staff to ensure the person was fully awake and more alert prior to commencing the lunchtime meal or to reserve the meal for a later time. The meal was shortly taken away and later on a different member of staff came back with dessert. The person seemed more receptive and responsive on that occasion.

At the time of the inspection continued renovations to the first floor were in progress. The manager confirmed Bluebird Suite on the first floor would be for people who wished to contract with the service privately. A café for people living at the service and their visitors had been newly created and this was officially opened on 8 February 2018.

People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were nicely decorated and included personal possessions and photographs. People had access to communal facilities, comprising of communal lounges and separate dining areas. Adaptations and equipment were in place in order to meet peoples assessed needs. However, during the inspection we noted that the temperature of the service was cold, particularly within the large

communal lounge areas and some people's bedrooms. Three people's bedrooms on the ground floor recorded a temperature of between 17 and 19° centigrade. People were seated within the communal lounge areas with blankets over their laps. Several people commented about the temperature within the service and some people's hands were cold to the touch. One person told us, "Oh, you've got lovely warm hands, it's chilly, isn't it." One person when asked if they were warm enough stated, "No, I do feel a bit chilly, especially across here" [pointing to their chest]. We discussed this with the manager and they confirmed the service was experiencing problems with the boiler. As an interim measure, electric portable heaters were being used, both within communal areas and people's bedroom. Following the inspection the manager confirmed on the 14 February 2018 that issues relating to the service's boiler had now been addressed.

People told us their healthcare needs were well managed. One person confirmed staff were efficient at monitoring their blood glucose levels as a result of their medical condition of Diabetes. They told us, "I can't complain about any of the staff here, they do a good job, and keep an eye on me." Another person told us, "Staff know me well; they'll call the GP or district nurse for me whenever I need them." Relatives confirmed they were kept informed of their family member's healthcare needs and the outcome of any appointments. People's needs relating to their health were recorded and included evidence of staff interventions and the outcomes of healthcare appointments.

The Mental Capacity Act [MCA] 2005 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 so that they can 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.

Staff had a variable knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Information available showed that each person who used the service had had their capacity to make decisions assessed. Improvements were needed to make sure the information recorded was accurate as some of the records viewed showed conflicting information. Where people were deprived of their liberty, the manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval.

We were assured that staff understood the importance of giving people choices and respecting their wishes. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, whether they required pain relief medication, where they ate their meals and whether or not they wished to participate in social activities.

# Is the service caring?

## Our findings

Caring was rated as 'Requires Improvement' at our last inspection on the 10, 11, 12, 13 and 14 July 2017. At this inspection, we found that caring remained 'Requires Improvement'.

People and those acting on their behalf told us they were treated with care and kindness by staff. One person told us, "I can honestly say that staff are never rude or unkind to anyone here." Another person told us, "Staff are wonderful; they're kind, never cross. I couldn't be in a better place; they even take an interest in your family." A third person told us, "Staff are good here; they try to keep us all happy. I'm a bit fussy about things, and they do try to help me." A relative told us the service had worked hard to help their member of family to settle when they first moved to Whittingham House. They stated, "They [staff] were lovely to us both, and they really helped them to settle. They [staff] are lovely."

Although people's comments about the care provided were positive, we found some staff were more focused on tasks and the support provided was inconsistent and not always respectful. For example, as already stated communal lounge areas were left without staff presence and the majority of interactions by staff with people using the service, were centred primarily on tasks, such as providing mid-morning and mid-afternoon refreshments, assisting people to the dining room for meals and providing personal care to meet people's comfort needs. Some staff were noted to have a good relationship with the people they supported and there was good humoured banter which several people were observed to enjoy and appreciate. There was an over reliance on the television within one communal lounge and although this was on, people using the service were predominately either asleep or disengaged with their surroundings and not watching the television.

At our last inspection to the service in July 2017, one person used 'flash cards' to help them to communicate with staff as their first language was not English. There was a concern the person was isolated as no other methods had been explored for them to communicate with staff. At this inspection another person using the service was found to have 'flash cards' in place to help them to communicate with staff as their first language was also not English. However, the person suggested to us that because of their sensory impairment, they were unable to properly see what was written on these. Staff had not recognised this and was not aware that the person had a sensory impairment that affected their sight. Staff told us they used 'Google translate' on occasions to enable them to converse with this person, but this was not routinely used. Staff advised as a result of communication difficulties between themselves and the person using the service, the person could become anxious and frustrated. Staff confirmed they were very reliant on the person's family when they visited to act as an intermediary. The service had not thought about engaging with local groups that could meet the person's cultural and ethnicity needs.

People said their personal care and support was provided in a way that maintained their privacy. People were supported to be as independent as possible. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths. We observed some people being able to eat independently and people told us they could maintain some aspects of their personal care without and/or limited staff support. One person told us that staff encouraged them to remain as independent as possible.

They told us, "I get myself up, and dress myself, and normally I make my own bed. Staff check it for me, and help if I need it. I like that. I've always been an independent person." The person's relative told us, "That means a lot to [name of person using the service], and to us, they wouldn't like them [staff] taking over."

People were supported in making decisions about the care and support to be provided. However, there was a lack of evidence to show that, where appropriate, people had signed their care plan to acknowledge and agree its content. We asked people if they were aware of their care plan and the information contained within the document. Not all people were able to tell us about their care plan, what it was or if they had had sight of it.

## Is the service responsive?

### Our findings

Responsive was rated as 'Inadequate' at our last inspection on the 10, 11, 12, 13 and 14 July 2017. At this inspection, we found that responsive had improved to 'Requires Improvement.' At our previous comprehensive inspection to the service in July 2017, people's care was not always planned, assessed or fully reflective of their care and support needs. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider shared with us their action plan and this provided detail on their progress to make the required improvements. At this inspection we found that although some progress had been made, further improvements were still required.

Not all people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs. Others were not as fully reflective or accurate and improvements were still required. This meant there was a potential risk that relevant information was not captured for use by other care staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered. The manager confirmed new care planning arrangements were to be implemented in the coming months.

Where people were living with varying levels of dementia, information relating to how this impacted on their activities of daily living was either unclear or not recorded. The care plan for one person was contradictory and did not accurately reflect their current care and support needs. The records detailed the person could mobilise independently within the service. When we spoke to staff they told us this was not correct as the person's mobility could fluctuate and they were unable to mobilise safely without the assistance of staff. Our observations demonstrated the person needed to be supported by staff as they continuously leaned backwards as they walked and without the support of staff they would have lost their balance and fallen backwards. The same care plan made reference to the person following an assessment by a healthcare professional, whereby they needed to wear an item of equipment to support a specific part of their body. Staff spoken with stated that the person did not like to wear this and an alternative item of equipment was being sourced. The care plan provided no information to reflect this decision. This was discussed with the manager. An assurance was provided that the person's care plan and risk assessment would be reviewed and updated.

The service was without a person responsible for initiating and providing social activities. The manager told us that as an interim measure the hospitality officer was responsible for planning and facilitating the service's activities for Whittingham House. The manager confirmed they were in the process of recruiting a person responsible for providing social activities. A weekly activities programme was displayed and people were provided with a copy that they could refer to.

Whilst some people welcomed staff's suggestions and participated in the activities offered, others were happy to sit and watch what was going on, to talk with others living at the service, listen to music or watch the television. The cultural and ethnicity needs relating to one person's social care needs were not being met. Our observations showed and records confirmed the person remained in their room each day. We discussed this with staff and they told us that since the person's admission to the service in September 2017,

there had only been a couple of occasions whereby they had spent the day seated within one of the communal lounge areas. Staff told us this was because the person was unable to understand what was going on and found the experience distressing.

Where activities were undertaken, improvements were required to ensure the person facilitating, understood the specific nature of the activity and how any equipment worked. For example, people were told they were going to have the opportunity to participate in a karaoke session; however the member of staff did not know how the specific item of equipment worked. They told us, "I don't know how to sort the technology." Several members of staff tried to help them, but to no avail. As a result of this, the television was put back on, though no-one appeared to be watching it.

Complaint records showed there had been two complaints since our last inspection in July 2017. A record had been maintained of both complaints but there was no documented evidence to show the manager and/or the registered provider's representative had responded to the complainant on one occasion. A discussion was held with the manager but no rationale provided relating to the above. A record of compliments was maintained to capture the service's achievements. One compliment recorded, 'Just to say your care is excellent, the home is friendly, clean and tidy. Staff are happy and helpful and my relative is extremely happy.'



# Is the service well-led?

## Our findings

Well-Led was rated as 'Inadequate' at our last inspection on the 10, 11, 12, 13 and 14 July 2017. At this inspection, we found that well-led remained 'Inadequate.' At our previous comprehensive inspection to the service in July 2017, we found the provider's quality assurance systems were not effective or robust and there was a lack of managerial oversight of the service as a whole. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider shared with us their action plan and this provided detail on their progress to make the required improvements. At this inspection we found that some improvements had been made. This referred specifically to the registered provider's safeguarding arrangements. Staffing levels at the service were now being monitored to ensure there were sufficient staff on duty at all times and the arrangements for staff training, induction and supervision were now firmly in place. However, the registered provider's and manager's oversight of the service still required improvement. At times, our observations indicated a poor culture which was not being addressed by the registered provider.

Since our last inspection to the service in July 2017, a new manager had been appointed and had been in post at Whittingham House since the 14 August 2017. The manager was registered with us on 2 March 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The director confirmed they worked closely with the manager to provide on-going support. At the time of the inspection the service had been without a Care Compliance Standards Officer since the beginning of December 2017. Their primary role was to support the manager, focusing on improvement and learning, providing a direct link to the registered provider. Following the inspection we were advised that a new Care Compliance Standards Officer had been appointed and it was envisaged they would commence in role from April 2018.

The manager confirmed that at the specific request of the registered provider, the expertise of an external consultant had been sought to provide a quality assurance review of the service aligned with the Care Quality Commission's fundamental standards. A visit by the external consultant was completed on 10 January 2018 and a comprehensive report compiled. Actions required were documented, however at the time of the inspection there was no information recorded either at provider or service level, to show where these had been addressed or if progress was being made.

We asked the manager about the arrangements in place to gather, document and evaluate information about the quality and safety of the care and support the service provided. Quality assurance reports were completed, however information was incomplete, not accurate and an analysis of the information was not completed to identify potential trends. Where areas for corrective action were highlighted and required, an action plan had not been compiled to evidence the steps taken to address these. No information was available or presented to show that the registered provider was aware of these shortfalls.

The manager's filing systems were poor and paperwork located within their desk drawer was not filed away correctly. This made it difficult for the manager to find documents when requested. Although the manager was very cooperative and keen to evidence the improvements made since their appointment to Whittingham House in August 2017, their responses to requests for information was on occasions reactive rather than proactive. For example, where electric portable heaters were in place, we asked to see a risk assessment for their safe use within communal areas and within people's bedrooms. While a risk assessment was available for communal areas, individual risk assessments for people using the service were not completed. We discussed this with the manager and shortly following our discussion these were completed and made available. The information was not person-centred or specific to the individual; the only difference recorded within the document was the name of the person had been included. This lapse in process and the registered provider's lack of effective oversight had contributed to the shortfalls identified as part of this inspection.

Quality assurance arrangements had not accurately collated and reviewed information relating to people using the service. The manager confirmed the service's falls analysis was only implemented for January 2018 and not sooner. On review of this document, this was not accurate as three falls recorded within the service's accident and incident folder were not included and recorded. We brought this to the manager's attention but they were unaware of the discrepancies. The manager provided an audit relating to the incidence of pressure ulcers for the period 2017-2018. The audit had not been completed since 30 September 2017. The audit did not provide a monthly review and incidence of pressure ulcers within the service to accurately reflect the current status of these within Whittingham House. The staff communication book recorded on 4 February 2018 showed two people had a pressure ulcer or lesion. An audit for the monitoring of people's weights had been completed each month since August 2017. Though this was completed, an analysis of the information depicting both weight loss and gain and the actions required to deal with this were not recorded. The above arrangements were not as robust as they should be to identify potential concerns and to drive improvement. No information was available or presented to show that the registered provider was aware of these shortfalls.

An accurate record of each person, including a record of the care and support provided had not been maintained. People's care plans required review as these did not always reflect all of a person's current needs and the care and support to be provided by staff. Risks to people and the actions taken to reduce these risks required further development. Concerns were not consistently identified to monitor potential risks relating to people's safety or wellbeing and to ensure lessons were learned for the future. The manager told us they had reviewed people's care plans in December 2017. This was not robust as it solely recorded the date the care plan had been reviewed and provided no evidence as to whether or not the information was satisfactory or where improvements were needed. The care plan audit had failed to highlight the issues found as part of this inspection and there was no evidence to show this had been picked up by the registered provider.

Since the manager had commenced in post in August 2017, audits relating to health and safety and infection control had been completed. Although action plans were in place detailing the areas for improvement, no information was recorded to confirm the actions and date completed. Staff meetings had been held at regular intervals to give staff the opportunity to express their views and opinions on the day-to-day running of the service. While meeting minutes were readily available and recorded agenda items for discussion, action plans detailing how issues raised were to be addressed were not in place. For example, the staff meeting minutes of January 2018 recorded staffs interactions with people using the service needed to be improved. No information was recorded as to how this was to be monitored and improved.

While the registered provider's aims and objectives were recorded within the service's Statement of

Purpose, staff were not able to demonstrate a good understanding of these or where these were recorded. Staff confirmed these were not routinely discussed to ensure staffs understanding and practice was monitored against these.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they knew who the manager was and found them approachable. One person told us, "The manager's always about, he doesn't sit in his office all day. I think he wants to know what goes on." Another person told us, "[Name of manager] is doing a good job. I know I can always talk to him about anything. He's made a vast improvement to the place. He's very approachable, I think the staff like him, well, I get that impression. He's one of the nicest managers I've ever met – he's got a nice way with him. I like the fact that I can talk to the manager anytime, I don't need to make an appointment first." Relative's comments about the manager were also positive. One relative told us, "[Name of manager] always says it's the resident's home, not his. He's got lots of ideas for the future, I'd say it's vastly better than before he came." Another relative also confirmed that within the last six months they had seen improvements in the service. They told us, "Admins improved tremendously in that time. To start with, it seemed like the left hand didn't know what the right hand was doing, but now it's more efficient and communication is better. I would recommend this home to anybody, they've done amazingly looking after [relative], they are like a different person here." Staff also spoke positively about the manager and told us they now received good support, morale within the service was much improved and there was better teamwork.

People using the service and relatives confirmed that regular meetings were held whereby they were encouraged to have a 'voice' and to express their views about the service. One person told us, "We have a residents' meeting every week. Last week we talked about the evening teas, we're fed up with sandwiches. We spoke about having burgers, or homemade soups. They [staff] do act on our suggestions." A relative told us, "We have regular relatives' meetings, they're quite well attended, and we're able to discuss anything that bothers us." Evidence of meeting minutes was readily available and concurred with what we were told.

Arrangements were not yet in place for seeking the views of people using the service, their families and other stakeholders.

People benefitted from the service's collaborative approach to other organisations. The service worked in partnership with Local Authorities and Clinical Commissioning Groups when placing people, meeting their needs and reviewing their care. Staff employed at the service worked alongside healthcare professionals to meet people's healthcare needs.

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 17 HSCA RA Regulations 2014 Good governance  Significant improvements were still required in relation to the provider's quality and assurance processes to ensure these are operated effectively to guarantee compliance.