

Fearnhead Residential Limited

# Whitehouse Residential Home

## Inspection report

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Date of inspection visit:  
26 October 2018

Date of publication:  
22 November 2018

## 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

Whitehouse Residential Home 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.

Whitehouse Residential Home is a large detached property which has been adapted to accommodate 17 people, some of whom are living with a dementia. At the time of the inspection there were 12 people who used the service

At our last inspection in March 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies around administering medicines were regularly checked. Checks on medicines were undertaken, however there wasn't a formal auditing tool. The provider sent us a completed medicine audit after our inspection.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained. However, we did note that some windows that were not secured as safely as they should be. This was pointed out to the provider who took immediate action to address this.

People told us there were enough staff on duty to meet their needs. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

The home was clean and tidy. Communal areas were well maintained. Appropriate personal protective equipment and hand washing facilities were available. Staff had completed infection control training.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, mental capacity assessments and best interest decisions had not been recorded. The provider told us they would take immediate action to address this.

People told us they enjoyed the food provided. Staff supported people to maintain their health and attend routine health care appointments.

People who used the service told us that staff were kind and caring. Care plans detailed people's needs and preferences. Care plans were reviewed on a regular basis to ensure they contained up to date information. People had access to a range of activities. The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the provider. Quality assurance processes were in place and regularly carried out to monitor and improve the quality of the service. Although checks on health and safety and infection control were undertaken the provider did not use a formal auditing tool. After our inspection the provider sent us a completed infection control and health and safety audit. Feedback was sought from people who used the service through meetings and surveys.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# 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 checked whether the provider was 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 comprehensive inspection took place on 26 October 2018 and was unannounced, which meant that the staff and provider did not know we would be visiting. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted commissioners and other professionals who worked with the service to gain their views of the care provided by Whitehouse Residential Home.

The provider had 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 help plan for the inspection.

During the inspection we reviewed a range of records. This included two people's care records including care planning documentation and medicines records. We also looked at recruitment records for one staff member and supervision, appraisal and training records. We looked at records relating to the management of the service and a wide variety of policies and procedures.

We spoke with the provider who is also the registered manager, the care manager co-ordinator, three care

staff, the cook and the domestic. We spoke with seven people who used the service and one relative. We spent time observing staff interactions with people throughout the inspection.

# Is the service safe?

## Our findings

People told us they felt safe. Comments included, "Yes I do feel safe the staff are all very nice" and "They [staff] are always checking to make sure we are alright." A relative told us, "I have peace of mind knowing they [parents] are safe."

We looked at records, which confirmed that health and safety checks of the building and equipment were carried out. During the inspection we walked around the service and found a small number of windows were not secured as safely as they should be. We pointed this out to the provider who took immediate action to address this. We received confirmation after our inspection that all windows had been secured.

Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers and the fire alarm.

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with understood the policies and how to follow them. Staff were confident the provider would respond to any concerns raised.

Staff continued to be safely recruited and had all the required pre-employment checks in place. This included references, employment histories and Disclosure and Barring Service checks to make sure staff were safe and suitable to work with people.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as falls, moving and handling and risks associated with medical conditions such as diabetes. This enabled staff to have the guidance they needed to help people to keep safe.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Checks on medicines were undertaken, however there wasn't a formal auditing tool to inform what checks had been made and the findings. The provider addressed this immediately and sent us a completed medicine audit after our inspection.

The home was clean and tidy. Communal areas were well maintained. Appropriate personal protective equipment and hand washing facilities were available. Staff had completed infection control training. The laundry flooring had just been replaced and skirting was still needed to be fitted where the floor met the walls. The provider was aware of the need to fit this skirting.

We spoke with people who used the service to determine if there were sufficient staff on duty to ensure people's needs were met. Comments included, "Yes there are enough staff. You sometimes have to wait for a short while but generally not for long." A staff member told us, "Yes there's enough of us to care for the

residents, we work well as a team."



## Is the service effective?

### Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. Comments included, "It's [the care and service received] marvellous, just marvellous" and "They [staff] are smashing. I am well looked after here."

Care staff told us they were well supported in their role and received regular supervision and an annual appraisal. Supervisions provided staff with the opportunity to discuss any concerns or training needs. Staff told us they felt well supported by the provider and care manager co-ordinator. Staff said, "[Name of care co-ordinator] is a massive support if you have a problem or just struggling and [name of provider] is very supportive."

Records we looked at showed care staff had received the training they needed to meet the needs of the people using the service. This training included safeguarding, first aid, infection control, moving and handling, medicines and fire training. Staff told us the training was plentiful and enjoyable. One staff member said, "We are always doing training. In safeguarding training, we were taught what to look for."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). Where people lacked capacity to make decisions, staff told us they, other professionals and family had made best interest decisions on the person's behalf. However, mental capacity assessments and best interest decisions were not formally recorded within the care records we looked at. We pointed this out to the provider and care manager co-ordinator who told us they would take immediate action to address this.

During the inspection we saw people were consulted and consent was sought prior to care and support being provided and people's wishes were respected.

Before people started using the service a detailed assessment of their support needs and preferences was carried out. Where a support need was identified a care plan was drawn up based on the help they needed and how they wanted this to be provided

The menus provided a varied selection of meals and choice. The cook and staff supported people to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this. We saw that snacks were provided at other times. People told us they enjoyed the food. One person said, "The food is lovely and all fresh. We have good cooks. The Christmas dinner they do is beautiful." We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished or at risk of malnutrition.

Records were available to confirm that people had visited or had received visits from the district nurse, optician, chiropodist and their doctor. The provider said that they had excellent links with the doctors and community nursing service. Visits from professionals were recorded in care records and detailed outcomes

of these visits

# Is the service caring?

## Our findings

People told us they were very happy and that the staff were very caring. Comments included, "The staff are wonderful. We couldn't ask for better" and "The staff are lovely and so helpful."

Through our observations we saw staff were caring. We saw people were asked how they were, if they needed anything and people responded to staff by smiling and chatting. We observed staff used touch appropriately. For example, we saw one person became upset during the inspection and a staff member sat with them and held their hand, offering comfort and reassurance. This resulted in the person becoming less upset and relaxing. We saw staff were affectionate with people and provided them with the support they wanted and needed.

People were cared for in a way that upheld their dignity and maintained their privacy. We saw that staff knocked on people's doors and waited for a response before entering. Staff we spoke with described how they would maintain people's dignity when assisting them with personal care. This included ensuring doors and curtains were closed. We saw that when staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner. This showed us that people were treated with dignity and respect and this promoted their well-being.

There were many occasions during the day where staff and people who used the service engaged in conversation, general banter and laughter. One person told us, "We have a lot of fun. We are always laughing and joking." Throughout the inspection, we saw examples of a family atmosphere where relatives, people who used the service and staff had conversations, laughed and showed they cared for each other.

We saw that people could move freely and safely around the service and could choose where to sit and spend their recreational time. People could choose to go to their rooms at any time during the day to spend time on their own and this helped to ensure that people received care and support in the way that promoted their comfort, security and happiness.

It was clear staff knew people's care needs well. Staff could give a detailed history of people who used the service, including likes, dislikes and the best way to approach and support the person. It was clear from the interactions between staff and people who used the service that positive relationships had been built.

Staff encouraged and supported people to be independent. One person said, "They help me to get into the bath and then leave me to wash myself and come back to help me get out."

Information on advocacy was available for anyone who required this. At the time of the inspection there was one person who used the advocacy service.

## Is the service responsive?

### Our findings

People told us they received good care. One person described their care as, "Excellent." Another person said, "This is home from home."

Care plans were individual to the person and included information on how to meet people's needs. For example, one person had a communication care plan in place which detailed the person often had difficulty finding the right words and was forgetful. The care plan provided guidance to staff on how to support this person with their communication. Another person had a care plan that provided guidance to staff on how to support the person to manage a medical condition. Care plans included people's personal preferences, likes and dislikes. A monthly review of people's care, achievements and health was completed.

We asked people and staff what activities and outings people had taken part in. This included quizzes, sing a longs, hoopla, chair exercises, bowling in the grounds and singers and musicians coming into the service to entertain people. The service had beautiful grounds and two people told us they had enjoyed spending time in the grounds during the nice weather. On the day of the inspection staff were preparing for a Halloween coffee morning which was to take place the next day. People and staff told us how they were very much looking forward to the event

Staff told us they were busy planning for Christmas and that a Christmas party had been arranged for people and their families. A travelling theatre company was to visit the service and perform a pantomime for people and their families.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. People and the relative we spoke with during the inspection told us they would feel comfortable in speaking with staff if they had any concerns. One person said, "I would definitely speak to [name of provider or care manager co-ordinator] if I was worried or had a complaint and I know they would listen."

At the time of our inspection no one was receiving end of life care. However, the support of health care professionals was available to ensure people could remain at the home at the end of their life and receive appropriate care and treatment.

## Is the service well-led?

### Our findings

The service had a registered manager who was also the provider. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service spoke highly of the provider/registered manager. Comments included, "[Name of provider] is great. They will do anything to help you" and, "[Name of provider] is very approachable. [They] even helps with bathing and showering us."

Staff spoke very positively about the culture, values and leadership of the service. One member of staff said, "I love working here. It's always about the residents. They always come first. [Name of provider and care manager co-ordinator] always stress respect to us as we are coming into the resident's home."

The provider and care manager co-ordinator carried out many quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. This included regular checks of care plans, the environment and health and safety. The provider did not have a formal auditing tool for health and safety and infection control. After the inspection the provider sent us a completed auditing tool for infection control and health and safety.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes within the service. Meetings for people who used the service and relatives had also taken place. These meetings were used to discuss menu choices, activities, safeguarding, health and safety and to ask people if they had any concerns or complaints and any suggestions they had for improvement at the service.

Surveys were sent out to people who used the service, relatives and visiting professionals to seek their views on the care and service provided. We looked at the results of the last audit undertaken in February and March 2018 which were very positive and complimentary.

The provider/registered manager understood their role and responsibilities, and could describe the notifications they were required to make to CQC and these had been received where needed.