

Fisherbell Limited

# White Rose Court

## Inspection report

40-42 Clifton Avenue  
Sheffield  
South Yorkshire  
S9 4BA

Tel: 01142442310

Date of inspection visit:  
01 March 2016

Date of publication:  
04 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 was an unannounced inspection carried out on 1 March 2016. We last inspected the service in October 2014 and found they were meeting the Regulations we looked at.

White Rose court is a care home situated in Handsworth, a district of Sheffield. It is registered to provide accommodation and personal care for up to 21 people. The service is near public transport and is in easy distance of shops and other amenities. At the time of our inspection there were 21 people living in the home.

The home had a registered manager. 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.

People we spoke with told us they felt safe living in the home and said staff were very good. We saw there were systems and processes in place to protect people from the risk of harm. Staff we spoke with were knowledgeable on safeguarding and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people and management plans to reduce the risks were in place to ensure people's safety.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely. However we found records were not always completed following procedures.

We found that staff we spoke with had an understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice. The Mental Capacity Act 2005 sets out how to act to support people who do not have the capacity to make some or all decisions about their care.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. This legislation is used to protect people who might not be able to make informed decisions on their own. The provider and the registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest. They were also aware of the new requirements in relation to this legislation.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Recruitment and selection procedures in place ensured the appropriate checks had been undertaken before staff began work.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met. Mealtimes were a relaxed and enjoyable experience for people who used the service. Most people we spoke with told us they enjoyed the food and there was always a

choice.

We saw interactions between staff and people living in the home were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity. People spoke very highly of the staff and the care they received.

Activities were provided. We saw people were involved in activities on the day of our visit.

The manager told us they had received one complaint in the last twelve months. We saw this had been dealt with appropriately. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the provider and the registered manager. The reports included any actions required and these were checked weekly to determine progress.

## 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.

People told us they were well looked after and felt safe. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely. However records were not always completed following procedures.

There were enough qualified, skilled and experienced staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home.

### Is the service caring?

Good ●

The service was caring

People we spoke with told us the staff were always patient and kind. We saw people were treated with respect, kindness and compassion.

People's dignity and privacy was respected. Staff knew the people they cared for well and were committed to helping them

achieve a good quality of life.

People were involved in discussions about their care and care plans had been signed by people or their representatives to indicate their agreement with them. We observed staff took account of people's individual needs and preferences.

### **Is the service responsive?**

**Good** ●

The service is responsive

There were arrangements in place to regularly review people's care plans. We saw when there were any changes in people's care and support needs these were clearly documented in their plans of care.

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated by the provider.

People told us they enjoyed the activities available to them. They told us they had entertainers come into the home and people were consulted on what activities they would like to participate in and new activities were organised to accommodate people's choices.

### **Is the service well-led?**

**Good** ●

The service was well led.

There were effective quality assurance systems and these took account of the views of people who used the service and their relatives.

Staff told us they were well supported and motivated to do their jobs well. The culture in the home was open.

The provider asked people, their relatives and other professionals what they thought of the service.

# White Rose Court

## **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 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 1 March 2016 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our inspection we reviewed all the information we held about the service. The provider had not completed a provider information return (PIR) as we had not requested one. The pre-inspection information pack document is the provider's own assessment of how they meet the five key questions and how they plan to improve their service. We spoke with the local authority commissioners and safeguarding vulnerable adults team to ascertain their views of the service.

We spent some time in the lounge and dining room areas talking to people to help us understand the experience of people who used the service. We looked at all other areas of the home including some people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care. We looked at three people's support plans. We spoke with 11 people living at the home.

During our inspection we also spoke with three members of care staff, the cook and the registered manager. We also looked at records relating to staff, medicines management and the management of the service.

# Is the service safe?

## Our findings

People we spoke with said they liked living at White Rose Court. They told us they felt safe living there. One person when we asked if they felt safe said, "Absolutely, definitely, everything is brilliant." Another person said, "I wouldn't want to live anywhere else."

Staff were aware of the safeguarding procedure in the home. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. The training records showed that staff received training in the safeguarding of vulnerable adults. The care staff we spoke with told us that the training included teaching staff to recognise the signs of abuse, and what action they should take if they suspected someone was being abused. The staff we spoke with were knowledgeable about their understanding of safeguarding and the signs of abuse, as well as the actions they would be required to take.

Staff also had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. Staff we spoke with told us they wouldn't hesitate to whistleblow if they suspected abuse and felt the manager would always listen to them. Staff were also aware of how to report to the local authority if required. We saw staff had received training in whistleblowing as part of the safeguarding training.

We looked at three people's care and support plans. Each plan we looked at had an assessment of care needs and a plan of care, which included risk assessments. Risk assessments included nutrition, tissue viability and falls. The assessments we looked at were clear and gave good detail of how to meet people's needs. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

Staff we spoke with were aware of how to respond to emergencies. A plan with instructions was available to guide staff in an emergency. This included instructions in each individual care plan, which detailed people's capacity. This ensured staff understood how people who used the service would respond to an emergency and what support they required.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for two people.

Medicines were stored safely, at the right temperatures, and records were kept for medicines received, administered and returned. However, we found records were not always fully completed following procedures. We found carried over medication from the previous month's supply was not always recorded on the MAR, which made it difficult to audit how many medicines were in stock to determine if medication had been given as prescribed. We also found some medicines were controlled drugs and these had been signed as given on the MAR but the controlled drug register had not been completed. We discussed this with the registered manager who assured us this would be put in place. Following our inspection the registered manager has confirmed in writing that he has completed a full audit and has discussed this with staff in supervision sessions and completed competency assessments for all staff who administer medications.

Through our observations and discussions with people who used the service, visiting professionals and staff members, we found there were enough staff with the right experience and training to meet the needs of the people living in the home. The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. Staffing levels were determined by the dependency levels of people who used the service. The rotas confirmed there was sufficient staff, of all designations on shift at all times. All staff we spoke with told us there was enough staff to meet people's needs. People told us when they required assistance and used the call bell it was always answered promptly. One person told us, "Staff are always available it is like being in a hotel." Another person said, "We are never waiting long for assistance."

We found there was robust recruitment procedures which were followed. Application forms had been completed, two written references had been obtained and formal interviews arranged. We saw all pre-employment checks had been carried out prior to staff commencing work. The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.



# Is the service effective?

## Our findings

People we spoke with told us the staff were lovely and looked after them well. One person said, "The staff look after us all very well." Another person said, "The staff take time and we are treated with dignity and respect."

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The application procedures for this in care homes 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. DoLS applications had been made to the local authority as appropriate. Staff were also aware of the legal requirements and how this applied in practice.

People also told us the food was good. One person said, "The food is lovely and there is always a choice." Another person said, "I really like the food, there is a good variety."

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. The tables were laid with tablecloths, napkins, condiments, although the menu was not available for people to see and people we spoke with did not know what was for lunch. But did say, "Whatever it is it's always very good."

The meal we observed was relaxed and an enjoyable experience for people. People were chatting together and it was a pleasant atmosphere.

People who required support with their meals were served on a table together and staff offered assistance that ensured people were able to receive adequate nutrition. Staff were aware of people who required specialist diets including enriched and soft diets. These needs were catered for. When we spoke with the cook they were able to explain to us what people's needs were and gave examples of how they met these needs. For example people on enriched diets had full fat milk, butter and cream used in mashed potatoes and porridge and were given high calorie snacks in between meals.

In the records we looked at, we saw that care and support plans were regularly reviewed to ensure people's changing needs were identified and met. There were separate areas within the care plan, which showed when specialists had been consulted over people's care and welfare. These included dietitians, speech and language therapists, district nurses, and community psychiatric nurses. A range of healthcare professionals

had visited the home to provide advice and care for people. We spoke with visiting health care professionals who told us the staff always contacted them for advice and assistance. They also told us staff worked very hard to ensure people's needs were met. They said, "Staff do go above and beyond to meet people's needs."

Records we looked at confirmed staff were trained to a good standard. The registered manager told us all staff would complete a comprehensive induction which was relevant to their roles and responsibilities. Staff were expected to work alongside more experienced staff until they were deemed to be competent. Training was a mix of face to face and on-line training and the registered manager showed us the training matrix which identified when staff required refresher training in mandatory subjects. Staff also told us the training was good.

The registered manager told us all new staff completed an induction, followed by shadowing an experienced member of staff until they felt competent. This was confirmed by staff we spoke with. This meant people could be assured that staff had the competencies and skills to meet their needs.

Staff told us they received regular supervision, which they felt supported them in their roles. Staff told us the registered manager was always approachable if they required some advice or needed to discuss any issues.

During this inspection we were told by staff and the registered manager that they only had one bath that was working in the service. There were showers but not everyone liked to have a shower. The staff told us that one person was not able to have a bath as they were unable to access the bath that was working. This meant they had to have a bed bath. When we spoke with the person they told us they would like to be able to get into bath. The registered manager told us they were looking at installing a new bath which was an assisted bath that people with moving and handling risks would be able to access safely.

People were involved in choices about the décor of the home and each person's bedroom was very individual to them, reflecting their personality and preferences. However, some people who used the service were living with dementia. We saw the environment could be improved for people living with dementia to ensure it was more dementia friendly. The registered manager told us they were looking at ways to enhance the environment and would include this in future plans.

## Is the service caring?

### Our findings

People we spoke with were very happy with the care provided. One person said, "The staff are absolutely brilliant, it is like a family living here." Another person said, "We are well looked after, they (staff) are gentle and kind." Another person told us, "The staff are marvellous we don't want for anything."

We looked at care and support plans for three people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual needs. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, and what was important to them. The information covered all aspects of people's needs and provided clear guidance for staff on how to meet people's needs.

Staff we spoke with were very knowledgeable on how to meet people's needs. They were able to explain to us how they maintained people's dignity and privacy, how they supported people with personal care in their own rooms with door and curtains closed. We observed that people were treated with respect and their dignity was maintained. We saw staff ensured toilet and bathroom doors were closed when in use, and saw staff discretely ask people if they wanted the toilet. We saw staff take people to their rooms when they required personal care and this was done sensitively and discretely.

We observed interaction between staff and people living in the home on the day of our visit and saw interactions were warm, friendly and engaging. Staff showed concern for people's wellbeing in a meaningful way, and we regularly saw and heard staff checking that people were happy and comfortable.

Some people chose to stay in their rooms, we regularly observed staff check these people, staff knocked on doors before they entered and enquired if the person was comfortable and had everything they required. One person we spoke with who stayed in their room told us, "I prefer to stay in my room, I like my own space."

During our observation there was a relaxed atmosphere in the home; staff and people who used the service were laughing and joking together it was a very inclusive environment. Staff we spoke with told us they worked well as a team were supported and enjoyed their jobs.

We looked at the arrangements in place to enable people to be involved in decisions about their care. The registered manager told us that the home made sure people were aware of the local advocacy service so they could have access to an advocate if required. People we spoke with said they did participate in their care planning if they wanted to. We saw evidence in care plans we looked at that people had been involved in reviewing their care needs and completing their likes and dislikes. This meant people were listened to and their views taken into consideration.

## Is the service responsive?

### Our findings

People who used the service told us the service was responsive to people's needs and requests. They told us the registered manager and staff were all approachable and made time to listen and resolve any issues or concerns. One person told us "If I have a problem I can talk to any member of staff and it is sorted."

People's care and support needs had been assessed. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. People who used the service and their families were involved in discussions about their care and the associated risk factors. People were able to take risk as part of an independent life with safeguards in place.

Individual choices and decisions were documented in the care plans and reviewed on a regular basis. People's needs were regularly assessed and reviews of their care and support were held when required. For example we saw from care records that we looked at that people had been referred to and had received intervention from health care professionals. This meant people's changing needs were identified and appropriate advice received to be able to meet these needs. We observed staff gave time for people to make decisions and respond to questions.

The staff told us people living in the home were offered a range of social activities. We observed some activities during our inspection; people were participating in a game of dominoes. These were enjoyed by all the people who took part. The activity coordinator was not working on the day of our visit but care staff were still ensuring activities took place. However people told us there could be more activities organised in house, although entertainment came into the home which they said they enjoyed. The registered manager told us they planned the activities each week and a programme was up in the home. We saw there were church services, coffee mornings and pamper sessions were organised. The registered manager told us they tried to encourage the local community and relatives to attend the coffee mornings.

The registered manager explained there was a comprehensive complaints' policy, this was explained to everyone who received a service. They told us they had received one complaint in the last 12 months. We saw this had been dealt with appropriately. People we spoke with did not raise any complaints or concerns about living at the home.

Relatives were encouraged and supported to make their views known about the care provided by the service. There were regular meetings giving opportunity for people to contribute to the running of the home. We saw the minutes of the previous two meetings. The provider also sent out quality questionnaires to seek people's views. These were sent to people who used the service, their relatives and health care professionals. We saw a number of completed questionnaires these all gave positive feedback. Some comments included, 'no concerns with the care or environment.' Staff are very knowledgeable.'

## Is the service well-led?

### Our findings

At the time of our inspection the service had a registered manager. They had worked for the provider for 10 years, managing the service and knew the people who used the service exceptionally well. The registered manager was very person centred in their approach and very well organised. They spoke positively about providing a high standard of service for people.

We observed that the atmosphere was calm and relaxed and Records showed the turnover of staff to be relatively low, with a good percentage of the team having worked in the service for some years. The staff team were co-operative during the inspection. We found everyone to be very enthusiastic and committed to their work.

People we spoke with told us the registered manager was good, they were available and always made time to speak to them. We found there was an open, fair and transparent culture within the home. Staff told us they felt that they worked well as a team and they all helped each other. They told us they felt the registered manager was very approachable and listened to their concerns and ideas for improvement.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress. Satisfaction surveys were undertaken to obtain people's views on the service and the support they received.

The registered manager told us daily, weekly and monthly audits were completed, which included environment, infection control, medication and care plans.

Staff understood their roles and responsibilities and confirmed that they had regular staff meetings. This enabled them to meet and discuss the welfare of people using the service and other topics and gave opportunities for staff to contribute to the running of the home. The registered manager told us it also helped to make sure any relevant information was disseminated to all members of the team.

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any triggers or trends were identified. For example we saw when people sustained a number of falls they were referred to the falls team for assessment.