Larchwood Care Homes (North) Limited

Whitby House

Inspection report

99 Pooltown Road
Whitby
Ellesmere Port
Cheshire
CH65 7AE

Tel: 01513571007

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09 May 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 8 and 9 May 2017.

Whitby House is a care home providing nursing care for up to 40 older people who require nursing support and/or have a physical disability. The home is a purpose built, two-storey building set in its own grounds in the Whitby area of Ellesmere Port.

Our last visit on 23 and 24 March 2016 identified that improvement was needed in relation to care planning. Because of this, we rated the responsive domain as 'requires improvement'. Despite this, the rating for the service had been assessed as good overall. This inspection identified that the required improvements had been made. The service met the all the relevant fundamental standards and the rating remains Good.

Care plans had been improved and provided a good overview of the person's health and care needs. Risks to people's health and safety had been identified and care plans contained appropriate risk assessments and risk management plans to guide staff. Plans were person centred and regularly reviewed.

People continued to be supported in a safe way and where risks to people were identified they were managed effectively. Staff knew what abuse was and how to recognise and report it.

There were enough staff available to offer individual support to people and recruitment processes ensured they were suitable to work at Whitby house.

Medicines were managed safely. People received their medicines as prescribed.

Staff knew the people they cared for and had received an induction and training and supervision to help in their role.

People are 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 support this practice.

People told us that staff were kind and caring. Observations showed staff approached and spoke with people kindly and with respect. There was an activities organiser employed at the service and staff assisted in organising activities for people which reduced the risk of social isolation.

There was a complaints policy and procedure and people knew how to make complaints.

The quality assurance system in place used audits in each area of the service so that there was a consistent approach to improvement. Accidents and incidents were recorded, analysed and trends identified. The registered provider understood the importance of gaining feedback from people using the service. Regular residents meeting were held and surveys used to gain feedback to help improve the service provided.

Further information is in the detailed findings below.

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 safe.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service has improved from requires improvement to good.

Is the service well-led?

Good

The service remains well led.

Whitby 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.

We visited the service on 8 and 9 May 2017. Our inspection was unannounced and the inspection team consisted of one adult social care inspector.

We spoke with five people who live at the service and four of their family members. We also spoke with eight members of staff and the registered manager and reviewed recruitment files of four staff members. We looked at the care records relating to four people who live at the service, which included, care plans, daily records and medication administration records. We observed interactions between people and the staff supporting them.

Prior to the inspection we reviewed information we held about the service including notifications of incidents that the registered provider sent us since the last inspection, including complaints and safeguarding information.

We contacted local commissioners of the service and no concerns were raised about the service.

Good

Is the service safe?

Our findings

People told us that they continued to feel safe at the service. They commented, "You couldn't ask for a safer place to live" and "I have this buzzer all the time so if I need to speak with staff or ask for help I press it. They are good at responding to me quickly". Family members described how the service provided them with peace of mind as they were confident in the ability of staff. They told us, "I know I can leave here and [my relative] is safe as houses. It's such a reassuring feeling to know they are well looked after".

Staff we spoke with knew about people's individual risks and how to support people in a way to keep them safe. For example, staff explained how a person was at risk of falls due to a recent change in their mobility. Staff explained the equipment that they needed to use to help the person keep safe and the actions they would take if an incident occurred. Detailed risk assessments were in place and outlined the support the person required that staff had described. This demonstrated staff had the information needed to manage risk to people.

Safe recruitment practices were followed. The staff files reviewed included a detailed application form, a record of a formal interview, two verified references and personal identity checks. Staff also had a full Disclosure and Barring Service (DBS) check prior to working to ensure that they were of suitable character.

There were sufficient numbers of suitably qualified staff on duty to keep people safe. One person told us, "There is always someone available speak too or to help me if needed". The service completed a dependency assessment tool on a monthly basis to continuously review the needs of people and to ensure suitable staffing numbers were maintained. Family members told us they had no concerns about the staffing levels and staff ability to keep people safe.

Staff could tell us what it meant to safeguard someone and how to recognise signs of abuse. Staff confirmed that they would report any concerns they had to the manager or external agencies such as CQC and the Local Authority safeguarding teams. Staff had received training about how to safeguard adults.

Medicines were managed safely. There registered providers policy covered all aspects in relation to the safe management of medicines. Staff had completed medication training and competency checks were required to assess and monitor their practice. Medication Administration Records (MAR) were kept which showed the quantity, type, route and dosage of medication. These were accurately completed. Fridges and room temperatures where medicines were stored were appropriately monitored to ensure that medicines were stored safely.

The service was clean and hygienic and good infection control practices were followed. Staff and records confirmed that they had completed infection control training and they had access to information and guidance about the prevention and control of infections.

Procedures were in place to protect people in the event of an emergency. People had Personal Emergency Evacuation Plans (PEEPs) which were up to date and formed part of their care plan. These plans detailed

how people should be supported in the event of a fire. The service had an emergency contingency plan in place which could be used in situations such as fire, gas leaks, floods and failure of utilities. Appropriate equipment checks were in place at the service.

Good

Is the service effective?

Our findings

People told us, "Staff know exactly what they are doing. If I have a change in my health they explain exactly what needs to be done to make sure I am ok". Family members confirmed that they had confidence in the skills and knowledge of the staff team.

Records confirmed that staff had completed an induction when they first started work at the service. This included being introduced to people who used the service, the staff team, the building and safety procedures and to the registered providers policies and procedures. As part of their induction staff were required to shadow more experienced staff for a number of shifts prior to being included on the rota. The registered providers training matrix showed what training staff had completed and when they were due for refresher training. This meant staff were provided with the knowledge and skills required to support people who lived at the service.

Staff received regular support through supervisions. These provided staff with the opportunity to discuss their performance, on-going development and training requirements. The registered provider supported staff in the completion of National Vocational Qualifications (NVQ) in care. NVQ's are a work based qualification which recognises the skills and knowledge staff required to be effective in their roles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff continued to have a good understanding of the MCA and DoLS. Records confirmed that training in MCA and DoLS had been undertaken by staff. Some of the people living in the home lacked capacity to make important decisions for themselves. Records showed that when needed, people had mental capacity assessments in place. When people were unable to make decisions we saw decisions had been made in their best interests. Staff we spoke with understood the importance of gaining consent from people before offering support. The registered manager had submitted applications under DoLS to the local authority for a number of people who used the service.These were for people they believed could not make a decision, due to mental capacity, as to where they should reside or the use of other restrictions in place such as locked doors.

The mealtime experience at the service was good. People had their nutritional and hydration needs met. Nutritional risk assessments were completed using a recognised tool and an appropriate care plan was put in place in accordance with any risks identified. Care plans described the support people needed to eat and drink including any specialist equipment people needed to promote their independence at meal times. Where appropriate, food and fluid intake charts were introduced to monitor individuals' dietary intake.

Charts were completed in full and reviewed at the end of each shift. This ensured people were protected from the risk of dehydration and inadequate nutrition.

Records of health care professional visits, such as, GPs, dieticians, physiotherapists, or chiropodists, were well maintained. Clear information regarding the date of the visit and information regarding outcomes for people and any recommendations were recorded.

Good

Is the service caring?

Our findings

People's privacy and dignity was promoted. They told us, "I am quite a private person. Staff know when my door is closed that they don't come in without knocking first. They are very respectful" and "I get quite embarrassed with my personal care support. They are so discreet, they don't make a big fuss and that makes me feel more comfortable. My dignity is respected". Family members spoke highly of staff describing them as, "Extended family" and "just wonderful".

People told us, "The staff are not in charge of how we want our care to be delivered. They always ask what we need and don't presume anything. I feel completely in control of how they help me, which helps me to still feel independent". Staff described the importance of ensuring that people continued (where possible) to make decisions about their care and support. They confirmed that they always discussed any changes needed directly with the person or their relevant others. Records confirmed this.

Staff were familiar with people's needs and personalities and were able to explain their routines, risks and care preferences. Staff gave examples of how they promoted people's privacy and dignity and treated people with respect. They described how they would knock on people's doors and wait for them to answer before they entered the room. Staff were able to describe the importance of maintaining people's dignity during personal care interventions. Information relating to how people preferred their support to be given was recorded in care plans. This included important details such as preference relating to gender of carer. This demonstrated people's privacy and dignity was promoted.

Observations showed that staff were polite and patient with people, talking clearly and making eye contact when communicating with them. Interactions we observed demonstrated that staff were gentle and considerate when attending to people's needs. Staff took time to talk with people even when they were walking past them and were on their way elsewhere.

Equality, diversity and inclusion training was provided to staff. Staff were all very clear that they should treat people as individuals and respect their life choices. Care plans described people's life history and cultural background as well as whether or not people chose to adhere to a religious faith. Resident meetings and the registered provider's service user guide outlined how the service would help to continue to meet people's religious, cultural and spiritual needs. One person told us, "I attend a service here with someone from the local church. My faith is important to me".

At the time of our visit the registered manager confirmed that no one was receiving end of life care. Staff at the service had recently successfully completed the 'six steps' end of life training. The aim of this training was to ensure that all people living in a care home received high quality end of life care and to enable people to die where they choose. The registered manager and staff were able to describe the importance of ensuring that people and their family members were provided with compassionate care at this stage of their life.

Care records were held securely at the service and staff confidently discussed the importance of ensuring

privacy concerning people's records. When discussing people living at the home, staff did not use people's names, instead room numbers were recorded to ensure people's identity was protected.

Good

Is the service responsive?

Our findings

Staff knew about people's needs and preferences. One person said, "The staff look after me very well. They know what I like and more importantly what I don't like". People told us they were consulted about their care when they moved into the service and if and when their needs had changed. Records we viewed confirmed this.

Improvements had been made in the information that was contained within care plans so that staff could deliver safe and responsive care. Care plans recorded people's identified needs, and were reviewed monthly or more frequently if a person's condition changed. An analysis of all events that had occurred during the month were reviewed and any changes to care or support needs were clearly documented. Care records included a personal history, information relating to consent and evidence of individual health care needs.

Staff told us they were able to read people's care plans to find out important information. Staff confirmed that alongside reading care plans they had a handover system in place to share any changes to people's needs on a daily basis. Staff told us that they used information in care plans to help talk to people about their likes and dislikes. Observations showed staff talked to people about things they used to do and things they liked doing.

The registered provider had a complaints policy and procedure in place. People and families said that they had not had cause to make a formal complaint but would go the management team if they needed to. It was felt that most issues could be dealt with informally and people felt able to speak about concerns openly. We saw a record of two complaints since our previous inspection that the provider had acted upon and successfully concluded. Contact details for external organisations including the local authority, local ombudsman and the Care Quality Commission (CQC) had been made available should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

People who lived at the service told us about social events and activities that went on at Whitby house. They commented, "There is always something going on here. There is truly never a dull day" and "We do quizzes, bingo, entertainers come here, we were even visited by the local school children for an Easter egg hunt. It was great". There was a specific activities staff member that arranged one to one social events, group events and visits out in the community. One person who lived at the service said, "I go to the local garden centre for a cuppa and a cake and to look at the flowers. It's such a nice day out with other people". People were notified of activities taking place at the service and offered the choice to participate. Staff were respectful of people's decisions not to engage in an activity whilst recognising the risk of social isolation. They informed us that even though a person may refuse one day, they would still ask them at another time to make sure they were provided with the opportunity to engage with other people.

Good

Is the service well-led?

Our findings

There was a registered manager in place at the service since 2011. 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 and their family members knew who the registered manager of the service was. They told us that she was approachable, calm in her manner and always available to speak with if they had any concerns or compliments about the service. Family members told us that they were very happy with the overall service provided and that they would be 'reserving a room' for their future.

The registered provider had sought feedback from people who used the service and their relatives during their quality assurance visits and through the use of annual surveys. Overall the feedback received about the service was positive with 100% of people commenting that they agreed that they were treated with dignity and respect. This reflected the values of the registered provider in practice.

The consistency in leadership at the service reflected positively on the overall quality of service provided. The service had clear lines of responsibility and accountability with a management team. The management team were experienced and aware of the needs of the people they supported. Staff told us that they had a 'good and fair' manager and as a team they were well organised and able to provide the good care that people required.

The culture promoted at the service was open and positive. Staff meetings were held on a regular basis and provided staff with an opportunity to discuss work topics, areas of good practice or development. Records confirmed this. The registered manager attended monthly managers meetings and told us that these were also used to share good practice and learning across the company.

Quality assurance checks were completed by the registered manager and the registered provider. These included checks of medicine management, care plans and health and safety practices at the service. Where concerns with quality had been identified we saw that an action plan had been put in place. This information was used to bring about improvements. For example, it had been identified that three peoples care plans required reviewing and updating due to changes in documentation. During our visit a member of the nursing team was in the process of completing the required reviews. This showed us when improvements were needed action was taken to improve the quality of the service.

Where accidents or incidents had occurred these had been appropriately documented and investigated. Records included a description of what had happened, when and who was involved. Where these investigations had found that changes were necessary in order to protect people, these issues had been addressed and resolved promptly. Through discussions with the registered manager it was evident that trends and patterns had been considered following any incidents at the service. However, this had not always been clearly documented. During our visit the registered manager implemented a form to capture

this information. This meant the registered provider was effectively monitoring incidents to help ensure the care provided was safe and effective.

Registered providers are required by law to inform CQC of important events that happen at the service. The manager had informed us of specific events which they were required to do by law and they had reported incidents to other agencies when necessary to keep people safe and well.

The registered provider had displayed their ratings from the previous inspection in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A.