

Greensleeves Homes Trust

Whitegates Retirement Home

Inspection report

Westfield Lane
Westfield
Hastings
East Sussex
TN35 4SB

Tel: 01424754865

Website: www.whitegatesretirementhome.co.uk

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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

About the service

Whitegates retirement home is a residential care home providing personal care to up to 24 people. The service provides support to older people. At the time of our inspection there were 21 people using the service.

People's experience of using this service and what we found

People were supported to keep safe by staff who knew them well. Risks to people were well managed and staff understood people's unique needs. There were enough staff to support people and staff were recruited safely. People were supported to receive their medicines safely. The home was clean and hygienic, and staff followed infection prevention and control procedures. People were supported to receive visitors to the home when they wanted to. Staff learned from incidents at the home and made changes to improve things for people.

People's needs were holistically assessed in line with standards, guidance and the law. People's preferences were detailed in their care plans for staff to follow. People received support from trained, experienced staff. People were supported to eat and drink by staff and were involved in decisions around the menus. Action was taken by staff when people were at risk of malnutrition or dehydration. Staff ensured people had access to healthcare when they needed it and worked with other professionals to provide support to people. The design of the home had been decided by people living at the home.

People were supported by staff that were kind and caring. People's relatives agreed and told us, "Staff are lovely, absolutely lovely every single one. Cheerful, helpful and caring." We saw that staff spent time with people, understood their individual differences and appreciated people's qualities. People were supported to express their views and were involved in making decisions about their own care. People's privacy and dignity was respected by staff and staff encouraged people to be independent.

Staff were responsive to people's needs. People's care was planned in a personalised way and the management team carried out regular observations to check that people were receiving this care. Staff knew how people wanted to be communicated with and made information accessible to them. There was a wide range of activities for people to get involved in and people told us they enjoyed these. Complaints and concerns raised were viewed by staff as an opportunity to improve the service for people.

The culture of the home was calm and friendly. Staff were positive about supporting people and people told us they enjoyed spending time with staff. The registered manager ensured that the quality of the service provided was regularly monitored and improvements made where needed. People and their relatives were positive about the registered manager, one person's relative told us, "[manager] is a very helpful and considerate person and very interested in welfare of the residents." People, relatives and staff were involved in how the service was run.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 23 August 2022 and this is the first inspection. The last rating for the service under the previous provider was good, published on 20 October 2017.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our caring findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our caring findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Whitegates Retirement Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Whitegates Retirement Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Whitegates Retirement Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with eight people and three people's relatives about their experience of using the service. We looked at four people's care records and multiple medication records. We spent time with people in communal areas and observed interactions between staff and people. We spoke to one health professional about their experience of working with the service. We spoke with seven members of staff including the registered manager, the care supervisor, senior care workers, the chef and carers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training. Staff we spoke to were confident about recognising the signs of abuse and knew who to report concerns to internally and externally. One staff member told us, "We know people so well, that we know if something is slightly different with them one day which could be a sign of abuse. We would talk to them about it and discuss it with them and help them to feel safe. We would discuss it with the registered manager or outside report to the CQC and safeguarding adults."
- Safeguarding was a topic on every staff meeting to ensure that any concerns that arose could be discussed and learning taken forward. The registered manager told us about a historic safeguarding concern which had been raised by the staff about a different health care service. Although the safeguarding concern had not related to the home, the registered manager told us they had taken steps to improve communication with the district nurses and made changes to people's pre-admission assessments.
- There had been no recent safeguarding concerns raised at the home.

Assessing risk, safety monitoring and management

- Risks to people were well managed. People had risk assessments that were specific to them and provided staff with information on how to support that person. Staff were knowledgeable about risks to people and the care they provided reflected information found in people's care plans.
- Where people were at risk of skin damage, staff made regular checks on the person's skin to identify any areas of redness which may be forming. People had equipment in place to minimise the risk of skin damage.
- Incidents relating to people's safety were analysed by staff to identify trends and themes. For example, if people were having a number of falls, this had been identified by staff and measures put in place to try and prevent the person from having falls. This included sensor mats, call bell pendants and regular monitoring.
- Regular safety checks had been made by staff on the environment. We saw that certificates relating to the safety of the building such as gas and fire systems were up to date.
- People had individual personal emergency evacuation plans (PEEPs) to ensure that people were safely supported to leave the building in the event of an emergency evacuation. Staff had recently completed a fire drill to practice the procedure to follow in the event of a fire.

Staffing and recruitment

- There were enough staff to support people safely. Staffing levels were assessed based on people's support needs. These levels were reviewed monthly.
- Staff were recruited safely. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from

previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- People told us that the consistency of the staff team improved their experience of the care they received. One person told us, "You see the same faces and staff really get to know you and how you like things done."

Using medicines safely

- There were systems in place to ensure medicines were ordered, stored, given and disposed of safely. Only staff who had received the appropriate medicine training were able to give medicines.
- Medicine administration records (MAR) were completed when medicines were given, the number of tablets left in the box were recorded on the MAR. This provided an ongoing audit of medicine stock. Medication was checked by a second person to monitor for any errors.
- We saw that staff offered people their medicines in a polite and dignified way. Staff asked people if they were happy to have their tablets tipped into their hand and asked what drink they would like with them.
- Some people had medicines prescribed to be taken only when the person needed them, such as pain relief. There were protocols in place for 'as needed' medication which gave guidance to staff on how to know whether the person may need this medicine. We saw that people received these medicines when they needed them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Staff supported people to receive visits from their friends and family when they chose to. One person told us, "My [relative] can visit as much as they want and is always welcomed by staff."

Learning lessons when things go wrong

- Regular observations had been made by the management team to assess staff practice and identify ways staff could improve the care and support they provided. The management team had recorded an observation of staff responding to a person's medical emergency. This recorded that staff had reacted to the situation in a calm and collected way and ensured the person received appropriate medical support.
- The registered manager told us that in the past there had been medication errors. The registered manager had identified that minimising the amount of staff that supported people with their medicines would safeguard people and reduce the risk of errors. A small team of staff were now responsible for medicines which was more consistent for people and had minimised errors.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed and considered each person's individual needs and preferences and how people wanted to have their needs met by staff.
- People's care plans were reviewed regularly to ensure that people's recorded care and support needs were relevant and what the person wanted.
- The service used nationally recognised tools to help assess people's needs and they updated these assessments. This included malnutrition tools to check people's risk of weight loss.
- Assessments of people's oral health were clear and detailed specific guidance for staff to support people to maintain good oral hygiene.

Staff support: induction, training, skills and experience

- Staff received a thorough induction programme when they first started working at the home. This included online and face to face training and shadowing a staff member to learn how to support people in line with their individual care plans. Staff told us, "It was very helpful in helping me to get to know people and to learn everything about people's and likes dislikes, preference for names etc."
- Staff had received training which could help them understand how people's experience of living with dementia affected how they saw the world around them.
- Staff told us they felt supported by the management team. People, relatives and staff were recently given the opportunity to nominate staff for the provider's care awards. Staff received nominations which showed the positive impact they had had on people's individual lives.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager carried out observations of mealtimes to record people's experience of mealtimes and identify ways mealtimes could be improved for people. Observations included comments on staff practice, whether people enjoyed the food and the environment people had their meals in.
- People's weight was regularly monitored and were reviewed by the catering team. Where people had lost weight, they were provided with a fortified diet to encourage weight gain.
- People were involved in deciding the menu. 'Meet the chef' meetings had taken place which introduced new catering staff and enabled people to give their suggestions for preferred meals. People received specialised diets if they needed them.
- Most people told us they enjoyed the food. One person told us, "The food here is really good, as you can tell, I really enjoy it."

Staff working with other agencies to provide consistent, effective, timely care

- Where people had consistently lost weight, staff had contacted the person's GP to request a referral to the dietician.
- Where quality assessments had been made by external partners, the registered manager had actioned their suggestions for improvements. For example, where a pharmacy inspector had made suggestions about recording, these had been put into place by the registered manager.
- Records showed that people's medication was regularly reviewed to ensure that medication didn't have a negative impact on people. For example, for one person whose appetite was being affected by the person feeling very tired, staff had contacted the person's GP for a medication review. Following the review of this person's medicines, staff had recorded that the person's appetite had increased.

Supporting people to live healthier lives, access healthcare services and support

- People told us that staff supported them to access health services when they needed them. One person told us, "My health is so important to the staff. They help me not to be in pain, arrange all my appointments for me and can't do enough for me."
- The registered manager told us about the importance staff placed on supporting people's mobility. We saw that exercises were a regular feature on the activity schedule and the registered manager told us staff regularly encouraged people to walk small distances around the home and spend time in the grounds of the home.

Adapting service, design, decoration to meet people's needs

- Staff had made changes to the environment based on people's choices. The French doors in the living room had recently been refitted to include windows to open as people had said they would like to be able to open small windows rather than the whole door.
- People had been consulted on the decoration of the home. When the living room furniture had been changed, a number of armchairs had been brought in for people to sit on and test out. People had chosen new armchairs based on this trial.
- People were invited to bring their own furniture and items from home if they wanted, this included plants from their garden to put on their decking. People were positive about their rooms and the home. One person told us, "The garden's really nice, my room is lovely."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked capacity to make certain decisions, mental capacity assessments had been completed to identify this and to make best interest decisions for the person. These assessments included

the views of the person and their relative.

- Where needed, DoLS applications had been made to the local authority and a log was kept of when these applications were approved or needed to be renewed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received regular interactions with staff throughout the day. We saw that staff stopped to speak to everyone they saw and spent time talking to them. Staff made an effort to speak to people who were not engaged in what was going on around them.
- Regular assessments were completed by the management team to assess whether people were receiving regular interactions and engagement from staff.
- Staff treated people with kindness and understanding. One person told staff they were in a sad mood today. Staff sat with the person and asked what was wrong and if they could help. The staff member stayed speaking with the person until they felt better and told the person a joke to make the person laugh. We saw that later in the day, the staff member went back to the person to check they were still okay.
- People told us they enjoyed living at the home and that staff treated them well. One person told us, "I'm having a wonderful time so far, the staff are lovely, really nice."

Supporting people to express their views and be involved in making decisions about their care

- People felt involved in the care they received. One person told us, "Staff help me with whatever I ask them to. However I want things done, they do it."
- Staff viewed people's feedback as positive and to be encouraged and learned from. One member of staff told us, "We would much rather people tell us if something's not right for them, so that we can fix it. We encourage feedback and try to change for the better."
- People's care plans were regularly reviewed by staff with people. Where people were able to, they had signed to agree the preferences detailed in their care plans and that they had reviewed the information with support from staff.

Respecting and promoting people's privacy, dignity and independence

- We saw that people were provided with the equipment they needed to maintain their independence. For example, we saw at lunch time that one person used a plate guard to support them to eat their meal without support.
- People's privacy was respected by staff. One person had a signed letter on their door detailing their preference not to be disturbed by staff during the night by staff. The person told us, "It's my personal choice, they always respect my choice, which I appreciate. We all discussed it and agreed."
- One person told us about their preference to remain in their bedroom. They told us, "Staff respect it's my choice and don't try to get me to move when I don't want."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The management team carried out regular observations to check whether people were receiving their planned care. This involved observing staff supporting people and was used to help identify whether people's planned care was still appropriate.
- People's care plans contained detailed information about the person's life before coming to the home. This included family, work and life histories for people. People's current interests were also listed in their care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were provided with information in an accessible format if they needed it. For example, the activity planner was available as a typed list or as a pictorial format based on what people preferred.
- Staff knew how to communicate with people. We saw that staff ensured people with hearing impairments were supported by staff to put their hearing aids in and were checked to ensure they were in good working order. Staff got down to the same level as people sitting down to ensure they could speak to them face to face.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a varied range of activities on every day for people to get involved in if they chose to. The activity programme was made in partnership with people and what they wanted to do. Activities reflected people's interests and people told us they enjoyed them.
- One person told us, "There's something to do every day and we're never bored." Photographs of people engaging in activities were put on the home's social media site for people and relatives to see.
- People were involved in a 'vibrant communities' programme. This was an electronic platform which enabled people to link with people from some of the provider's other homes to engage in activities. This had recently involved a pantomime for people to watch and engage with.
- Staff had ensured that people's religious preferences had been respected throughout the pandemic. This had included a priest holding church services for people in the living room from the patio outside, when government guidance meant that the priest was unable to come inside the home.

- One person told us how the registered manager had gone to extra mile to facilitate a visit of a close family member who lived far away during the pandemic and had made it special for them. The person told us, "It really meant something to me, it meant that not only am I important to [manager] but so is my family."

Improving care quality in response to complaints or concerns

- There was a clear complaints policy in place for people and their relatives to raise concerns. Where concerns had been raised, action had been taken by staff to address concerns and respond back to people and their relatives.
- People and their relatives had not made any recent formal complaints, but staff had recorded any negative feedback or suggestions for improvement on their complaints log and had responded and acted on information appropriately.

End of life care and support

- People had end of life plans in place which detailed the support they would like to receive towards the end of their life. This included information on religious practices that staff should follow in the event of the person's death.
- Staff supported people when they had experienced their own grief. One person's relative told us, "Staff were really very good at helping [person] to get through the grief. They were so kind and caring, it really made a difference."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us that the staff culture was friendly, engaging and like a family. One person told us, "Staff don't just say hello and go, they say hello, we have a laugh and a chat, it's brilliant." Another person told us, "They (staff) look after me so well and are so kind. They treat us like family."
- The management team made regular observations of staff providing people with support. These observations recorded whether staff rushed people, whether staff were supporting people respectfully and included comments from the people involved.
- People's care plans detailed what may upset a person and how staff should respond to help that person to feel better.
- People's relatives told us the home had a homely feel. One relative told us, "We were very happy when we turned up. The home is very quiet and peaceful. We felt a relaxed atmosphere and it was very homely."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Statutory notifications were submitted appropriately by the provider to CQC.
- The registered manager understood their responsibilities around duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager regularly undertook audits of the quality of the service. Each aspect of people's experience of the home was regularly assessed to ensure people received safe, consistent care. These checks included audits about medication, the environment, people's care plans and the health and safety of the home. Any issues identified through these audit processes were added to the service improvement plan with a time scale and responsible staff member to action.
- The provider also made regular quality checks on the service to assess the service's compliance with regulations and included a 'mock CQC inspection'.
- The senior staff held regular meetings to discuss what was going on at the home and any suggestions received from people. The heads of each department held daily meetings to discuss anything important happening that day, this included staffing challenges, admissions to the home and any events.
- People were positive about the registered manager. One person told us, "The manager here is wonderful. Can't do enough for me."
- Staff were positive about the registered manager. One member of staff told us, "[manager] is very

supportive, they have an open-door policy so we can always come and speak to them. [Manager] gives us time and sorts out issues."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were sent surveys to feedback on the care and support provided by staff. The registered manager had made a written response to all the comments raised and a copy of this was available for people and their relatives to read.
- Staff held regular meetings with people to discuss the running of the home and receive feedback on their experience of living at the home. We saw that where people had made suggestions, these had been acted on by staff.
- Staff meetings also regularly took place. During staff meetings, the registered manager discussed best practice with staff and fed back to staff comments and suggestions people had made.
- People's relatives told us that staff were responsive when they raised concerns or asked for changes to be made. One person's relative told us, "Everything is dealt with as soon as you ask."

Continuous learning and improving care

- The management team discussed regulations during staff meetings to ensure that staff knew what was expected of them and how the regulations relate to their practice.
- Staff had put up a 'you said, we did' board for people and their relatives to see. This detailed what people had suggested or raised as a concern and the action staff had taken in response.

Working in partnership with others

- Health professionals were positive about working with staff at the home. One professional told us, "The staff are really kind, they know people well. The consistency of staff means they know people well and what's going on at all times. Staff listen to my advice and call me if they are concerned."