

Genesis Homes (Essex) Limited

# Whiteacres Residential Care Home

## Inspection report

40 Whitehill Road  
Ellistown  
Coalville  
Leicestershire  
LE67 1EL  
Tel: 01530 260415  
Website:

Date of inspection visit: 30 October & 3 November  
2014  
Date of publication: 16/03/2015

### 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	

### Overall summary

Whiteacres Residential Care Home provides care and support for up to 18 older adults, including people with dementia or mental health needs and there were 18 people using the service during our inspection.

There was a registered manager in post. 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.

We inspected the home on 30 October and Our previous inspection of 12 June 2013 found the provider had not maintained an area of the premises and the gardens

# Summary of findings

properly which posed a risk to people. This was a breach of Regulation 15 of the Health and Social Care Act 2008. We followed this up and found the provider had taken action to improve. The premises and surrounding gardens were maintained and safe for the people who lived at the home.

People we spoke with told us they were satisfied with the care and support provided. They had developed good relationships with their care workers and told us they were treated with kindness and respect and felt safe using the service.

We saw that people were well-supported by a staff team that understood their individual needs. Staff took the time to engage and interact with people in a meaningful way and had considered people's dementia care needs in the way they responded to people.

Staff had a good understanding of the needs of people they cared for and were positive about their role and the home. Staff recruitment procedures were robust and ensured that appropriate checks were carried out before staff started work. Staff received a thorough induction and on-going training to ensure they had up to date knowledge and skills to provide the right support for

people. They also received regular supervision and appraisals in line with the provider's policy. There were sufficient numbers of staff available to ensure people's needs were being met.

People's needs were assessed and plans were in place to meet those needs. People's wishes and preferences were taken into account and recorded in care plans. Staff understood what people's individual needs were and acted accordingly. Risks to people's health and wellbeing were identified and plans were in place to manage those risks. People were supported to access healthcare professionals whenever they needed to and healthcare professionals we spoke with were positive about the quality of care being provided.

The registered manager was clear about their vision and aims for the home and had ensured this was understood by staff. They had continually taken action to develop and improve the service. Staff, relatives and people who lived there felt the registered manager was approachable and were confident that any concerns or issues they raised would be dealt with appropriately.

There were systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service and monitoring the quality of service provided.

# Summary of findings

## 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.

People who used the service told us they felt safe with the support they received and with the staff who provided their support. Staff demonstrated a clear understanding of what abuse was and how to manage and report any situation of this kind. Risks to people's health and wellbeing had been identified, assessed and managed in an appropriate way, including risks associated with medicines.

Good



### Is the service effective?

The service was effective.

People who used the service told us they were satisfied with the care and support being provided and with their care workers.

People's health and welfare needs were met and staff responded quickly and appropriately to any changes in need, including referral to appropriate health professionals when necessary.

Staff had a good understanding of the needs of people who used the service and had received relevant and appropriate training and support to ensure they delivered effective and individualised care.

Good



### Is the service caring?

The service was caring.

People who used the service told us that care workers supported them appropriately and were kind and respectful. Our observations confirmed this.

Staff showed consideration for people's individual needs and provided care and support in a way that respected their individual wishes and preferences.

People were given opportunities, to express their views and opinions. Records showed their views and opinions were listened to and acted upon.

Good



### Is the service responsive?

The service was responsive.

People we spoke with told us they were encouraged to make their views known about the service and were encouraged to do this. We saw that people had been encouraged to engage in activities, hobbies and interests that were important or relevant to them.

People's care records showed that important information about their individual needs and preferences had been recorded and staff had an awareness and appreciation for people's individuality.

There were appropriate arrangements in place to deal with people's concerns and complaints. People were confident raising concerns with the manager of the service.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

People we spoke with were satisfied with the management of the service and staff felt their views were valued and respected.

There was a registered manager in post and staff were clear about their roles and responsibilities. The registered manager had a clear vision for the service and staff understood this and put it into practice.

There were appropriate arrangements in place to assess and monitor the quality of the service provided.

**Good**



# Whiteacres Residential Care Home

## Detailed findings

### Background to this inspection

This inspection was unannounced and commenced on 30 November 2014. The inspection was carried out by a single inspector.

Before the inspection, the provider 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 also reviewed all the information we had about the provider.

We spoke with five people who used the service, the registered manager and three care workers. We also spoke with one person's relatives who were visiting the home on one day of our inspection.

We reviewed four people's care records including care plans, risk assessments and daily records. We looked at staff training, supervision and appraisal records and staff recruitment records. We also looked at records in relation to the management of the service which included audits and checks. We also carried out observations of how people were cared for and staff interactions.

In addition to our general observations we used our SOFI (Short Observational Framework for Inspection) tool. This tool helps us see the experiences of people who may be unable to fully communicate with us or verbalise their experiences.

# Is the service safe?

## Our findings

Our inspection of 11 June 2013 found that the home's garden had not been adequately maintained and posed a risk to the people who lived there. This was a breach of Regulation 15 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this. During our inspection we saw that improvements had been made and the garden area was safe for the people who lived there. New garden furniture had been purchased and garden debris had been removed. The garden was now well-maintained and looked appealing.

People we spoke with all told us they felt safe living at the home and were supported appropriately by the staff team. One person said, "I feel very safe living here". Relatives of one person who used the service were confident that their family member was cared for safely and properly.

Throughout our inspection we observed that people were comfortable and confident in approaching staff. Staff used equipment such as hoists to help people transfer from their wheelchairs to comfy chairs and we saw that staff members carried out these procedures safely and provided reassurance to people throughout.

Staff we spoke with told us they received regular training about how to protect people from the risk of abuse and records we looked at confirmed this. Staff knew about the signs of abuse and were able to tell us the proper action they would take to report and document any concerns they might have.

The provider had an up to date safeguarding policy and procedure which was in line with national guidance about how to protect people from the risk of abuse. In addition, we found that the registered manager was aware of local procedures for reporting abuse and we saw examples of where appropriate action had been taken by staff in the reporting and management of concerns about people's safety and welfare. Staff were also clear about how to report accidents and incidents. People were better protected from the risk of abuse because the service had systems in place to safeguard those they supported.

We looked at four people's care records and found they included individual risk assessments which identified potential risks to people's health or welfare. Risk assessments recorded these risks and any action that should be taken to minimise the risk. We also saw

examples of where positive risk taking had been encouraged. For example, we found that staff had worked with people so they could go out independently. This meant that staff were aware of how to provide care and support in the safest way without unnecessary restrictions.

The provider accommodated specialist equipment, such as hoists and wheelchairs, to keep the people using the service safe. We found that equipment had been appropriately maintained and staff had received training in how to use the equipment. The home had been well maintained and the premises were safe for the people who lived there. The registered manager told us about improvements they were making to the premises which had recently included new flooring throughout. Records showed that the registered manager regularly undertook checks and audits in relation to health and safety which ensured the premises were safe.

Staff we spoke with told us that staffing numbers were appropriate and people we spoke with were confident that staff would always be available to provide their support and care when required. One person's relative who visited the home regularly told us that staffing levels always appeared to be fine. During our inspection we saw there were enough staff available to be able to meet people's needs in a timely manner and requests for support were responded to promptly. We looked at staff rotas which confirmed the staffing levels we had observed were consistently in place.

We looked at the records of four staff members and found that appropriate checks were undertaken before staff began working at the home. Records showed pre-employment checks had been carried out, which had included the completion of an application form, the seeking of two written references, carrying out a police check and confirmation of their identity. This meant people using the service could be confident that staff had been screened as to their suitability to care for the people who lived there.

We looked at the management of medicines in the home and a sample of medication records. We found appropriate arrangements were in place for the obtaining, recording and administration of medicines. All medicines, including controlled drugs, were safely stored and administered in accordance with relevant professional guidance. Records showed that people had received the correct medication at the right time.

## Is the service safe?

We found that people had a medication care plan. This detailed the medication prescribed to them, the dosage, and the reason for the medication. Staff that were responsible for the administration of medication had

completed training in the safe handling and administration of medication. The provider also carried out regular audits of the medication stored at the home to ensure it was managed in the safest way.

# Is the service effective?

## Our findings

People we spoke with told us they received the care and support they required. They were complimentary about the service and felt staff understood their individual needs. Comments included, “It’s a good home”, “They’re looking after me quite well”, and “It’s clean, the staff are good and we do get looked after”. One person’s relative told us their family member was well-supported and cared for by staff at the home and had no concerns about the service. We were told that staff understood their family member well and responded accordingly. They commented, “It’s very good...and she’s very happy here”.

The registered manager told us they had begun to use a new tool called ABLE (Achieving Best Life Experiences) to assist the staff team with understanding and responding to people’s behaviour when they were anxious or distressed. The tool was specifically designed for people with dementia care needs and was a way to investigate, plan and try various suggestions in understanding the needs of people who were unable to verbalise their needs. We found that this tool had already been used to support staff with understanding one persons’ behaviour and had led to staff making some changes which appeared to have benefitted the person.

We found that staff had a good understanding of, and were knowledgeable about people’s individual needs. They were able to tell us about people’s care and support needs, preferences and likes and dislikes. Records gave staff clear and detailed guidance about how people’s care should be delivered to ensure their health and well-being.

Throughout our inspection we saw staff responding to people in an appropriate and thoughtful way and observed how staff changed their approaches to people based on their knowledge of the person. For example, we saw staff respond immediately to someone when they began to display signs of anxiety and distress and supported them to a quieter area. This approach was consistent with what was documented in this person’s plan of care and we saw this person was more relaxed and calm in the quieter area. This demonstrated staff were able to support and care for people in a way that promoted their well-being with regard to their individual needs.

We found that referrals had been made to the relevant health professional; records were kept of their advice and

incorporated into people’s care plans. We saw evidence that support was available for people to attend GP or hospital appointments should they require a staff member to accompany them. Other records showed that people had been supported to see health professionals such as dentists and opticians and had been supported with information about national screening programmes.

People we spoke with during our inspection told us they had enjoyed their meal. One person said, “That meal was beautiful”. Two other people told us about recent improvements that had been made to the meals. They explained that the manager had asked for more suggestions about meal choices and options which had led to a new menu being designed. Both people were very happy with the new menu and felt their initial concerns had been listened to.

People had been supported to choose a meal and choice making was promoted through the use of photographs. We saw that meals were freshly prepared, nicely presented and appeared appetising. Staff provided appropriate support to people who needed assistance with their meal whilst encouraging people to be as independent as possible. All staff we spoke with showed a good understanding of people’s nutritional needs and preferences. People were offered a choice of hot and cold drinks throughout both days of our inspection and we saw staff offering people alternatives when they hadn’t eaten much of their chosen meal or changed their mind about what meal they would prefer.

Where people were at risk, we found that measures were in place to monitor and respond. For example, referrals had been made to relevant health professionals, people’s food and fluid intake was monitored and people were regularly weighed. Records showed that people had been assessed to see if they were at risk of malnutrition or dehydration and people had an eating and drinking care plan in place.

Staff we spoke with told us they had been well supported by the manager which included providing them with appropriate training. Staff told us about training courses they had attended such as moving and handling, first aid and administering medication and felt they had developed the necessary skills to be able to deliver safe and effective care to people. Records we looked at confirmed that staff had access to a variety of training and regularly received



## Is the service effective?

support through the use of supervisions, an annual appraisal, competency checks and team meetings. This meant that staff had been supported to deliver effective care that met people's needs.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA). The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Staff we spoke with were able to explain their role and responsibilities with regard to the MCA. Records we looked at showed that where people lacked capacity to make a decision about their care or support, the proper procedures had been followed. This included carrying out a mental capacity assessment in consultation with relevant individuals and professionals. When people lacked

capacity to make a certain decision, we found that staff had made the decision in people's best interests in line with legislation. This meant that people's legal rights were upheld when people lacked capacity to make decisions at the time they needed to be made.

There were no people deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS) at the time of our inspection but records we looked at showed they had been used appropriately before. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The registered manager had a good understanding of the circumstances which may require them to make an application to deprive a person of their liberty and understood the processes involved.

# Is the service caring?

## Our findings

All people we spoke with were content with the care being provided and told us the staff team were kind, compassionate and respected their wishes and preferences. People's comments included, "It's been nice...they're very friendly", "I've been very happy here, we've had some good laughs", and "I get help when needed...they're all polite and kind". We saw throughout both days of our inspection that staff were attentive and kind and found the atmosphere of the home to be one of calm and relaxation. All staff took the time to speak with people in between carrying out their tasks and people enjoyed a laugh and joke with the staff team. Staff were patient and communicated well with people whilst supporting them with their care and support. This indicated to us that people had developed positive, caring relationships with the staff team who supported them.

We spent one hour in the communal area of the home carrying out the SOFI and recorded how people spent their time. We found that all four people we observed during this period had positive experiences. Some of these people were engaged in conversation or activity with a staff member for part of the observation period. For example, the staff member brought different items such as bright clothing and jewellery to show people and the person we observed was engaged throughout and showed signs of

pleasure. Another person also showed signs of positive experiences, particularly when engaged with a staff member reminiscing about the Queen's coronation and looking through old photographs together.

Records showed that people's individual needs, wishes and preferences had been sought and recorded and people we spoke with felt their individual needs were being met. Records showed that people were included in reviews of their care and throughout our inspection we found that staff asked people how they would like their support to be provided and asked for their consent.

We spoke with staff who were able to give us examples of how they respected people's dignity and privacy and acted in accordance with people's wishes. Throughout our inspection we observed that people's dignity was promoted and their privacy respected. We were also told that the home had 'dignity champions' whose role was to promote dignity and improve practice within the home.

Staff spoke positively about the support they were providing and were thoughtful and considerate about how to support people. For example one staff member said, "I always try to involve and engage people...we all concentrate on the resident to get to know them".

There were policies and procedures in place to ensure people's privacy, dignity and human rights were respected and records showed that staff had received training in these areas. We also found that the manager was carrying out a dignity in care audit in order to benchmark and improve upon dignity practices within the home.

# Is the service responsive?

## Our findings

People we spoke with told us they were encouraged to make their views known about the care and support they received. One person told us, “They listen to us” and two other people we spoke with told us about recent improvements that had been made to the menu choices on the basis of feedback from the people who lived at the home.

One person’s relative told us that there was always activities, events and trips happening at the home, however their family member often did not want to participate. They also told us that the staff team were aware of their family member’s hobbies and interests and provided them with opportunities within the home to enjoy these.

We found people living at the home had regular activities and trips out. For example, recent trips included visits to a garden centre and a narrow boat trip. The provider also had regular sessions such as music for health and wartime music to entertain people. In addition to this we found that people were able to pursue their own interests. For example, we saw that one person was encouraged to listen to their jazz music which they really enjoyed.

We observed that staff promoted people’s independence at all times and we saw this was the case during meal times as staff only assisted people when required and encouraged people to maintain their independence whilst eating their meal.

One person told us how they liked to go to the local town. They said, “I have a coffee and they help me get to the bank”. Two other people told us that there were plenty of trips and opportunities to go out but said they preferred to stay at the home. However, both were confident that staff would support them if they did want to go out for a walk or to do some shopping.

The provider employed an activity co-ordinator and we observed them engaging with people on both mornings we were inspecting. We saw that the activities were based on people’s individual needs, preferences and abilities. For example, we observed a group of people enjoying a quiz together and other people had been engaged on a conversation reminiscing about the past.

People’s dementia care needs had been taken into account with the activities on offer and the home had tried to find engaging and interesting things to interact and appeal to people with dementia. Some examples of this included sharing and exploring sensory items, looking at items in a memory box and talking about old photographs. We found that the activity coordinator changed their approach and the activity depending on the person and their knowledge of people’s interests and individual needs. During these times we saw that people were interested and keen to be involved.

We found the provider carried out a regular satisfaction survey which asked for feedback from people who lived at the home, relatives and staff. We looked at the results of the last survey and found they were positive. The manager had commented on what was being done for all suggestions or points made. In addition, records showed the home supported residents meetings where it asked for ideas about for improvements at the home. For example, recent meetings had been held about the food at the home and choice of activities and we found that the provider had acted on the comments and suggestions made when possible. This demonstrated that the provider had systems in place to involve people in the running of the service and respond to their feedback.

Records contained information about the person’s life and social history. This meant that staff had access to important information about the person that would assist them to meet their individual needs. Staff we spoke with told us about the positive relationships they had developed with the people they cared for. Staff were able to tell us about people’s individual preferences and needs. All staff we spoke with understood the importance of acting in accordance with people’s wishes, needs and preferences. Care workers we spoke with were able to describe what people’s individual needs were, including people’s likes, dislikes and how they wanted their care and support to be provided.

A complaints policy was in place. People we spoke with told us they would feel comfortable raising a concern or complaint with the manager and were confident this would be addressed. We looked at the complaints log and found that complaints and concerns had been responded to promptly and appropriately in all cases.

# Is the service well-led?

## Our findings

People and relatives we spoke with were happy living at the home and felt it was well-run. They were complimentary about the staff team and the registered manager. One person said, “He’s a good manager and it’s well-run. He always comes and says good morning and good night to everyone”. A relative told us that the registered manager was very hands on, ‘mucked in’ and made sure the home was well organised. All staff told us they would have no concerns about speaking to the manager if they wanted to raise issues about the delivery of care or running of the service. Minutes of team meetings confirmed this.

People and relatives all told us they were comfortable raising concerns with the registered manager or staff team and were confident that they would be listened to. One person commented, “You can always go to [the registered manager], he’s a nice man”.

The provider was also the registered manager. They were supported by a consistent group of care workers. All staff we spoke with demonstrated that they understood their roles and responsibilities well and said they felt supported by the manager of the home. One staff member told us they had been set clear expectations, worked well as a team and tried to involve the people who lived there as much as possible.

We spoke with the registered manager who told us that one of the key values within the home was involving the people who lived there in the running of the home. Throughout

both days of our inspection we saw that the manager was visible in the home, provided guidance and direction to staff and set clear expectations with the staff team. Our observations and conversations with the staff team showed that staff understood the vision and values of the home.

People who used the service were encouraged to share their views in regular reviews of their care, residents meetings and through the use of questionnaires. We found that people’s views, comments and concerns had been appropriately considered and responded to the registered manager and team leaders.

We found the registered manager had implemented an effective quality assurance system to ensure the risks to people were being assessed, monitored and responded to. These included regular reviews of people’s care plans and risk assessments, audits of staff training, supervision and appraisal and regular competency checks of staff performance. In addition the registered manager carried out regular audits. These included health and safety audits, incident and accident audits and medication audits. This meant that the provider continued to review its operations in order to improve the quality of service being provided.

We also found examples of where the registered manager was implementing new systems to make improvements to the service. These included the introduction of the dignity audit called ABLE (Achieving Best Life Experiences) which demonstrated they were keen to develop and improve the quality of service provided.