

Whittington Care Limited

Whittington Care Home

Inspection report

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Old Whittington
Chesterfield
Derbyshire
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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

Whittington Care Home is a nursing home providing regulated activities personal and nursing care to up to 48 people. The service provides support to older people, including those with dementia. At the time of our inspection there were 28 people using the service. The home provides care over 2 of the 3 floors with a range of communal spaces for dining, activities and relaxation.

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

People were protected from the risk of abuse. Staff understood safeguarding procedures and how to raise a concern. Risks to people's safety were managed and regularly assessed.

There were enough staff to meet people's needs. Safe recruitment processes were in place and appropriate pre-employment checks were completed prior to staff starting employment.

People's care needs were assessed and risk assessments were in place for staff to support people safely. 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.

People told us staff were kind and caring and staff maintained positive relationships with people. Care plans were personalised and included details of people's wishes and preferences. These were reviewed and updated regularly. Complaints were investigated promptly and people understood how to raise a concern.

Relatives and staff confirmed the registered manager was approachable and supportive. Staff received regular training and supervision to carry out their roles. The service had access to a wide range of professionals to ensure people's outcomes were met.

There were quality assurance systems in place to monitor the quality of the service. Regular audits were carried out to ensure risks were identified and actions taken to drive improvements.

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

Rating at last inspection and update

The last rating for this service was requires improvement (27 September 2022) and there were breaches in regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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 safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective 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 ●

Whittington Care 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

The inspection was completed by 2 inspectors.

Service and service type

Whittington Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Whittington Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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

We spoke with 3 relatives and 4 people who used the service. We spoke with 8 staff members, including the registered manager, regional manager, domestic, nurse and care workers. We reviewed a range of records, including 4 people's care records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including policies and procedures.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Staff demonstrated an understanding and awareness of safeguarding and how to respond to a suspected concern. One staff member told us, "If I was concerned about anything I would report it to the manager."
- Staff received training in safeguarding and understood how to recognise signs of abuse.
- Relatives told us their loved ones were safe, one relative told us, "Very happy with the care, [person] is safe."

Assessing risk, safety monitoring and management

- People's needs were assessed and risk assessments were in place to give staff information on how to support people safely.
- Risk assessments were in place for people's specific health needs, for example, choking, skin integrity and urinary infections. This meant people's risks were managed and monitored.
- People's care records included personal emergency evacuation plans. This ensured specific information could be shared in the event of a hospital admission or emergency evacuation of the building.
- The provider completed regular checks to ensure the environment was safe for people. These checks included fire and electrical safety, equipment and maintenance.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw staff attend to people quickly. A person who uses the service told us, "I have a call bell and staff come when I need them."
- The registered manager reviewed staffing levels in line with people's dependencies.
- Staff were recruited safely and appropriate pre-employment checks and a Disclosure Barring Service (DBS) were completed prior to staff starting employment. A 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.

Using medicines safely

- Medicines were administered safely and people received their prescribed medicines. We observed the nurse administering medicines to people, they communicated the steps thoroughly giving people appropriate time for the process.
- There were written protocols in place for people who were prescribed "as and when required" medicines. For example, protocols included how people expressed pain and guidance for staff on how to support individuals prior to administering medication.

- Staff received training in administering medicines and competency checks were completed regularly to ensure staff remained compliant. One staff member told us, "I have had my medicines training and my competency training is done by the nurse."

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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

There were no restrictions to visiting at the time of inspection. Visiting procedures were in line with government guidance.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Accidents and incidents were analysed and trends identified to minimise the risk of re-occurrence. For example, an incident related to recording of medicine administration was identified, the registered manager increased the frequency of audits including spot checks to ensure the risk was minimised.
- Staff understood and followed correct procedures to record accidents and incidents. For example, we saw records for a person who had experienced falls, appropriate procedures were followed and the person was referred to the ageing well team.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Peoples needs were assessed prior to moving into the service and staff had detailed information to meet people's needs.
- Care plans were person centred, for example we saw people had profile sheets to include specific wishes, needs and social history. This meant people were supported in a person centred manner.
- Appropriate healthcare referrals were made to ensure people's specific health needs were met. For example, care records demonstrated a person who experienced significant weight loss was referred to the dietitian.

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they remained competent in their roles. One staff member told us, "There is plenty of training available."
- New staff completed an induction and had the opportunity to shadow experience staff as part of their training. One staff member told us, "I did an induction when I started and had shadowing shifts."
- Staff received regular supervisions to focus on learning and development needs and had the opportunity to feedback.

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

- People were supported to maintain a healthy balanced diet. People told us they liked the food. Comments included, "They do a lovely meal", "Food is good" and "[Cook] in the kitchen is very good and makes homemade food."
- People's weights were monitored and diets were modified according to people's needs. One relative told us, "They have really turned things round for [person], [person] was 4 stone when [person] got here and now [person] has put on weight and is eating well and talks about how good the food is".
- Food and fluid charts were in place to monitor people's diets where appropriate. People were supported with modified diets in line with healthcare professional advice.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- The provider worked with external healthcare services to meet people's specific outcomes. We saw people's records which included referrals to the dietician, speech and language therapist and physiotherapist.
- People were supported to live healthier lives. Records included emotional wellbeing care plans which

includes information for staff to support people's wellbeing to help them live a healthier life.

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

- The home was adapted in relation to the design and decor to meet people's needs. Areas of the home looked tired, however renovation works had started to enhance people's environment.
- People were consulted on their preferred bedroom décor theme for the renovation plans in place.
- Specialist equipment was available when needed to deliver better care and support. For example, we saw the use of floor sensors to alert staff when people were mobilising independently.

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).

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.

- The provider worked within the principles of the MCA. People had their capacity to make decisions assessed and this was reviewed regularly.
- Staff had received training around MCA and DoLS. We found that management and staff demonstrated a good understanding of their responsibilities under the MCA.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Staff respected people's individual needs and treated people with kindness. One person told us, "I do like it here, people are very nice here" and another person told us, "I think both day and night staff are good."
- Relatives told us staff were caring and treated people well. Comments included, "Staff are definitely caring, my [person] speaks highly of the staff", "Staff are compassionate and caring" and "Staff are extremely kind and competent."
- The registered manager focused on providing a warm and friendly environment for people and staff, we saw kind and caring interactions between staff and people.

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

- People were supported to make decisions and express their views. For example, care plans included people's individual communication needs and emotional and psychological needs.
- People's equality and diversity characteristics were considered, for example, we saw emotional wellbeing care plans in place to include details of people's personal preferences and diverse needs.
- Care records evidenced people's relatives were involved with making decisions about people's care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. We observed staff asking for consent before supporting with people with care and communicating to people with kindness and patience.
- Staff supported people to be as independent as possible. One person told us, "I use a commode and I am independent. At night staff move my commode close by so I can do this myself."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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.

- People's care plans were personalised including details of their preferences and social history.
- Regular reviews of care plan and risk assessments were completed to ensure people's preferences and support needs were up to date. This meant staff had the right information to deliver person-centred care.
- We saw people were given a choice in their day to day support, for example, people were given choice of where to sit at mealtimes and a choice of different meals at lunchtime.

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.

- The registered manager understood their responsibility to provide information in appropriate accessible formats for people to understand. For example, large print or easy read.
- People's communication needs were fully assessed by staff and information on how to support people's different communication needs. For example, for one person with Alzheimer's, picture cards were used to help staff communicate their needs.

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

- People were supported to maintain relationships and follow their interests. Care plans included details of people's social history to allow staff to support people with their specific interests. For example, one person liked tractors and having their family photos close by.
- Staff supported people to be involved in meaningful activities to feel included. On relative told us, "[Person] sets the table every lunchtime for people and memorises who needs what type of cutlery."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and complaints were investigated promptly.
- Relatives told us they knew how to raise a complaint and felt comfortable to do so.

End of life care and support

- The provider had an end of life policy in place and staff were trained in end of life care. Specific training was also delivered by the local funeral services, which included training on how to support relatives.

- People and relatives were happy with the support received and they felt comfortable to raise any concerns.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection systems were either not in place or robust enough to demonstrate effectively oversight. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The service was well led. The registered manager focused on improving the quality of care and strengthening the positive culture of the staff team. For example, the registered manager completed walkarounds and 'flash' meetings during the day to ensure staff felt supported on shift.
- People and relatives told us they were happy with the service. On relative told us, "The place is running much better, it was good, now it is much better".
- Staff we spoke with gave positive feedback about the leadership of the home. Comments included, "I get support and I work well with [registered manager]", "I feel I can approach management" and "I enjoy my job and feel supported by [registered manager] ."

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

- The registered manager understood their responsibility to complete statutory notification in relation to significant events in the home.
- The registered manager was open and transparent about previous challenges they had faced within the service in relation to staffing.

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

- Systems were in place to monitor the performance and outcomes of the service. The registered manager completed regular audits for aspects of the service. For example, audits were completed for tissue viability, infection control, health and safety and catering.
- Actions were identified from specific audits to drive improvements. For example, new crockery and a new fridge was purchased due to issues identified from a catering audit.
- Accident and incidents were recorded, reviewed and monitored. Actions were completed to minimise the

risk of reoccurrence. For example, we saw actions taken in relation to people's diets, mobility and emotional wellbeing.

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

- Staff attended regular supervisions and 'flash' meetings to allow for discussion and feedback.
- People were consulted to give feedback on the service. The provider carried out residents meetings. For example, a relative meeting was arranged to discuss the menu's as people thought the meals could be repetitive. Action was taken and the chef reviewed and made changes to the menu with involvement of a nutritionist
- The provider and registered manager regularly sought feedback. Questionnaires were sent out to people using the service and their relatives.

Continuous learning and improving care

- Actions were taken to continually learn and improve care. The registered manager identified issues with medicines management and made changes to staff deployment to minimise risk of errors occurring.
- The provider analysed the findings from quality assurance audits to identify improvements. We saw an action plan in relation to renovation works in the home.

Working in partnership with others

- The provider worked with a wide range of professionals to help meet people's outcomes. We saw records which evidenced engagement with the mental health team and ageing well team.