Evans Care Limited

The Whitehouse

Inspection report

1 Chichester Drive West
Saltdean
Brighton
East Sussex
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13 July 2016

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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?	Requires Improvement

Summary of findings

Overall summary

We inspected The Whitehouse on the 13 July 2016. We previously carried out a comprehensive inspection at The Whitehouse on 24 November 2015. We found areas of practice that needed improvement. This was because we identified issues in respect to emergency planning, the supervision of staff, systems for people to provide feedback, the effectiveness of management arrangements, submission of formal notifications and quality monitoring. The service received and overall rating of 'requires improvement' from the comprehensive inspection on 24 November 2015.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had made the required improvements. We found improvements had been made in many of the required areas. However, further improvements were needed in relation to quality monitoring and policy and procedural documentation.

The overall rating for The Whitehouse has been revised to good. We will review the overall rating of good at the next comprehensive inspection, where we will look at all aspects of the service to ensure the improvements have been made and sustained.

The Whitehouse is registered to accommodate up to 14 people who require support with their personal care. They specialise in supporting older people. Accommodation was arranged over three floors. On the day of our inspection, there were 10 people living at the service.

At the previous inspection, policies and procedures available for staff to use were not up to date. At this inspection, we saw that several of the policies and procedures had been updated. However, we still saw documentation that was out of date and was based on previous regulations.

We saw audit activity which included health and safety, medicine management and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. However, the audit of medication had not been repeated since our previous inspection. We saw that the recording of temperatures of the medication fridge had not taken place since March 2016 and that the thermometer used to measure the temperature had broken. Increased levels of medication auditing would have highlighted this issue formally and contingency measures would have been implemented sooner.

We have identified the issues above, as areas of practice that need improvement.

A registered manager was 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 and associated Regulations about how the service is run. However, the registered manager did not have day to day responsibility for the home and was based full time at another service within the group run by the provider. Day to day management for The Whitehouse was provided by a full time manager and deputy

manager.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe, I really do". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been administered appropriately.

People were being supported to make decisions in their best interests. The manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including the care of people living with dementia and end of life care. Staff had received both one-to-one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. One member of staff told us, "I've had plenty of training, it's really good".

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "The food is nice, but if you don't like it, they'll get you something different. They are good like that". Special dietary requirements were met, and people's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, "The staff always do their very best. They are lovely". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. People were encouraged to stay in touch with their families and receive visitors.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included quizzes, singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. One person told us, "There are activities going, but they don't mind if you want to stay in your room, they just come and check on you".

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People spoke highly of staff members and were supported by staff who received appropriate training and supervision.

People were supported to have sufficient to eat and drink. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems in place to assess quality and identify any potential improvements to the service being provided. However, these were not carried out frequently. Up to date policies and procedures were not in place to provide clear guidelines for staff to follow.

People and staff spoke highly of the manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication. Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

People commented that they felt the service was managed well and that the management team was approachable and listened to their views. Staff felt supported by the management team and told us they were listened to. Staff understood what was expected of them.

The Whitehouse

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected The Whitehouse on the 13 July 2016. We previously carried out a comprehensive inspection at The Whitehouse on 24 November 2015. We found areas of practice that needed improvement. This was because we identified issues in respect to emergency planning, the supervision of staff, systems for people to provide feedback, the effectiveness of management arrangements, submission of formal notifications and quality monitoring. The service received and overall rating of 'requires improvement' from the comprehensive inspection on 24 November 2015.

One inspector undertook this inspection. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. On this occasion, we did not ask the provider to complete 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 observed care in the communal areas of the service. We spoke with people and staff, and saw how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as training records, policy and procedure documentation, accident/incident recording and audit documentation.

During our inspection, we spoke with four people living at the service, two care staff, the manager and the deputy manager. We spoke with the registered manager by telephone. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of

people receiving care.

Good

Is the service safe?

Our findings

At the last inspection 24 November 2015. We found areas of practice that needed improvement. This was because we identified issues in respect to emergency planning. The service had no formalised individual evacuation plans for people, or robust business continuity procedures to follow. This placed people at risk should an emergency take place. Improvements had been made and the rating for this domain has been revised to good.

The service had implemented a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. Furthermore, individual personal emergency evacuation plans (PEEP's) had been developed for all people living at the service. These plans instructed staff on what to do should people need to be evacuated from the service.

People said they felt safe and staff made them feel comfortable. One person told us, "It's safe here". Another person said, "I feel safe, I really do". A further person added, "I'm not worried about safety". Everybody we spoke with said that they had no concern around safety.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. We saw safe care practices taking place, such as staff assisting people to mobilise around the service.

We spoke with staff, and the manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The manager gave us examples whereby people had chosen to access the local community and garden at the service. They added, "We update the risk assessments regularly or when they are needed. People can take risks if they want to".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare.

Staffing levels were assessed daily, or when the needs of people changed to ensure people's safety. The manager told us, "We have enough staff and adjust the numbers and shifts depending on the residents' needs. For example, we can't expect people to get ready for bed when it's still light, so we adjust the staffing

for summer. Staff are really flexible and happy to help out". We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "They always come when I ring my bell". A member of staff added, "We have enough staff. Sometimes it gets busy, but we always cope well".

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The home had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

We looked at the management of medicines. Care workers were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. We saw a member of staff administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medicines. One person told us, "They give me my tablets in the morning and when I want them". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Good

Is the service effective?

Our findings

At the last inspection 24 November 2015. We found areas of practice that needed improvement. This was because we identified issues in respect to the supervision and support of staff. We were informed by staff and the registered manager that regular formal supervision meetings had not been taking place for care staff. Care staff we spoke with appeared vague about when they had last received supervision or when their next one was due. Improvements had been made and the rating for this domain has been revised to good.

The deputy manager had implemented an on-going programme of supervision for staff. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff told us that they received support and professional development to assist them to develop in their roles. They commented they found the forum of supervision useful and felt able to approach their supervisor with any concerns or queries. One member of staff told us, "I've had supervision meetings". Another member of staff said, "We get supervisions with [deputy manager]".

People told us they received effective care and their individual needs were met. One person told us, "I have confidence in them [staff]". Another person said, "They do what I need them to do". Everybody we spoke with said that they had confidence in the staff that provided care. They stated that staff knew what they were doing. A further person added, "They seem to have the right skills".

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of The Whitehouse and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. The manager added, "The induction goes on for 12 weeks. It involves online training and the home's environment and care plans. There is also shadowing of staff. The induction is flexible and can go on for longer if someone needs to gain more confidence". A member of staff told us, "The induction was good. It prepared me well and was at my pace".

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as, moving and handling and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included caring for people with dementia. Further training in relation to caring for people with dementia had also been sought for staff from a specialist team at the Local Authority. Staff spoke highly of the opportunities for training. One member of staff told us, "I've had plenty of training, it's really good".

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).

We checked whether the service was working within the principles of the MCA. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. One member of staff told us, "We always ask first to see if they are happy. If they refuse, we record and we'll ask again later". Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. Staff members recognised that people had the right to refuse consent. The manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty if required.

Care records demonstrated that when a need was identified, referrals had been made to appropriate health professionals. People commented that their healthcare needs were effectively managed and met. Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals. They were knowledgeable about people's health care needs and were able to describe signs which could indicate a change in their well-being. One member of staff told us, "[Person] looked really pale in the face and had a headache the other morning. I reported it to the manager". We saw that if people needed to visit a health professional, such as a GP or an optician, or go to hospital, then a member of staff would support them.

People were complimentary about the food and drink. One person told us, "The food is good, they definitely wouldn't starve us". A further person told us how they could make specific requests to the cook. They said, "The food is nice, but if you don't like it, they'll get you something different. They are good like that". People were involved in making their own decisions about the food they ate. Special diets were catered for, such as fortified, pureed, diabetic and vegetarian. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The menu showed that fresh vegetables were used daily, as well as fresh fish and fresh meats.

We observed lunch in the dining area and lounge. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their room or the lounge. Tables were set with place mats and napkins. The cutlery and crockery were of a good standard, and condiments were available. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. The atmosphere was calming and relaxing for people. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices.

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified as at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP, dietician and speech and language therapist.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. They told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "I'm happy here the girls [staff] are very nice". Another person said, "The staff always do their very best. They are lovely". A further person added, "Everyone is very friendly and I am happy here".

Positive relationships had developed with people. One person told us, "The staff are very kind to me". Staff showed kindness when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, they demonstrated empathy and compassion for the people they supported. Friendly conversations were taking place. A member of staff asked someone, "Are you warm enough, do you want a cardigan or a drink", "Thank you" the person replied. The Whitehouse had a calm and homely feel. Throughout the inspection, people were observed freely moving around the service and spending time in the lounge. People's rooms were personalised with their belongings and memorabilia. People were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted. Ladies had their handbags or stuffed toys to hand which provided them with reassurance. They were also seen wearing jewellery and makeup which represented their identity. Gentlemen that we saw were dressed smartly and appropriately for the season.

The manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. They told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed, how and where to spend their day and what they wanted to wear. One person told us, "I can do what I want. Go out when I like and go to bed when I want". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "People are respected as individuals. We get to know them and listen to what they want". The manager added, "We give people choice in all aspects of their care. Whether it's their food or who supports them. We make it so they are not worried about asking for anything".

There were arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Staff members had a firm understanding of the principles of privacy and dignity. As part of staff's induction, privacy and dignity was covered and the manager undertook competency checks to ensure staff were adhering to the principles of privacy and dignity. They were able to describe how they worked in a way that protected people's privacy and dignity. One member of staff told us, "We always respect privacy and dignity. We close the curtains and ask people if they want us to accompany them into the bathroom, or wait outside". People confirmed staff upheld their privacy and dignity, and we saw doors were closed and staff knocking before entering anybody's room.

Staff supported people and encouraged them, where they were able, to be as independent as possible. One

member of staff told us, "We automatically stand back and prompt people with personal care and dressing. We see what people can and want to do for themselves". We saw examples of people assisting to lay the tables for lunch and dinner, and care staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair. The manager added, "We want people to stay independent. We encourage personal care and prompting for washing and drying. We give extra information to people, so that they can be confident and help themselves".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. The manager told us, "This is a homely home, guests can visit when they want. We are in close contact with each and every relative that comes in".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. People had access to a range of activities and could choose what they wanted to do. One person told us "On the whole, the activities aren't too bad". Another person said, "I'd complain if they didn't look after us. I'd make sure of that".

There was regular involvement in activities and the service. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. Activities on offer included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. One person told us, "We can talk about activities at the meetings". Meetings with residents were held to gather peoples' ideas, personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw activities taking place for people. We saw people playing dominoes together and having discussions about current affairs. We saw that activity logs were kept which detailed who attended the activity and what they thought of it, which enabled staff to provide activities that were meaningful and relevant to people.

The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. There was an individual one to one activities programme for people who preferred to remain in their rooms. One person told us, "There are activities going, but they don't mind if you want to stay in your room, they just come and check on you". A member of staff told us, "We sit with people in their rooms and play cards or read books together". We saw that staff set aside time to sit with people on a one to one basis. The service also supported people to maintain their hobbies and interests, for example one person enjoyed knitting and several others enjoyed playing bingo regularly. Another person was an avid reader and the service had supported them to arrange visits from a local library. We saw that people were also supported to attend local churches and friendship groups in the area. The manager told us, "We have residents meetings to talk about activities and we listen to their ideas about what they want to do".

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. People confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required in meeting those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one care plan stated that a person may on occasion exhibit behaviour that could challenge others. There was clear guidance that had been developed with this person to guide staff on how to manage these situations. Another care plan stated that a person was aware that they

occasionally got a bit confused and that staff were to understand that they must be supportive and sensitive.

The manager told us that staff ensured that they read peoples' care plans in order to know more about them. We spoke with staff who confirmed this and gave us examples of people's individual personalities and character traits that were reflected in peoples' care plans. One member of staff told us, "The care plans are useful. We know what people want, for example one lady always has her breakfast in bed and I make sure she has her daily paper at the same time". Another said, "The care we provide is very person centred, we get to know people's likes and dislikes". The manager added, "We have no specific routines for people. They can get up and go to bed when they like and have breakfast when it suits them. We change the rota to provide extra staff to assist people and will just update the care plan to reflect what the residents want".

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. A suggestions box was in place and satisfaction surveys were carried out, providing the manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions.

People were aware of how to make a complaint and all felt they would have no problem raising any issues. One person told us, "I think the best way to complain would be to talk to the manager, that'd be best". The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection 24 November 2015. We found areas of practice that needed improvement. This was because we identified issues in respect to systems for people to provide feedback, the effectiveness of management arrangements, submission of formal notifications and quality monitoring. Improvements had been made in some areas, however, we identified further areas of practice that need improvement. Therefore, the rating for this domain remains as requires improvement.

At the previous inspection, policies and procedures available for staff to use were not up to date. At this inspection, we saw that several of the policies and procedures had been updated. However, we still saw documentation that was out of date and was based on previous regulations. Additionally, the provider did not have policies around several current regulations, such as the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment. We raised this with the manager, who was aware of the Duty of Candour and what it entailed, but was unsure as to why all the policies and procedures had not been updated to reflect current legislation and best practice. During the inspection, the manager began obtaining up to date documentation.

The provider undertook some quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, medicine management and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. However, the audit of medication had not been repeated since our previous inspection. We saw that the recording of the temperatures of the medication fridge had not taken place since March 2016. We raised this with the manager who told us that the recording had stopped as the thermometer used to measure the temperature had broken. Furthermore, we were told that the issue had been raised informally with the provider, but that it had not yet been rectified. The information gathered from regular audits, monitoring and feedback is used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered and minimise risks for people. Increased levels of medication auditing would have highlighted this issue formally and contingency measures would have been implemented sooner. We raised this with the manager who agreed to carry out more frequent audits of medication and additionally they purchased a fridge thermometer during the inspection.

We have identified the issues above, as areas of practice that need improvement.

Statutory notifications had been submitted to CQC by the provider. A notification is information about important events which the provider is required to tell us about by law. Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Additionally systems had been put in place to record and analyse incidents and accidents over time, so that patterns with common causes could be identified and prevented.

The registered manager was responsible for managing two homes in the group, however they did not have day to day responsibility for The Whitehouse and was based full time at the other service. Day to day management for The Whitehouse was provided by a full time manager and deputy manager. It was clear that in light of the improvements made since the previous inspection that this arrangement had driven up quality at the service. People and staff spoke highly of the manager and felt that the service was well managed. One person told us, "I've got no complaints, I'm happy with the manager, she does a good job". Another person said, "She's good that manager. They look after us very well". A member of staff added, "Now that [manager] is in charge, things have really stepped up". Another member of staff told us, "I don't really need to approach [the registered manager] with anything, as [manager] is running the home now and we can go to her". We discussed this arrangement with the registered manager and manager. The registered manager told us, "I can't physically run the two homes. We will look to de-register me and register [manager]. I have every confidence in [manager] and [deputy manager] running The Whitehouse". The manager added, "I have a good relationship with the registered manager and provider and we support each other as a management team".

Management was visible within the service and the manager took an active approach. The manager told us, "I'm on the floor regularly and I'm involved with the team. We can recognise any issues quickly". In respect to staff, the registered manager added, "The luxury of having a small team is that we know of any issues or concerns straight away". Staff said they were happy within their roles, felt well supported and described an 'open door' management approach. One said, "I like working here, it feels like a family unit. We get to know each other and the residents really well". They added, "We are definitely listened to by the manager. She is always available and very easy to talk to. It's nice to know we can go to her". Another member of staff said, "[Management] encourage us to ask questions and approach them. They are all very supportive".

There were open and transparent methods of communication within the home. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. One member of staff told us, "We have regular meetings and we communicate very well". Another member of staff said, "We come in 15 minutes early to discuss the shift and find out all the important information we need to know". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We're a good team here, we're all on the same page. We support each other and work together". Another added, "We talk about any concerns and we would always go straight to the manager. It's better to be safe than sorry".

We discussed the culture and ethos of the service with people and staff. One person told us, "It's a lovely home. Not as good as my own home where I lived before, but a very good second. I fit in very well here". A member of staff said, "I think the important thing is the person centred care we provide. It all revolves around the residents. We change our routines to meet their needs. Sometimes it's inconvenient for us, but so what, it's not about us, it's about them". A further member of staff added, "It feels like home. It couldn't be more homely if we tried. A lady said to me other day 'You're a very good friend to me here'. That meant so much. It was like we were having a chat at the bus stop, that's how relaxed it is".

People and staff were encouraged to ask questions, make suggestions about how the service is run and address problems or concerns with management. One person told us, "They have meetings for us to talk about what we want". The manager added, "We always listen to what people want". We were given an example whereby following feedback from people, a second television had been purchased for the lounge. We saw further examples of people being involved with making physical changes to the service, such as installing handrails and liaising with contractors to get the stair lift serviced. The manager told us that staff played an important part in developing the service and that their feedback was valued. We were given an example whereby forms were changed on the suggestion of staff to make them easier to use.

Mechanisms were in place for the manager to keep up to date with changes in policy, legislation and best practice. The manager told us they were supported by the provider in their role and additionally liaised regularly with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff. Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.