

K A Brown

Whitchurch House

Inspection report

Whitchurch
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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

What life is like for people using this service:

- People were positive about living at Whitchurch House and we found they were cared for by compassionate and kind staff.
- Relatives highlighted their family members were treated with respect, and people's independence was recognised.
- Staff used people's preferred ways of communicating, so people would be involved in daily life at the home as much as they wished.
- People were empowered to make their own choices about the care they wanted. People could choose from a range of activities which were offered to them, and told us they enjoyed these.
- People had good access to healthcare. Staff gave us examples of how the relationships developed with other health and social care professionals had led to improved health and well-being outcomes for people living at the home.
- The environment was safe and there was enough staff to care for people. People told us they felt safe living at Whitchurch House.
- Staff knew how to care for people. Staff used their skills and the resources and equipment provided so the risk of accidental harm or infections was reduced. People were supported to have the medicines they needed to remain well and as prescribed. Some people chose to manage their medicines independently.
- The registered managers and staff worked together and focused on meeting the needs of the people living at the home. People were encouraged to make any suggestions for improving the service.
- The registered managers and staff reflected on their practice and strove to drive through improvements in people's care, so people continued to enjoy living at Whitchurch House.
- We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report

Rating at last inspection: Good. The last report for Whitchurch house was published on 28 June 2016.

About the service: Whitchurch House is a residential care home, providing personal care and accommodation to people aged 65 and over. At the time of the inspection 23 people were living at the home.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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 ●

Whitchurch House

Detailed findings

Background to this inspection

The 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.

Inspection team: One inspector carried out the inspection. An expert by experience supported the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in dementia care.

Service and service type: Whitchurch House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 11 people who used the service and 10 relatives to ask about their experience of the care provided. 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. In addition, we spoke with a visiting health professional during the inspection.

We spoke with nine members of staff including the two registered managers, the activities co-ordinator, the chef, a cleaner a laundry assistant and care workers.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- The registered manager and staff understood their responsibility to safeguard people from abuse. Staff knew what action to take in the event of any concerns for people's safety and were confident senior staff would act to support people.
- People and their relatives were positive about the systems and processes for promoting people's safety. One person told us, "I feel completely safe here."
- People and their relatives told us they were encouraged to raise any safety concerns they had. None of the people or relatives we spoke with had needed to do this, because they considered staff practice helped to ensure their safety needs were met.
- The provider continued to undertake recruitment checks on potential staff members, to ensure staff appointed were suitable to support people living at the home.

Assessing risk, safety monitoring and management:

- Staff understood risks to people's safety and supported them promptly, so the risks of avoidable harm were reduced. One staff member told us, "You are constantly doing risk assessments as you walk round. For example, you make sure no one's frame is in the way."
- People's care plans included risk assessments which reflected their safety and support needs. These provided clear guidance for staff to follow to promote people's safety and well-being. For example; if people were at risk of choking, falls or poor skin health, information to support staff to provide appropriate care was available.
- Equipment was well maintained and the environment was free from hazards. We saw specialist equipment was regularly serviced.

Staffing levels:

- There were suitable numbers of staff to care for people. People highlighted they did not have to wait long if they needed assistance from staff.
- Staffing levels were based on the needs of people living at the home. Staff gave us examples of times when staff levels were increased to meet people's needs. This included if people were receiving end of life care.
- We saw people were promptly supported when they wanted assistance, and staff had time to chat to people to reduce the likelihood of them feeling isolated.

Using medicines safely

- People could rely on staff supporting them to have the medicines they needed. People's medicines were administered by staff who had received training to do this, and staff competency was regularly checked.
- Medicines were stored and disposed of safely.

- The administration of medicines was regularly checked by the registered managers, so they could be assured these were provided as prescribed.
- Staff supported some people to manage their own medicines safely.

Preventing and controlling infection

- People were positive about the cleanliness of the home. One person said, "It's nice and clean [here], the domestic staff are good."
- Staff had been supported to reduce the likelihood of infectious outbreaks through training and guidance displayed in areas of the home.
- We saw staff used the equipment required to promote good infection control and promptly acted to maintain a safe environment.

Learning lessons when things go wrong

- Accidents and untoward incidents were regularly reviewed by the registered managers, so any learning could be taken from these. The views of staff caring for people were central to this process. We saw staff reviewed incidents daily, so they could adjust the care provided and further reduce the likelihood of reoccurrences.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's and their relatives' views were embedded into the assessments of care needs. This helped to ensure staff had a comprehensive overview of people's needs and wishes before they moved to the home.
- Staff used their knowledge of people's preferences and needs and based their approach to caring for people on best practice standards. One person said because of this, "I have settled in well."

Staff skills, knowledge and experience

- Staff had developed the competencies required to provide effective support to people. People and their relatives were complimentary about the skills of the staff providing care.
- Staff had undertaken a wide range of training so they could carry out their roles effectively.
- One staff member highlighted how comprehensively their induction programme and time spent working with more experienced staff had prepared them to provide good care to people.

Supporting people to eat and drink enough with choice in a balanced diet

- People were encouraged to plan with staff what meals they would like to eat. One person told us, "If there's something you don't much like they don't put it on your plate, they find you something else." Another person told us, "The food is very nice."
- Relatives highlighted that their family members enjoyed the meals and drinks provided. One relative said, "Mum lost a lot of weight in hospital, but she has gained [it] again here."
- The chef was knowledgeable about individual people's specialist dietary needs. This included if people needed a specific texture of food.
- We saw people's meals were presented well and staff encouraged people to have drinks of their choice throughout the inspection.
- Where people wanted support from staff to have their meals safely this was provided, and people's mealtimes were not rushed.

Staff providing consistent, effective, timely care

- Staff met at the end of each shift to reflect on the care people needed and adjust plans for their care so their needs would be promptly met.
- The registered managers had put systems in place so staff could work effectively with other organisations. Staff gave us examples of the improvements this approach had made to people's health and well-being. This included people enjoying enhanced mental and physical health.
- Relatives told us these processes were working well. One relative said, "The medical care is good." The

relative told us that effective working between the staff and their family member's GP had led to a reduction in the medication their family member required. The relative said because of this, "[Person's name] is less agitated."

- One health and social care professional who regularly visited the home told us, "Staff contact us appropriately if they have any concerns for people, and they follow the advice they are given, so people have good health outcomes."

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

- People were encouraged to be involved in decisions about the home and how the grounds were used. One person told us their suggestions for the garden area of the home had been acted on. Other people told us they were supported to decide how they would like to furnish their room. People's rooms were personalised, homely, and contained items which assisted people to reconnect with their past.

- Communal areas were available for people to enjoy using. These included areas where people could chat and socialise. There were also quiet lounges where people could spend time privately with their relatives, as they wished.

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 Act requires 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

- People were supported to be involved in decisions about their care.

- Where people needed support to make some decisions this was provided by staff. Staff gave us examples of the ways they assisted people to make their own decisions based on people's individual communication preferences.

- We saw decisions were taken in people's best interests, where they were not able to make specific decisions for themselves.

- We found the MCA and associated DoLS were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us they liked the staff who supported them. One person said, "Everyone is very kind to me." Relatives told us strong bonds had developed between their family members and the staff who cared for them. One relative told us, "I love the staff. They are so caring to residents."
- The visiting health and social care professional told us, "I love coming here because staff know residents so well. Staff are really caring."
- Staff found out about people's histories and what was important through talking with them and their relatives and checking their care records. This helped to ensure people were supported by staff who knew what was important to them. Staff used this knowledge to inform the best way to care for people. This included how people liked to be addressed and which ways people liked to be reassured.
- We saw many examples of kindness from staff to the people they cared for. For example, we saw senior staff spent extended periods of time reassuring one person who was anxious. This considerate approach helped the person to become reassured. We saw care, cleaning and catering staff took time to acknowledge people and engage with them, so people felt valued and included at the home.

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

- People gave us examples of day to day decisions they made about their care, such as when they wanted to get up, and how they decided to spend their time. Some people did this independently; other people required support from staff to make their own choices. One staff member highlighted how they supported one person with sensory needs, so that their decisions could be understood. The staff member said, "We use 'flash cards' [picture and word cards] so we can be sure [person's name] is making their own choice."
- Other staff explained how they checked people's body language, so they could be sure that people were agreeing to care and receiving this in the way they wanted.
- Records showed us where this was appropriate relatives and external health and social work professionals had been involved in supporting people to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's level of independence was recognised by staff. One person told us this made them feel respected by staff.
- Staff showed people living at the home they were esteemed by addressing them by their preferred name and by sensitively communicating with them. One relative said, "I've not come across any carer who doesn't speak in the right manner."
- The systems put in place by the registered managers ensured people's confidential information was securely stored.

- We saw staff discreetly assisted people when they wanted assistance. We also saw staff knocked people's doors to gain permission to enter their rooms. Staff also checked people were happy to receive visitors.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People's care plans reflected what they liked and disliked and individual their needs. People told us they had been involved in deciding what plans were put in place to support them. One person said staff had recognised how independent they were, and plans for their care reflected this. The person told us they had agreed with staff to think of the home as, "A hotel for me."
- Relative's views on the care to be provided had been considered where people wished this. Relatives told us they were encouraged to take part in planning their family members care. One relative highlighted this had provided a firm basis for staff to provide care to their family member, who had been very anxious when first moving to the home. The relative explained staff had followed the care plan, but adjusted this over time. As a result of this approach, their family member's anxiety had decreased significantly.
- Staff understood how people wanted their care to be provided. Two members of staff gave us examples of plans put in place to support people with sensory needs to be involved in decisions about their care. We found information for this person was provided in line with the Accessible Information Standards.
- Another staff member emphasised the importance of planning people's care to ensure people were supported to maintain relationships and practice their faith. Relatives told us there were no restrictions on them or people's friends visiting their family members. The registered managers explained people were encouraged to maintain links with their spiritual communities through regular visits by faith groups.
- There was a member of staff with responsibility for planning activities that people enjoyed. People told us they valued spending time going on organised trips, such as for meals out, and playing scrabble. Other people enjoyed visits by musicians to the home, or spending time reading newspapers which were provided daily by staff. Some people preferred to spend their time with books, or doing puzzles. One person told us, "They [staff] take me out in the wheelchair if I want it." A further person highlighted, "I've always enjoyed gardening, so they [staff] got me some raised planters and I grew some potatoes this year."

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns or complaints they may have. One relative told us, "I'm aware of a written complaints procedure, but I feel I could talk to [Registered Managers and provider's name], first."
- Systems were in place to manage and respond to complaints. We saw senior staff used complaints as a vehicle for learning and to driving through improvement in the home.

End of life care and support

- People were supported to have good care at the end of their lives. One staff member highlighted how effectively staff and external professionals worked together to provide health care at this stage of people's lives, so they would be pain free and receive care which reflected their wishes. The staff member gave us an example of how well this had worked for one person. The person was originally considered to be at the end

of their life, but had significantly improved through joint working with other health and social care professionals.

- We saw many compliments had been received from relatives acknowledging the good end of life care provided. One relative had expressed their thanks by saying, "Thank you for making mum's last few months feel secure and happy and comfortable."

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People, relatives and staff told us they saw the registered managers and provider often, and found them approachable.
- People, relatives and staff were confident their views would be listened to,
- Staff had clear direction in how they were to provide care to people and understood and promoted the registered managers vision for providing care which was focused on the individual needs of the people living at the home.
- One of the registered managers told us, "We want people to feel it's their home, and have dignity and the best quality of care available." Comments made by staff confirmed they were clear this was the registered managers' aim.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- We found the home was run well and people's care needs were met. People, relatives and external health and social care professionals were positive about the way the home was run. One relative told us because of this, "[Person's name] loves living here." Another relative explained their family member had initially come to stay at the home for a short period of time, but had decided to stay because they liked it so much.
- Staff told us they were supported to understand their roles and were provided with feedback on their performance in an open and constructive way.
- The registered managers and senior staff checked the quality of the care provided. For example, one registered manager explained they used time spent caring for people to ensure people's health needs were met, they enjoyed a good quality of life and were supported by staff who followed best practice guidelines. Checks were also undertaken so the registered managers could be assured people were receiving their medicines as prescribed.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- People were encouraged to provide feedback about the service at regular residents' meetings, where people were invited to suggest how they would like the service to be developed further. This included what additional activities people would like made available, their menu choices and how the facilities at the home could be used to further enhance their lives.
- Staff told us they were confident to make any suggestions for improving people's care through staff meetings and regular meetings with their managers.
- The registered managers and providers sought feedback from people, relatives and other health and social

care professionals, so they could identify any areas for further improvement. For example; in response to feedback from annual surveys, changes had been introduced to the meals provided, to improve these further. The registered manager had followed up on this and confirmed that people now enjoyed their mealtime experiences more.

- The registered managers had developed close working relationships with other health and social care professionals; this helped to ensure people's physical and health needs were promptly met.
- Staff had developed links with community organisations, so people could express their faith, in line with the people's preference.

Continuous learning and improving care

- There was a culture of developing and improving people's care further. Staff told us they were encouraged to reflect on the standards of care provided and take positive learning from any incidents. One of the registered managers told us, "Staff will tell us if they make a mistake. They are encouraged to be quite open, so we can put things right."
- We saw staff meetings were used to reflect on any untoward incident, so lessons could be learnt.