

Whitefield House Ltd

Whitefield House

Inspection report

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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

This inspection was unannounced and took place on the 18 and 20 April 2018.

Whitefield house is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Whitefield House is a large detached house which provides accommodation for up to 37 older people in single en suite rooms, some of which opened up onto the secure garden area. At the time of this inspection there were 37 people living in the home.

We last carried out a comprehensive inspection of this service on 5 October 2016. At that inspection we found the service was not in breach of any regulations but improvements needed to be made in the way some medicines were managed and improvements needed to be made to the quality assurance processes in place in the home to show the action taken to address audit findings.

During this inspection we found the required improvements had been made.

Medicines were managed safely and people received their medicines as prescribed.

There was a robust system of quality assurance in place. Weekly and monthly checks and audits were carried out by the registered manager and other managers of the service. These were used to assess, monitor and review the service. Managers also spent time observing the care provided and completed unannounced visits to the home at weekends and night times.

Staff were aware of their responsibilities in protecting people from abuse and were able to demonstrate their understanding of the procedure to follow so that people were kept safe.

Individual and environmental risk assessments were person centred and gave staff guidance on how to minimise and manage identified risks. The service had policies to guide staff on health and safety and infection control. Appropriate health and safety checks had been carried out and equipment was maintained and serviced appropriately.

Safe systems of recruitment were in place. There were sufficient staff to meet people's needs and staff received the training, support and supervisions they needed to carry out their roles effectively. People who used the service told us, "Staff are very well trained; you know that by the way they treat you."

People had their nutritional needs met and were very positive about the food provided.

The requirements of the Mental Capacity Act 2005 were being met. People were supported to have

maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care records were detailed and person centred. They were written in respectful ways, described people in positively and included information on how to promote people's independence, including things the person liked to do for themselves. They contained information based on people's needs and wishes and were sufficiently detailed to guide staff in how to provide the support people required.

The providers were committed to providing people with high quality of accommodation. Whitefield House was undergoing a programme of refurbishment and was being decorated and furnished to a very high standard.

We found the atmosphere in the home was friendly, homely and easy-going. Staff showed empathy for and kindness towards people who used the service. Interactions were relaxed and there was lots of humour and laughter. People who used the service and staff appeared to genuinely enjoy each other's company.

People enjoyed the activities on offer at the home and in the wider community. The registered manager and staff we spoke with placed great importance on preventing people from becoming socially isolated and also in promoting people's well-being.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everyone we spoke with thought the service was well managed and spoke very highly of the registered manager. One staff member said "She's the best person I have ever worked for."

During our inspection we spent time with the providers, one of whom was also the registered manager. We found the providers to be passionately committed to providing a high standard of care, support and accommodation. The registered manager told us, "We do everything possible to enable a good living experience for everybody, with the decorations and settings; we take it personally, more like a personal representation of who and what we are." We found senior staff and all care staff shared the same commitment.

The registered manager placed great importance on involving people and used a variety of different ways of gathering people's views on the service. People felt they were listened to and were involved in developing the service. There was a system for recording and dealing with any complaints.

The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do. The provider had displayed the CQC rating and report from the last inspection on their website and in the home.

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.

People told us they felt safe because they were supported by staff they knew and trusted.

The recruitment of staff was safe and there were sufficient staff to provide the support people needed.

Medicines were managed safely. There were policies and procedures in place and staff had received training in administering medicines.

Is the service effective?

Good ●

The service was effective.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff gained people's consent before care or support was provided.

Staff were well trained and received the support and supervision they needed to be able to provide safe and effective care.

People who used the service received appropriate support to ensure their health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and kind.

The atmosphere was friendly, homely and easy-going.

The registered manager and staff knew people very well. People who used the service and staff appeared to genuinely enjoy each other's company.

Is the service responsive?

Good ●

The service was responsive.

Care records were detailed and person centred. They contained information about people's needs and wishes. They provided staff with the information they needed to support people appropriately.

A range of activities and events were provided helping to promote people's health and wellbeing and maintain links with the local community.

There was a complaints procedure for people to voice their concerns.

Is the service well-led?

The service was well-led.

Staff enjoyed the working for the service and felt supported in their roles. The registered manager was committed to providing a high standard of care, support and accommodation

There were robust systems were in place to assess and monitor the quality of the service provided

People felt the service was well managed and that they were listened to and were involved in developing the service.

Good ●

Whitefield House

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 was planned to check 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.

This inspection took place on 18 and 20 April 2018 and was unannounced on the first day. It was undertaken by two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service, such as notifications of incidents. A notification is information about important events which the service is required to send us by law. The provider had also completed the Provider Information Return (PIR) as required and returned this to CQC. The PIR provides key information about the service, what the service does well and the improvements the provider plan to make. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Bury for their views on the service. They raised no concerns.

During our inspection we spoke with 14 people who used the service, four visitors, the lead senior, two cooks, three support workers, the human resources administrator, a student volunteer and a visiting health care professional. We also spoke with the providers; one of whom is also the registered manager.

We spent time looking around the home at the standard of accommodation. This included the communal lounge and dining areas, bathroom facilities, the kitchen, laundry and a number of people's bedrooms. We carried out observations in communal areas of the service. We looked at three care records, a range of documents relating to how the service was managed including medication records, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Whitefield House. People who used the service said, "Doors are locked, to keep us safe" and "It is safer than being at home and alone."

Visitors we spoke with said, "It has always been safe" and "I can sleep at night, knowing my [person who used the service] is safe here, staff look into them all the time."

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed and saw that medicines were stored and managed safely. People we spoke with told us they always got their medicine when they should. One person said, "I get 4 tablets in the morning and 2 at night and staff give them without fail." Visitors told us, "They [staff] let us know when the doctor is coming to review medication", "We never have any issues about medication, my [person who used the service] is more settled, more calm, they must be doing something right."

We found medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The training matrix and records we saw showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines regularly checked.

We looked at six people's Medicines Administration Record (MAR). We found that all MAR contained a photograph of the person to help ensure correct identification of the person. All MAR we reviewed were fully completed to confirm that people had received their medicines as prescribed.

If medicines are not stored at the correct temperature they may become less effective or unsafe to use. The medicine storage rooms contained suitable lockable fridges. The temperatures of the medicines fridges and the medicines room had been recorded daily and were within the acceptable ranges.

People's medication was stored in a separate monitored dose system (MDS) with their name. Some medicines, such as creams and eye drops were not in this system and needed to be used within a certain time after being opened to ensure they remained effective. Where medicines had been opened the date of opening had been clearly marked on the label and all the medicines we saw were in date.

Some prescription medicines are called controlled drugs and are subject to stricter controls to prevent them being misused or obtained illegally. We saw that controlled drugs were stored separately in a locked medicines cabinet. There was a controlled drugs register in use which was signed by the staff member administering the drug and also a witness.

All medicines that were prescribed 'as required' (when needed) had information to inform staff of what medicine to give, what to give it for and how often it can be given. We saw that care records contained information about how people may indicate they needed the 'as required' medicines, for example, how the person would show staff they were in pain. This ensured the safe and correct use of 'as required' medicines.

We found most stocks of medicines we reviewed, including controlled drugs, were accurate and matched what was shown on the MAR. Two stock balances of 'as required' medicines were not correct. We saw this was due to a recording error for medicine carried forward from the previous month. We confirmed that people had been given these medicines as required. During the inspection the registered manager showed us that measures had been put in place to improve stock carried forward recordings.

At our last inspection we found improvements needed to be made in the way 'covert' or medicines that were being disguised before being given to people were managed. During this inspection there was no one on 'covert' or disguised medicines. We noted that one person was having their medicines crushed so that it could be added to food as this was how they wanted to take it. Records we saw showed that the GP had made the decision; appropriate checks had been made to ensure this did not alter the effectiveness of the medicine and the person had been involved in the decision.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found appropriate systems were in place to safeguard people from abuse. Policies and procedures were available to guide staff in safeguarding and whistleblowing (reporting of poor practice) as well as training. Staff we spoke with were aware of their responsibilities in reporting any concerns and knew who they could speak with. Staff told us that the management team were supportive and would quickly address any concerns they had including concerns about safeguarding the people living at Whitefield House.

We found there was a safe system of staff recruitment in place. We reviewed three staff personnel files. The staff personnel files we looked at contained an application form where any gaps in employment could be investigated. They contained appropriate written references and copies of documents to confirm the identity of the person, including a photograph. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff being employed.

We were told by the lead senior that people who used the service were encouraged to be involved in recruiting new staff. We saw in the reception area a 'what would you like to ask' form. People and their visitors were asked to contribute questions for interviewing prospective staff. The lead senior told us, "This is an initiative to encourage people to be involved in choosing the calibre of new staff who embrace our expected values". This meant that anyone who wanted to could be involved. We saw a list of questions the people and their visitors had contributed. Some people who live at Whitefield House had also been involved in the recruitment of staff; through being a member of the interview panel. One person who used the service told us they had recently been involved in interviewing staff. They told us, "It was a good experience and I felt good meeting with one lady I have interviewed who is now coming to work here."

Policies and procedures were in place to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These helped staff to know and understand what was expected of them in their roles.

We looked at the staffing arrangements in place to support the people who were living at the home. Everyone we spoke with told us there were sufficient staff to meet people's needs. A staff member we spoke with said, "I want to spend time with them [people who used the service]. I have that time." One person who used the service told us there was; "No problem whatsoever with staffing." Other people said, "I can't remember when last we heard of 'staff shortage'", "All my needs are met, when I need them staff, I ring a buzzer and they come." Visitors we spoke with said, "I don't think we have had any issue about staffing numbers, someone is here day or night", "Staff are always on the go, doing their best, but if you need someone to ask something, they are there" and "The staff are very responsive."

Staff rotas we examined showed that staffing levels were provided at consistent levels. During our inspection we observed that people received the support they needed in a timely manner.

We reviewed certificates and maintenance records from the safety checks performed on the home. We saw up to date testing and servicing certificates in place to show that equipment was properly maintained. These included gas safety, mains electric, portable electrical appliance testing (PAT), hoisting equipment and the fire alarm. There were also regular checks of emergency equipment such as emergency lighting and fire doors to ensure they worked properly in the event of a fire. Water temperatures throughout the home were checked to reduce the risk of scalding and disease such as Legionella and checks were made to ensure the environment was clean to reduce the risk of outbreaks of illness and infection. There was a clear system in place to ensure that when areas of work were identified the action was completed in a timely manner, this included maintenance logs and the use of 'fix me' stickers.

We saw records that demonstrated risks including environmental risk assessments, risk assessments of equipment and risk assessments of activities were assessed. An extensive business continuity plan was in place to ensure peoples individual care needs can continue to be met in unforeseen circumstances. This guided staff on the action to take in the event of a serious incident that could stop the service, such as severe weather, power failure, fire or flood.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. PEEPs described the support people would need in the event of having to evacuate the building. There were clear plans in place for managing an emergency, and an emergency box was accessible to ensure that people continued to receive the care they need in an emergency situation. This included contact details of peoples relatives. We found that regular fire safety checks were carried out on smoke detectors and fire extinguishers. We saw that fire risk assessments were in place and records showed that staff had received training in fire safety awareness.

We looked at the care records for three people who used the service who had different care and support needs. We saw that risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Risk assessments included; bathing, falls, personal care, skin integrity, mobility, moving and handling, nutrition and medicines. We saw that risk assessments had been regularly reviewed and updated when people's needs changed. The registered manager showed us the home used foot measurers, purchased from a leading footwear specialist. These were used to ensure that people who used the service have the correct size of foot wear. This helped to ensure comfort and minimised the risk of foot ulcers, slips, trips and falls.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury and action taken by staff or managers. We found that managers of the service kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

We found the home to be very clean and in a good state of repair. Everyone we spoke with told us the home was always clean and well kept. One person said, and "The place is alright, it is always kept tidy, at least I don't have to clean for myself." We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons.

We looked at the systems in place for the management of the laundry and found the procedures ensured people's clothes were cleaned and people were protected from the risk of infection. The service had a system for keeping dirty and clean items separate and used red alginate bags to safely wash soiled items.

Is the service effective?

Our findings

People told us staff knew them well, provided the support they needed and they could make their own choices. They said, "They [staff] are simply fabulous in their knowledge and how they speak to us", "I go to bed when I want", "I can't do much for myself, the least I do is to choosing what clothes to wear and what to eat" and "I do what I want when I feel like, if I want to go in the garden or to the shop, I just tell staff and it is never too much for them."

A visitor said "People are always given a choice of what they prefer, that's what I like about this place."

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 so that they can 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). During this inspection we checked to see if the registered manager was working within the principles of the MCA. We found there was a system in place to monitor when applications had been made to the supervisory body (the local authority), when any applications had been authorised and when the authorised DoLS was due to expire. This meant appropriate action could be taken in advance of the expiry date so that people were not being unlawfully restricted whilst living at the home.

A review of records showed that consideration was given to people's mental capacity and whether they were able to consent to their care and support. We saw this related to various decisions including, maintenance of care plans, assistance with meals, oral care, what clothes to wear and handling money. Care records contained information to guide staff on how best to support people to enable them to give their consent. Staff we spoke with were able to described how they offered people choice and encouraged them to make decisions for themselves. People who used the service we spoke with told us their consent was always sought before staff provided support. People we spoke with said, "I still have my faculties, they know my needs" and "I can do well for myself, I can speak for myself, staff ask me how I want to be cared for I told them." We saw that people who had capacity had signed their plans of care to agree to their care and support.

Training plans we looked at and staff we spoke with showed that staff had received training in MCA and DoLS and understood their responsibilities. This training is important and should help staff understand that where a person lacks mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

We looked to see if staff received the induction, training, supervisions and support they needed to carry out

their roles effectively. People who used the service told us that staff were well trained. People told us, "Staff are very well trained; you know that by the way they treat you" and "The girls are not just on the ball; they know what they are doing."

The registered manager told us that new staff received an induction to the service which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This included training, an introduction to the home, information about the individual staff member's role and responsibility.

Records we reviewed showed that staff employed in the home had received training to help ensure they were able to safely care for and support people. Staff undertook a range of training including training in moving and handling, health and safety, safeguarding, fire safety, and first aid. We also saw that training was provided that related to people's specific health conditions including diabetes and dementia awareness. The staff we spoke with had a competent understanding of what they had learnt from training and how to keep people safe including with regarding to people's mental capacity and the deprivation of liberties safeguards. The Registered Manager is a qualified nurse and continues to maintain her right to practise which they told us helped them to remain aware of good practise. They had also undertaken a 'mental health first aid' course with "MIND."

Staff we spoke with and records we reviewed showed that staff attended regular staff meetings and received formal supervisions. Supervision is important as it provides the opportunity for staff to review their performance, set priorities and objectives in line with the service's objectives and identifies training and continual development needs. Personnel files we looked at showed that staff had their care practices observed and competencies checked. Staff told us that supervisions were completed meaningfully and they felt positive about the level of training and support they received.

The staff we spoke with told us that they had regular updates and meetings with the management team and that the communication was effective. Records we saw of one staff meeting showed that whistleblowing and safeguarding had been discussed and that staff had been given a scenario where they had found a resident had a skin tear and they had been asked to discuss what action they should take.

To ensure the safety and security of the building the main entrance was kept locked. All visitors were asked to sign in so that the service was aware of those people in the building. We spent time looking around the home. We found it to be well maintained and tastefully decorated.

We saw that people were provided with a very good standard of accommodation. The service was in the process of major refurbishment and redecoration. This included creating more space by closing off an unused door and replacing old windows. Residents had chosen new wallpaper for the lounge areas and downstairs flooring had been replaced. There were new chandeliers in the lounges. All the furnishings and decoration were very tastefully completed and were to a very high standard. The bedrooms were also in the process of being updated. Those that had been finished were of the same high standard as the work completed in the communal areas.

We saw that the home had a wet room and a bathroom that had been refurbished. They were very modern, beautifully decorated, tiled and furnished. The rooms were of a very high standard. We saw that the lighting that could be dimmed. The registered manager told us the rooms had been designed and furnished this way so that people could enjoy the bathing experience in a comfortable and relaxed environment. She told us it was part of promoting people's well-being and they wanted people to relax and enjoy the bathing experience. She said, "It's about people's experiences; it should not just be about a task."

We looked at the systems in place to ensure people's nutritional needs were met. Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and were up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw that where required, records were kept of people's weights, personal bathing, people's food and drink intake and positional changes to prevent pressure sores. We saw that where needed, for example when someone had lost weight, referrals had been made to the G.P and dietician. The home was part of a local initiative 'React to Red'. This was established to ensure staff were aware of the dangers of pressure ulcers and the steps needed to avoid them. We saw that training had been provided to all staff and was part of the induction training for new staff. The registered manager told us no one living at Whitefield House had developed a pressure sore in the last 2 years.

We looked to see if people were provided with a choice of suitable and nutritious food. The registered manager told us, "We trying to make eating more social and pleasant so it is not just about going in the dining room and eating, it should also be about the people having a chat and getting to know each other."

We observed lunch time on the first day of our inspection. We saw that shortly before lunch staff supported people sit in their preferred places ready for the meal. Tables were well set with table cloths, utensils and condiments. People were offered choices and the meal time was unrushed and staff actively supported those who needed help. The food being served appeared warm and appetising.

People we spoke with were happy with the quality of meals, choices of meals and snacks. People told us, "Staff asked me what I wanted to eat yesterday, more often I find I forget and choose something else to eat, they don't mind", "There is always alternative if they don't like what's being served", "I love food, they always make it interesting" and "I tell staff what I need, they make it for me." A visitor said, "My [person who used the service] is putting on weight, they must be making good food."

We spoke with both cooks and found they had good knowledge of people's likes and dislikes and details of people's food allergies or special dietary requirements. We saw that people's preferences were respected. We found the kitchen was clean and checks were carried out by the kitchen staff to ensure food was stored and prepared at the correct temperatures. The service had received a 4 star rating from the national food hygiene rating scheme in October 2017 which meant they followed safe food storage and preparation practices. We saw that there were plentiful supplies of fresh meat, vegetables and fruit, as well as tinned and dried goods.

The registered manager told us the home also held themed supper nights which enabled people who used the service to sample foods from different countries that they may not have tasted before. People were then able to make an informed choice on their likes and dislikes and whether these new foods should be incorporated into the seasonal menu's.

Staff we spoke with also had a clear understanding of people's dietary needs, any people who had allergies and a good knowledge of people's preferences which ensured people's nutritional needs were met. Staff reported that the provider would ensure that people received high quality goods and services and that fruit, vegetables and meat was fresh.

As well as the main kitchen both floors had a kitchenette area where people or their visitors could make drinks or snacks if they wanted. We saw that people were provided with snacks and drinks throughout the day. Coffee, tea, juice and water were brought round by staff; people were also provided with snacks. We saw a bowl of fresh fruits in each unit and people occasionally helped themselves to bananas, oranges and

apples. In the reception area there was a water dispenser so that people could help themselves.

People who lived at the home had access to healthcare services and received on going healthcare support. Care records contained evidence of visits from and appointments with their G.P, district nurses, opticians, chiropodist, speech and language therapist and dietician. People told us, "If I need a doctor or hospital, they do so quickly." A visitor told us "They keep us up to date with whatever is happening with my mum and if she needed a GP, they tell us."

We saw the home had introduced an initiative to include resident's photographs on the district nurse notes, this initiative helped mitigate the risk of treatments being given to the wrong resident by allowing district nurses to identify people who used the service more easily." A visiting health care professional spoke very positively about the care people received at Whitefield House. They told us, "They know what they are doing. They follow our instructions. If we ask them to do something they do it."

We asked how the home used technology to improve care provided. We were told by the registered manager that technology was used to help people communicate with the friends and relatives. People used the WIFI that was available throughout the home and some people used a hand held electronic device to telephone and see relatives who were not able to visit regularly.

Is the service caring?

Our findings

Everyone we spoke with told us they found the staff to be kind and caring. People told us, "It's lovely living here, we are looked after very well", "Staff are always learning our ways", "They [staff] are caring", "The girls [staff] are doing their best, they are always improving our home", "People here are very relaxed" and "It's lovely and homely." Visitors said, "It is homely and people care" and "I like this home."

A student on placement at Whitefield house told us, "I like being here, I am on placement, unlike what you hear, what's happening in other homes, there is always staff, they're caring and supportive." A visiting health care professional said, "It's very good. There is a lovely atmosphere."

During the inspection we spent time observing the care provided by staff. Staff knew people well and understood individual's care needs. We found the atmosphere was friendly, homely and easy-going. We saw staff interactions with people were unforced, friendly and caring. Staff showed empathy for and kindness towards people who used the service. They were helpful, patient and took time to ask people what they wanted or if they needed support. Staff we spoke with took a pride in the care they provided and in the homely atmosphere. Throughout our visit interactions were relaxed and there was lots of humour and laughter. People who used the service and staff appeared to genuinely enjoy each other's company.

The home had a 'magic moments' book. This was filled with photographs of things that people had enjoyed or wanted to remember. We saw pictures from the previous winter. When it had snowed one of the staff had made a small snowman and brought it inside so that people who couldn't go outside could see it and feel the snow.

We reviewed comments that had been left on a web based site where people could review their experience of care homes. One comment from a relative of someone who had lived at Whitefield House said, "They [staff] were affectionate towards her and responded to her need for humour and laughter."

People's privacy and dignity was maintained when staff were supporting them with their care needs. We observed staff knock on bedroom doors and ask people what support they needed in a quiet and respectful way. People who used the service told us, "I have always being treated with care and respect" and "Staff are good listeners, that's why I am still here."

The home had memory boxes outside people's bedroom doors. These were to help people find their own rooms. These were maintained by the people who lived at Whitefield house, their friends and family and the staff team. They were personalised to reflect people's individual preferences and choices.

One visitor told us that their relative had become upset recently and staff had telephoned them so that they could hear their voice. The visitor told us, "I was touched when staff called to let me know that my [person who used the service] was distressed and they thought [persons] mood could be improved if [they] could hear my voice on the phone and it worked like magic."

Managers of the service had devised a 'communication key ring'. This contained words, pictures and symbols that provided instant information and support to staff about people's topics such as, infection control, safeguarding and MCA & DoLS.

The key ring also had colourful pictures and symbols representing communal areas and pieces of clothing to facilitate such as bedroom, bathroom, toilet, shower as well as dress, jumper, slippers or breakfast or snack. These were used by staff to communicate with people who did not use words to communicate or who needed prompts to help them indicate their wishes and needs. A visitor told us the cards were often used by staff. They said, "I like what they do, to make sure people have choice, they show pictures and ask, and I found people like who can't speak very well they understand and they like that."

We saw that other information such as personal profiles was available in large print and with pictures to help people access and understand the information.

The registered manager told us they placed great importance on maintaining and promoting people's independence and choice. Care records detailed what people could do for themselves and how staff could help to maintain and promote people's independence.

The registered manager said they encouraged visitors to the home. She told us, "The more people that come in the better." People who used the service and visitors we spoke with told us that visitors were always made to feel welcome. Visitors told us they felt welcome anytime of the day or night to connect with the loved ones.

Care records identified whether people who used the service had a specific religion or faith and also whether they would require support to practise this. The people who lived at Whitefield House were supported to maintain their cultural and religious preferences and the home had links to both the Christian and Jewish faith communities and supported people to practice their faith and observe religious festivals when this was their preference.

We saw that leaflets were available to people who used the service to inform them about a local advocacy service should they need someone independent to advise them.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

People said the service were responsive to meeting their needs. They told us, "It is always about us", "Staff know me well, that I often prefer a shower to a bath and if I want to have wash, they don't seem to mind."

Before someone started to live at the home an assessment of their needs and preferences was completed. Care records we reviewed showed that another 'resident assessment' form was completed once people started to live at the home. We saw this assessment was very detailed and was used to develop care plans and risk assessments. The assessment process ensured staff knew about people's needs and goals and ensured that staff could meet people's needs. The registered manager told us the home found that some residents could not visit the home prior to admission and had asked to see photographs of the home. In response they had created a photograph album of life in Whitefield House. They told us this was now taken to pre assessments and enables people to become more comfortable and familiar with the home and helps people make an informed choice.

We looked at three people's care records and found that records included; peoples routines on waking, nutrition, likes and dislikes, personal hygiene, general health, mobility and falls. Care records also contained a 'This is me' document which help staff to understand a person's life story, interests and preference and provide a level of support appropriate to individual needs.

We saw that people had a summary of their needs and preferences on the back of their bedroom doors. This provided staff with a reminder of what an individual person's needs were and how they preferred to be cared for. People told us they and their families had been asked what the information should be. One person who used the service said, "They [staff] ask how I like things done, they wrote it down, staff when they come in [and see the information sheet], they know what I prefer."

Records we looked at had been regularly reviewed by managers of the service and updated when changes in people's needs had occurred. We saw that people, and where appropriate their relatives, had been involved in creating the care records and in the reviews of the care and support provided. One visitor told us, "I believe I can still be my [person who used the service] voice even though [person] still has capacity, because I have known [the person] longer than everybody here, and staff recognise my input." Another visitor said, "I am well involved with my [person who used the service] care reviews."

We looked to see what activities were available for people who used the service. We found that activities were provided within the home and people were also supported to access community based activities.

We saw that people were offered a range of activities for people including physical exercise classes and music. At the time of our visit they had been involved in a project to hatch chicken eggs. We saw there were chicks in an incubator in the lounge which the people who lived at Whitefield house had been able to watch hatch.

There was a plan to involve the people living at Whitefield house in gardening and nominated staff had

attended specialist training to develop this activity and encourage the people who live at Whitefield House to go outside and be involved with the garden.

We spoke to a member of staff who was passionate about activities in the home. They were not an activity coordinator but said, "[I like] ensuring that people are encouraged to keep active and stimulated, I like taking them out, doing things with the residents makes me very happy."

There was a weekly planner and the people were engaged in various activities throughout the day. There was also a current week's activities notice board which was advertising both morning and evening planned activities, this had pictures and was written in large fonts to help people read what was on offer.

During the inspection we joined a music and exercise event hosted by an outside entertainer, it was attended to by more than 10 people: people were encouraged to use different musical rattlers, clapping and stamping their feet as well as did musical quizzes. In the reception area we saw a book case stocked with books that people could borrow.

We saw that records were kept of people's recreational likes and dislike, what their daily activities had been like. The staff completed these each time an individual activity had taken place. This gave people an opportunity to comment about what their individual experiences were, and whether they would change anything about an activity.

In the reception there was a digital photo album, it captured a collection of people's photos of various activities and themed events. We saw pictures of people enjoying their outings in such places and events including swinging 60s (hosted by Radcliffe Rotary Club), Valentine's Day, St. Patrick's Day, local cinema and an outing to a local supermarket.

Everyone we spoke with was happy with the activities and events provided at Whitefield House. People told us, "I like to go out to the shops for a cup of tea and cake, it makes a great change and beats staying in", "The Halloween party was the best, staff were dressed up, all credit to them", "I loved the swinging 60s event, staff took us there, it was good for meeting people and the food was great" and "I love reading or watching telly" A visitor told us, "Staff sent me picture of my [person who used the service] when she was in [local supermarket] enjoying cup of tea and cake"

There was a beautifully furnished and decorated hairdressing salon. A hairdresser came each week and people could book appointments. One person told us, "I can't wait to do my hair in the new hair salon; it is state of the art."

Care records we reviewed showed that where people wanted to, their wishes for the end of their lives had been discussed with them. People who had passed away were remembered in a 'Memory book'. This contained photographs of the person and things they had enjoyed, were remembered for or their favourite sayings.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. A copy of the complaints procedure was fixed to the back of every bedroom we went in. Records we saw showed that there was a system for recording complaints, compliments and concerns. This included a record of responses made and any action taken. People we spoke with told us they had no complaints. A visitor said, "We are here every day, if we have any concerns we speak to [lead

senior], she is always available."

A record of compliments was also kept. A card from one family member of a person who had used the service said, "[person] spoke frequently of your kindness and care. [Person] got plenty of hugs, laughter and smiles too and for that we are grateful."

Is the service well-led?

Our findings

Everyone we spoke with was positive about the way the home was organised and managed and said that the management and staff are very approachable. People who used the service told us, "It's perfect but the girls [staff] never stop making even more improvements, if they go on the way they are, our home will be like a 5 star hotel." Other people said, "The girls [staff] are continuing to make it homely, they listen to what we say in meetings" and "The staff's attitude is positive, always, I got nothing negative to say about the managers."

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager.

People who used the service spoke very highly of the registered manager and the way the service was run. They said "[registered managers name], she is called, she comes in and ask if I am ok" and "The managers do care, when you are concerned about something, they fix it." People told us the providers were always present in the home and knew what was happening. One person said of the providers, "They are always here." A visitor said of the registered manager and lead senior, "I have dealings with the home for many years, and I can't fault the girls, their door is always open for anyone." One person said, "I like [lead senior], she is very bright and treats me like a person."

Staff were very positive about the registered manager and the way the service was managed. Staff said of the registered manager, "She's the best person I have ever worked for", "I love it. I love [the providers] and their priorities. It's all about the residents and what's best for them. They [the providers] have high expectations and standards."

Staff spoke positively about the management team and told us they are "very supportive". Staff told us that the management team and provider were approachable and would provide the resources needed when issues were identified. This involved quickly getting equipment for the kitchen and replacing items when they became damaged, such as pressure mats. One member of staff told us, "There are the right resources now." Other staff members said of the management team; "They are very friendly, always willing to help", "They are willing to try out different things" and "Things are better now and you can ask for anything."

During our inspection we spent time with the providers and found them to be passionately committed to providing a high standard of care, support and accommodation. The registered manager told us, "We do everything possible to enable a good living experience for everybody, with the decorations and settings; we take it personally, more like a personal representation of who and what we are."

We found senior staff and all care staff shared the same commitment. All the staff we spoke to had a strong sense of being part of a team and felt this had positive impact in delivering "high quality care" for the people

who live at Whitefield house. Staff told us there was a culture of openness within the Whitefield House. They said, "It's like a family", "It's the best job I have ever had". We observed that managers and staff shared the same approach and worked closely. A visitor told us, "How staff communicate with each other is the key, and that's what makes the home work better."

We found the registered manager was actively involved in a number of local organisation's and groups. They told us this helped them to support best practice with other service providers, local authorities and NHS to improve the level, continuity and quality of care in Bury. Examples of this include: Active member of the GMICSN (Greater Manchester Independent Care Sector Network), CCG Safe Guarding Forum, participation in the "My Home Life" Programme to deliver positive change in our care home.

The registered manager told us they also encouraged senior staff to attend external conferences to extend their knowledge. These included the Coroners Annual Inquest Conference and Infection Prevention Conference.

The Registered Manager has taken the initiative to chair a meeting with Bury CCG to promote the idea of introducing a 'Red Bag' initiative which has been successful in other regions with the purpose of: Standardising the transfer of paperwork, medication and personal belongings of a resident throughout their hospital visit. The idea should enable a significant reduction in the amount of time taken for ambulance transfer times, for A & E assessment times and reduces avoidable hospital admissions.

At our last inspection we found improvements needed to be made to the quality assurance processes in place in the home to show the plan of auditing and action taken to address audit findings. During this inspection we looked at the arrangements in place for quality assurance and governance. We found there were very good systems of weekly, monthly and annual quality assurance check and audits. The system involved staff completing their checks and managers and the registered manager ensuring those checks had been completed fully. These included laundry, people's weights, extensive housekeeping audits, medicine, kitchen, care records, building maintenance and key workers checks.

We saw the registered manager and other senior staff had recently completed an unannounced visit at 10 pm for a night shift. They had worked the full shift and had made detailed records of what they observed regarding staff interactions, care provided and staffing levels.

Manager of the service also completed a regular dignity meal check. This involved sitting with a person who used the service during a meal time, talking to them about their experience and also observing the care and support they received.

We looked to see what other opportunities people had to comment on the service they received. Everyone we spoke with told us they were happy with how they were asked about the home and the opportunities they had to comment on any improvements that could be made. People told us, "It's very good; they listen and act on our comments."

Records showed that there were a number of ways the provider ensured people could influence what happened in the home. Records we reviewed showed that Community meetings were held every 6 months, everyone was invited. The last meeting was held on 14th November 2017. Minutes of the meeting showed that 14 people attended and all action points had been met. Some of the things people had discussed included; the complaints procedure, 'how safe do we feel', activities, food as well as painting and decoration of the home and ownership of care. People had been asked to volunteer to be part of the team that was going to interview new care staff.

We saw that the registered manager documented regular 'Individual 1-1 chats'. The registered manager told us this was done in order to; "Widen participation into what's going on in the home and to pick up on individual concerns." In recent weeks she had individual chats with 8 people who commented on food choices, activities and any other concerns. Records we saw showed people said they were happy with the home and those individuals who commented on food, their needs were met and suggestions will be considered on the next menu changes. We saw that one person had wanted to have specific nibbles at hand, and the staff had taken them shopping for them. One person who used the service told us, "Whatever you ask, the girls provide, I had cheese on toast recently, which I said to [registered manager] I fancied."

We saw there were comments cards and a comments box in the foyer and I also saw response space in the foyer entitled 'you said, we did': there were 2 suggestions by the people and both were responded to by management. This included the redecoration of the home. People had also asked for a site to be established in memory of the people who have passed on. One person said, "The girls ask for your opinion and they act on it, I suggested a memory tree." We were shown that the memory tree had been purchased.

Quality survey questionnaires had been circulated to people who used the service, their relatives and visitors in April 2018. We saw that 18 had been returned at the time of our inspection. 17 of those had rated the quality of care, friendliness and professional attitude good or excellent.

The home also had a newsletter. We saw the last 2 newsletters which contained information about activities, home updates and other news. People told us they liked the newsletter. One person who used the service said, "I like reading the newsletters, then I get to know what's happening in the home, who is 'birthdaying' and who is new on staff". A visitor said "I have been sent newsletters on my phone and it looks really good, very informative." Visitors also told us they were invited to submit their contact details if they wanted to receive upcoming newsletters.

The registered manager told us that to help reduce people's social isolation and to keep people in touch with their local community, they encouraged volunteers to come into the home. Links with local brownie group, a Jewish organisation who had volunteers who visited and the local rotary club.

When staff left employment at Whitefield house they were encouraged to participate in exit interviews. This information was collected and analysed to help the provider identify why staff had left and to see if anything needed to change to improve. The registered manager told us this was to ensure a stable staff team who knew the people living at Whitefield House well and would understand the individuals care and support needs.

Staff achievements were recognised and rewarded by the management team. The registered manager told us that staff were given vouchers and thank you letters to recognise good practise or when they "Went the extra mile." One thank you letter to a member of staff we saw said, 'Thank you for all your hard work. I appreciate your dedication and enthusiasm in going above and beyond.'

We saw that the service had a range of policies and procedures in place. The policies we looked at included infection control, medicines administration, complaints, the Mental Capacity Act 2005, safeguarding adults and whistleblowing. These provide information and guidance to staff about the provider expectations and good practise.

We saw there was a resident handbook and statement of purpose. These documents gave people who used the service the details of the facilities provided at this care home. These also explained the service's aims, values, objectives and services provided. These documents helped to ensure people knew what to expect

when they used this service.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection on their website and in the home.