

Whitfield Care Home Limited

Whitfield

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Whitfield is a residential care home providing personal care for up to 30 older people who may be living with dementia in one large adapted building. At the time of our inspection there were 27 people using the service.

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

People told us they felt safe living at the service. Relatives were confident staff knew their loved ones well and supported them in the way they preferred.

Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to mitigate the risks. Accidents and incidents were analysed to identify patterns and trends, actions taken had been effective in reducing the risk of them happening again.

Staff had been recruited safely, there were enough staff to support people in the way they preferred. Staff had received training appropriate to their role. People received their medicines as prescribed.

Checks and audits had been effective in identifying shortfalls and the action taken had been effective. People had been involved in making changes in the service and were supported to have visitors. The environment had been adapted to meet people's needs.

People were supported to eat and drink to maintain a balanced diet and hydration. People's needs were assessed and when their needs changed, they were referred to healthcare professionals for guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 December 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 18 November 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whitfield on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-Led findings below.

Good ●

Whitfield

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Whitfield is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Whitfield is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, area manager, senior care worker, care workers. 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.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including supervision records and policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

Using medicines safely

- At the last inspection the accuracy of medicine records was identified as an area for improvement. At this inspection, an electronic system had been introduced to reduce the risk of errors and improve the auditing process. Staff had received training in the new system and found it easy to use. Staff scanned a bar code on the box of medicine that was being given, if this was the wrong medicine the system alerted staff. Staff recorded when medicines were received, and the system adjusted the total when medicines were given and showed when medicines had not been given. The registered manager told us, they were able to audit the system regularly and knew quickly if there were any issues.
- Some people had been prescribed medicines on an 'as required' basis such as pain relief. There was guidance for staff about when to give the medicine, how often and the action to take if it had not been effective. The room where medicines were stored was kept at the correct temperature to make sure they remained effective.
- Some medicines have specific requirements for storage and administration and staff had followed these. Medicine administration records were now accurate.

Staffing and recruitment

- At the last inspection, pre-employment checks had been completed but improvement was needed when checking the applicants conduct in previous social care roles. At this inspection, improvements had been made. References, verbal and written had been obtained for all new staff, giving details of their previous conduct. Disclosure and Barring Service (DBS) checks had been completed, these provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs, staffing numbers were calculated by the registered manager, the number of night staff had increased since the last inspection. Staff told us they worked as a team and they covered each other during holiday periods. We observed staff spending time with people in the communal lounge, sitting and chatting with them. People told us, staff were there when they needed assistance and felt safe with them.

Lessons learned when things go wrong

- At the last inspection, accidents and incidents had been analysed for patterns and trends. However, there was not always records of the action taken to reduce the risk of them happening again. At this inspection, there were clear records of action taken and if this had been effective. When people had fallen, their rooms had been changed round and alert mats had been introduced. Records showed the number of falls had reduced and some people had not fallen again.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to protect people from abuse and discrimination. The registered manager understood their responsibilities in reporting concerns to the local safeguarding authority. They had worked with the local authority when concerns had been raised to keep people safe.
- Staff described the action they would take if they had concerns and were confident the registered manager would take appropriate action. Staff knew about the whistleblowing policy and they could contact the local authority themselves if they needed too.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had been assessed, there was clear guidance for staff to mitigate the risk. Some people were at risk of developing skin damage, there were pressure relieving mattresses in place and people were supported to change their position regularly.
- Some people had a catheter in place to drain urine from their bladder. There were catheter passports in place with guidance about how to care for the catheter and recognise when it was not working properly. Records confirmed staff had contacted the district nurse when the catheter had blocked and needed to be changed.
- When people were confused due to the cognitive impairment and their behaviour upset others, staff had guidance to support the person. During the inspection, we observed staff using distraction methods as described in the person's care plan, with the desired effect.
- Checks had been completed on the equipment people used and the environment to keep people as safe as possible. Fire equipment had been checked regularly, the fire risk assessment had highlighted shortfalls which were being addressed including the installation of a new fire alarm system.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service followed the current guidance supporting people to have visitors in their rooms, in a visiting pod or the garden. Relatives told us they could visit when they wanted, and the staff made them feel welcome when they had travelled a distance to visit. During the inspection, we observed people going out with relatives and to meet their friends.

Is the service effective?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection staff had not received regular supervision to support their practice. At this inspection, improvements had been made and staff now received regular supervision. Staff received individual supervision to discuss their practice and goals. Staff told us they were being supported to gain skills to undertake a new role within the service. Staff told us they felt supported by the registered manager and wider management team. During the inspection, staff asked to speak to the registered manager to raise a concern. The registered manager listened to staff and acted on their concern immediately.
- Staff received training appropriate to their role. Staff received both face to face training and completed online courses. The registered manager told us some training such as moving, and handling was always completed face to face. Staff competencies were checked in areas such as medicine administration and use of equipment such as hoists.
- New staff completed an induction, this included working with more experienced staff to learn people's choices and preferences.

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

- The registered manager met with people before they moved into the service to make sure staff could meet their needs. The initial assessment was used to develop a short term care plan for staff to support people in the first few weeks while they got to know the person. The assessment covered all areas of the person's life including the protected characteristics under the Equalities Act 2010 such as people's religious beliefs.
- People's health needs were assessed in line with national guidance, using recognised tools such as Malnutrition Universal Screening Tool to assess people's nutritional needs. The outcome of the assessments was used to plan people's care.

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

- People were supported to eat a balanced diet and maintain their hydration. People were given a choice of meals, we observed people choosing their meal. Staff understood people's preferences, one person had decided to have toast at lunch time. Staff told us they did not always want their main meal at lunch time.
- People chose where they ate their meals, we observed people eating in the dining room, communal lounge and their rooms. People told us they enjoyed their meal and some people had a second portion. The weather during the inspection was very hot, people were offered regular cold drinks and ice lollies to maintain their hydration.
- The registered manager told us if people were coughing when eating they would refer them to speech and language therapy for assessment. They would support people with any changes needed to their diet.

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

- People's health was monitored by staff and when their needs changed, they were referred to appropriate health professionals. When people had lost weight, they were referred to the dietician and staff gave nutritional supplements as prescribed.
- People told us, they saw the GP when they were unwell, "Staff call the doctor when I need them." People had access to other health professionals such as the district nurse, chiropodist and optician.

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

- The building had been adapted to meet people's needs, including a lift to all floors and assisted bathrooms. People had access to the garden space, this had been adapted and improved to make the area comfortable for people to spend time.
- People's rooms had been personalised with their photos and ornaments to help them feel at home. There were pictorial signs around the building to assist people to find their way. We observed people moving around the building independently.
- The service had been decorated following best dementia practice guidance. People's doors were different colours and there were photos of themselves to help them find their rooms as independently as possible.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had applied for DoLS authorisations when appropriate. Some people had authorisations in place with conditions, which the service had met. There was a matrix in place to make sure applications for continuing the authorisations were completed in a timely manner.
- Staff understood their responsibilities to support people to make decisions where possible. We observed staff asking people where they would like to spend their time. People told us, staff encouraged them to express their choices and respected them.
- When people had been assessed as not having the capacity to make decisions, staff completed the best interest decision process. When the decisions were complex, this would include health professionals and relatives that know the person and their preferences.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

At our last inspection the provider had failed to assess, monitor and improve the quality of the service. The provider had failed to maintain accurate and contemporaneous records for each person. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Previously, the quality assurance system had not identified the shortfalls found at the inspection. At this inspection, there was an effective quality assurance system in place. The registered completed a quality assurance workbook each month. This covered all areas of the service, when shortfalls had been identified a monthly action plan had been put in place to rectify the particular shortfall and these had been effective.
- The registered manager had developed an improvement plan following the last inspection to rectify the shortfalls found. The action plan had been effective, and shortfalls had been rectified and improvements maintained and embedded.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This is so we can check appropriate action had been taken. The registered manager had consistently submitted notifications as required.

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

- There was an open and transparent culture within the service. One relative told us, "I have always felt able and comfortable to speak to [the registered manager] or indeed any member of staff at the home regarding mum's care and get an honest and immediate response; they are all most approachable."
- Staff told us, they put people at the centre of what they did and treated people as part of their family. A relative told us, "I feel mum is in a safe, caring and happy care home where staff know her, respect her and do everything in their power to ensure she feels she is 'at home'." Another relative told us, "He is happy, and staff know him really well and support what he likes to do."
- One person told us, "The staff support me to do what I want, when I want, and this makes me happy."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. Relatives told us, they were kept informed when incidents happened and if changes had been made.
- Complaints had been investigated, the provider had issued apologies when the complaint had been upheld.

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

- People had attended meetings to discuss their opinions on the service. There were conversations about the menus, people requested more salad and jacket potato. On the day of the inspection this was on the menu and people were enjoying the meal. People also asked for ice cream to always be available and people confirmed they had been able to request ice cream. People had asked about Netflix being made available, this was now in place.
- People who were not able to express their views verbally, relatives were asked about people's previous preferences.
- Staff meetings were held regularly to discuss the service and people's needs. Staff told us they were supported to express their views and not just at meetings.

Continuous learning and improving care; Working in partnership with others

- The registered manager used complaints and incidents as learning experiences to improve the service. The registered manager received information from trade organisations and the government guidance. They use this information and guidance to plan people's care and give guidance to staff.
- The service worked with other agencies to support people to access the care and support people need.