Ms K A Rogers

Whitegates

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 25 and 29 June 2018. The first day of our inspection visit was unannounced.

Whitegates is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Whitegates accommodates up to 37 people within a large adapted building, and specialises in care for older people with physical disabilities and mental health needs, who may be living with dementia. At the time of our inspection, 35 people were living at the home.

A registered manager was in post and present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of our last inspection in September 2015, we rated Whitegates as Good. At this inspection we found the provider had driven further improvements and the service people received was Outstanding.

People living at Whitegates benefited from the strong person-centred culture within the service. The provider took a genuine interest in people's personal history, skills, interests and aspirations. Armed with this knowledge, they recommended new ideas and opportunities to people, and went the extra mile in supporting them to achieve things which enhanced their quality of life. They consulted with people and their relatives to ensure they felt listened to and valued. The provider forged and maintained strong links within the local community to enhance the support, opportunities and experiences available to people living at the home.

The provider demonstrated a clear commitment to the promotion of equality, diversity and inclusion within the service. They accessed best practice resources and developed bespoke training to enhance staff's understanding of, and ability to meet, people's needs associated with their equality characteristics. The provider's own systems, policies and procedures had been updated to ensure they were able to fully meet the needs of older LGBT people.

The health outcomes for people living at Whitegates had been enhanced, and unnecessary or recurring hospital admissions avoided, through the provider acting proactively in collaboration with local healthcare services. Their 'early warning sign system' and the associated efforts to improve the level of clinical expertise amongst the staff team enabled them to better monitor and respond to any deterioration in people's health. This was achieved with the support of a range of community healthcare professionals and the provider's in-house multidisciplinary team.

A firm focus was placed upon people eating and drinking well, and the promotion of health and wellbeing through good nutrition and hydration. The provider had organised a range of events during their 'awareness

month' on nutrition to generate new thinking and improve practice in this area of people's care and support.

People felt safe living at Whitegates with the support of friendly, caring and approachable staff and management who were passionate in their desire to enable people to live full, vibrant lives. The provider's robust quality assurance systems and processes enabled them to monitor and drive improvement in the quality and safety of the care and support people received.

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 were protected from abuse and discrimination by trained staff.

The provider carried out pre-employment checks and maintained appropriate staffing levels to ensure people's safety and wellbeing.

People received their medicines safely and as prescribed.

Is the service effective?

Outstanding

The service was very Effective.

People experienced enhanced health outcomes, and avoided unnecessary hospitalisation, due to the provider's proactive approach to meeting their health needs and developing the level of clinical expertise amongst the staff team.

People ate and drank well, and any associated risks were assessed and managed with specialist nutritional advice.

Staff had the skills, knowledge and ongoing support to provide safe, effective and high-quality care.

Is the service caring?

Good

The service was Caring.

Staff adopted a kind, compassionate approach to their work, and took the time to get to know people well as individuals.

People's participation in decision-making that affected them was actively encouraged and supported.

People were treated with dignity and respect at all times.

Is the service responsive?

Outstanding

The service was very responsive.

The provider went the extra mile to identify and address what was important to people.

People benefited from a rich programme of recreational activities which reflected their preferences and aspirations.

The provider invited the local community into the home to provide people with new experiences, and opportunities to form new relationships.

Robust procedures and dedicated training ensured people's needs associated with protected equality characteristics were assessed and addressed.

Is the service well-led?

Good

The service was Well-led.

The provider and management team promoted a positive, open and inclusive culture within the service.

People and their relatives had confidence in an accessible and approachable management team.

The provider's quality assurance systems and processes enabled them to monitor and improve the quality of care and support people received.

Whitegates

Detailed findings

Background to this inspection

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

The inspection took place on 25 and 29 June 2018. The first day of the inspection was unannounced.

The inspection team consisted of two 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 site visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for their views on the service. The provider completed a Provider Information Return (PIR) prior to our inspection visit. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of our inspection.

Over the course of our inspection visits, we spoke with 10 people who used the service, eight relatives, a local GP, the provider, the registered manager, the deputy manager and an 'Admiral Nurse' working for the provider. We also spoke with the provider's person-centred lead, the head housekeeper, a kitchen assistant, one senior care staff and three care staff.

During our inspection visits, we looked at a range of documentation, including 10 people's care and assessment records, medicines records, incident and accident reports, staff training records, complaints records, selected policies and procedures, certification related to the safety of the premises and records associated with the provider's quality assurance.

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.

Good

Is the service safe?

Our findings

At our last inspection in September 2015, we rated this key question as Good. At this inspection, this key question retained a rating of Good.

People told us they felt safe living at Whitegates. One person said, "I feel safe, happy and well looked after." Another person told us, "I feel secure here and my wheelchair gives me some freedom." People's relatives also had confidence in the safety of the care and support provided at the home. One relative explained, "It's so nice to know they [staff] look after [person] so well. [Person] is in really good hands, and if they [staff] have any worries, they ring me straightaway."

Staff received ongoing guidance, support and training on how to keep people safe, including their individual responsibility to protect people from abuse and discrimination. They recognised the different forms and potential signs of abuse, and told us they would immediately report any concerns of this nature to a senior colleague or the management team. The provider had a safeguarding procedure in place to ensure any actual or suspected abuse was reported to the relevant external agencies, such as the police, local authority and CQC, and thoroughly investigated. The role of safeguarding was discussed at 'residents' meetings' to ensure people were clear about how to report any concerns about their, or others', safety or wellbeing.

The provider had robust systems in place to assess and manage the risks to people's health and safety, including those associated with the premises and the specialist care equipment in use. Regular health and safety audits and checks were completed to keep people, staff and visitors as safe as possible. Since our last inspection, the provider had introduced 'safety observation cards' to encourage staff to remain alert to and report any unsafe working practices or potential hazards with the home, as part of a learning, 'no blame' culture. The risks associated with people's individual care and support needs had been assessed, recorded and kept under review using nationally-recognised screening and assessment tools. This included the assessment and review of people's mobility, pressure area care and nutritional needs. Plans were in place to manage the specific risks to individuals. For example, where people were at risk of developing pressure sores, appropriate pressure-relieving equipment, the application of barrier creams, skin integrity checks and support with repositioning were in place, as required. The provider adopted a balanced approach to risk management, which recognised people's right to take risks and live full lives. One person explained, "I go out a lot. You are encouraged to take an opportunity if you want to."

Staff understood where to turn for guidance and support on how to work safely, and demonstrated good insight into the risks to individuals. In the event people were involved in an accident, incident or 'near miss', staff knew how to record and report these events. The management team monitored these reports, and carried out monthly falls analysis, to ensure lessons were learned and minimise the risk of reoccurrence.

People and their relatives were satisfied the staffing levels maintained at the home enabled people's needs to be met safely. One person told us, "... they [staff] appear very quickly and never look put out by your requests." The registered manager and provider monitored and adjusted staffing levels and skills mix, based upon feedback from people, relatives and staff and people's current care and support needs. Before starting

work at Whitegates, all prospective staff were required to undergo pre-employment checks to ensure they were suitable to work with people. This included employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS searches police records and barred list information to help employers make safer recruitment decisions.

People and their relatives were satisfied with the support staff gave people to take their medicines. The provider had systems and procedures in place to ensure people received their medicines safely and as prescribed, which reflected current good practice guidelines. This included medicines training, and annual competency checks, for all staff involved in handling and administering people's medicines. The level of support people needed with their medicines, and their associated preferences, were clearly recorded in their care records. People's ability to self-administer their own medicines was assessed and promoted. One person told us, "I give my own medicines. They are locked [away] over there."

The provider had taken steps to protect people, staff and visitors from the risk of infection. We found the home to be clean, well-maintained and smelt fresh throughout. The provider employed domestic staff to support care staff in ensuring the premises and equipment remained clean and hygienic. Staff received infection control training and had access to, and made use of, personal protective equipment (PPE), which comprised of disposable aprons and gloves. One staff member told us, "It is a very clean home; we are on top of all that. There is plenty of equipment and PPE." An infection control lead had been appointed amongst the staff team, and regular infection control audits were undertaken, to monitor and improve working practices in this area.

Outstanding ☆

Is the service effective?

Our findings

At our last inspection in September 2015, we rated this key question as Good. At this inspection, we found improvements had been made, and have now rated this key question as Outstanding.

The provider had adopted a proactive and innovative approach to preventing hospital admissions. They had taken advantage of strong links with local healthcare services, to enhance their ability to monitor and respond to people's changing health needs, and so avoid them experiencing unnecessary or recurring hospital admissions. Obtaining information from West Midlands Ambulance Service, the provider had proactively established the primary causes of hospital admissions for people from care homes. Armed with this information, they developed an 'early warning sign system' (EWS) to enable them to assess individual risk factors, and identify any changes or deterioration in people's health, that may increase the likelihood of a hospital admission. Under this system, the provider's team leaders had received training from local paramedics, enabling them to carry out regular baseline observations on people, such as blood pressure, heart rate and blood oxygen levels. A range of medical equipment had been purchased to facilitate these observations. Staff and management then liaised with the local GP practice to interpret the results of their baseline observations and request anticipatory medication for people, as required.

The implementation of the provider's EWS system had led to a steady reduction in hospital admissions for people living at Whitegates. The provider's 'postural stability instructor' (falls prevention lead) had played a key role in this, by working with people to reduce the number of falls and resulting injuries. One relative described to us how this approach had twice enabled their family member to avoid the anxiety of hospitalisation, when they were unwell. A local GP spoke positively about their collaboration with the service on the EWS system, explaining, "Most people now have anticipatory care plans. They [provider] will make every effort to avoid hospital admissions." The success of the provider's EWS system had led West Midlands Ambulance Service to request a placement for an advanced paramedic at Whitegates. Their aim was to replicate their hospital avoidance model in other care homes with high rates of hospital admissions.

People and their relatives spoke positively about the role staff and management played in helping people maintain good health, through liaison with a wide range of community healthcare professionals. One person told us, "They [provider] are very thorough at meeting my medical and mobility needs." People were empowered to make decisions about the management of their health. For example, one person spoke to us about the role they played in managing their type 2 diabetes. They explained, "I'm aware of the sugar content [in my food]. They allow to judge this myself with my diabetes."

The provider had taken further steps to support positive health outcomes for the people living at Whitegates and the improve the level of clinical expertise amongst the staff and management teams. The provider had developed an in-house multidisciplinary team to ensure people's complex and continuing health needs were addressed in line with current best practice. This included a tissue viability lead nurse, two 'postural stability instructors', three physiotherapists and an 'Admiral Nurse' who provided specialist dementia support. Staff had been allocated, and trained in, lead roles for key areas of people's health, including tissue viability, continence and end-of-life care, to ensure a clear, consistent focus on these. The registered

manager and deputy manager had recently completed wound care assessment training, to better enable them to assess and treat any skin integrity issues. The provider had also arranged for three members of staff to enrol on a trainee nursing associate qualification. Once qualified, these staff will support people's clinical care under the direction of the district nurses.

People and their relatives spoke positively about the quality of food and drink on offer at Whitegates. One person said, "Let me check what's for lunch; this is one of the highlights of the day." The provider placed a strong emphasis on people eating and drinking well, and the role of nutrition and hydration in promoting good health. The registered manager and the service's 'nutrition lead' met monthly to discuss each person's appetite, weight and any associated health issues, and to agree clear actions to address any concerns or changing dietary needs. For example, one person had, in recent months, been discharged from hospital significantly underweight. Through staff providing them with a fortified (high calorie, high protein) diet and snack plates between meals, they had returned to a healthy weight.

Reflecting the provider's focus on this aspect of people's care and support, they had recently organised an 'awareness month' on good nutrition and hydration. This coincided with events organised by the local authority and clinical commissioning group in support of their 'WHOOSH' hydration campaign. During this month, the provider had organised a range of activities, including 'dementia-friendly smoothie making' and tasting events involving exotic drinks and snacks, to generate new thinking about how to meet people's nutrition and hydration needs. The provider also organised regular 'fine dining evenings' at the service, during which the dining room acted as a fine dining restaurant to create a special environment for people to share a meal with their relatives.

We saw staff supported people to choose between the options available at each of the day's three main mealtimes, using picture menus where necessary, and supplied people with plenty of drinks and snacks between meals. During our inspection visits, the weather was unusual hot. We saw staff made every effort to ensure people remained comfortable and hydrated, offering them plenty of drinks and ice lollies, ensuring they had protection from the sun and using portable fans to keep people cool.

People's individual dietary preferences and any associated cultural, religious or ethical needs were recorded and accommodated. One person explained, "I only really eat plain food and I don't eat cheese, so some of the choices are a bit limiting, but the chef caters especially for me if there's nothing on the menu that suits." Mealtimes at Whitegates were flexible and unhurried occasions, during which people chatted with one another and staff, and received any physical assistance they required to eat safely and comfortably. Any risks associated with people's eating and drinking were assessed, with appropriate input from the local speech and language therapy team, recorded and kept under review. Plans were in place to manage these risks, including the provision of fortified diets and the monitoring of people's fluid intake.

Prior to people moving into Whitegates, the management team met with them, their relatives and the community professionals involved in their care to assess their individual needs and requirements. This enabled the provider to develop effective care plans aimed at achieving positive outcomes for people avoiding any form of discrimination in the care and support provided. The use of technology to enhance people's health, safety and independence was embraced by the provider. This included tablet computers enabling people to stay in touch with relatives and friends and stream content to soothe and entertain them.

People and their relatives has confidence in the knowledge and skills of the staff team. One relative explained, "When I ring up, staff introduce themselves and have a good knowledge of what's going on." Upon starting work at Whitegates, all new staff completed the provider's induction training, which reflected

the requirements of the Care Certificate: a set of nationally-recognised standards that should be covered in the induction of new care staff. Staff spoke positively about their induction experience. One staff member told us, "The induction covered everything I needed to know. I also did shadow shifts for two weeks, which I thought was really good." Following induction, staff participated in a rolling programme of training, tailored to their individual duties and responsibilities, and the current needs of the people living at the home. Staff confirmed they had received the training they needed to work safely and effectively. One staff member described the benefits of their end-of-life training in helping them to prevent unnecessary hospital admissions and manage people's pain in their final days.

The provider organised regular themed 'awareness months', during which activities and additional training were organised to enhance staff's knowledge and skills and so improve working practice in specific areas of people's care and support, such as pain management, the promotion of dignity and the management of epilepsy. In addition, several staff had been allocated, and received additional training to successfully fulfil, lead roles within the service, including dementia and dignity leads. Aside from training, staff attended regular one-to-one meetings with a member of the management team, to promote their continuing competence and the development of their skills and knowledge.

The overall design and adaptation of the premises enabled staff to meet people's individual needs safely and effectively. It demonstrated consideration for the needs of people living with dementia in terms of the home's signage and fixtures and the use of dementia-friendly resources, such as memory boxes and doll and pet therapy. People had access to the home's gardens, and suitable space to participate in social activities, meet with visitors or spend time alone within the building. Procedures were in place to ensure people and their relatives were involved in any decisions about proposed changes to the home's environment.

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. We checked whether the service was working within the principles of the MCA. People told us, and we saw, staff sought people's permission before carrying out their routine care and support. Staff and management understood people's rights under the MCA, and their associated responsibilities. Individual mental capacity assessments and associated best-interests decisions had been recorded where important decisions needed to be made about people's care and support.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the registered manager had made applications for DoLS authorisations based upon an individual assessment of people's capacity and their care and support arrangements. Where DoLS authorisations had been granted, the registered manager had reviewed any associated conditions to comply with these.

Good

Is the service caring?

Our findings

At our last inspection in September 2015, we rated this key question as Good. At this inspection, this key question retained a rating of Good.

The provider and management team promoted a person-centred culture within the service. People and their relatives told us staff took the time to get to know people well and approached their work with a caring attitude. One person explained, "The staff are so very nice, kind and considerate. They anticipate the things you need … I admired a [aromatherapy] diffuser [in use in another area of the home] and they got me one for my room." Another person said, "It's a wonderful service here … I get anxious, but they [staff] always come and reassure me." A relative described the compassionate support they had received from the Admiral Nurse employed by the provider. They told us, "I actually feel they [provider] have been supportive of me as well as [person] … Their priority is [person] but they also help maintain our family connections."

People were at ease in the presence of staff, and freely approached staff to chat with them or request assistance. The staff we spoke with showed good insight into people's personalities, and preferences for how their care and support was provided. Staff listened to what people had to say, responded to them in a friendly, polite manner and prioritised people's needs and requests. Staff showed concern for people's safety, comfort and wellbeing. One person told us, "I was very warm last night, so [staff member] has just changed my duvet for a sheet." When another person appeared to be have swallowing difficulties at lunch, a member of staff immediately went to check if they needed any assistance.

Staff and management actively supported people's right to express their views about the service and be involved in decision-making that affected them. They strove to maintain open and honest communication with people and their relatives on a day-to-day basis, facilitated regular residents' meetings during which people could have their say as a group, and inviting them to periodic care review meetings. One person told us, "I always go to the residents' meetings. The comments made are worked on [by staff and management], but sometime the ideas are too individual." People's care plans included clear information about their individual communication needs, and guidance for staff on promoting effective communication. The provider had held a 'sensory awareness month' to drive improvements in the care and support of people with sight or hearing impairments. They had enabled a nurse in their employment to complete ear syringing training, as this service was unavailable locally. Staff supported people to attend regular eye and hearing tests, and ensured people's hearing aids were in good working order and available to them. The management team signposted people to local advocacy services, and people living at the home had previously made use of an independent advocate to ensure their voice was heard in relation to important decisions affecting them.

Respect for people's privacy and dignity was embedded and actively promoted within the service. People and relatives told us they felt listened to and respected, and confirmed that the service recognised and promoted people's need for independence. We saw staff spoke to people respectfully, sought their consent before carrying out their routine care, and addressed people's intimate care needs in a sensitive, discreet manner. Staff received training in, and understood, how to promote people's rights to privacy and dignity.

One staff member explained, "It's about ensuring people are happy, comfortable and safe, and respecting their choices. You need to bend over backwards for them and ensure they feel wanted."

The registered manager had appointed a 'dignity leads' to monitor working practices and drive improvement in relation to the promotion of people's rights to privacy and dignity. 'Dignity meetings' were organised on a quarterly basis, which were chaired by one of the people living at the home, and attended by both people and care staff, as a further means of identifying potential areas for improvement. Following a recent dignity meeting, 'do not disturb' signs had been made available to people to hang on their bedroom doors, as needed. People could receive visits from family and friends when they chose. One relative explained, "I've been made very welcome and told to come in when I like."

Outstanding ☆

Is the service responsive?

Our findings

At our last inspection in September 2015, we rated this key question as Good. At this inspection, we found further improvements had been made, and have now rated this key question as Outstanding.

The service was committed to providing people with person-centred care and support. People and their relatives told us they felt consulted and valued by staff and management, and the care and support provided reflected people's individual needs and requirements. One person told us, "[Registered manager] is always prepared to listen to what you have to say." A relative said, "Whenever they [management team] are doing a [care] review, they will always get in touch with me as they know I like to be involved."

When people moved into the care home, the provider's person-centred lead met with them to develop a person-centred plan, as part of which they took the time to explore and determine people's personal history, their valued relationships, their current interests and their aspirations for the future. Having developed a clear understanding of what was important to the person, the provider went the extra mile in developing individualised care and support plans, and organising activities, which reflected people's individual needs, interests and goals. In so doing, they explored with people, and recommended to them, new ideas and opportunities which they may not have considered and which may enhance their quality of life.

For example, one person living at the home was a retired school teacher, who had expressed to the person-centred lead that they wished to regain the sense of purpose teaching had given them. Through working with a local high school, the provider arranged for this person to teach drama to a small group of children over a half-term. This person spoke to us about the pleasure they had gained from making fresh use of their teaching skills. They had kept in touch with a number of the pupils, who visited the home on a regular basis. They told us, "They [provider] were genuinely interested in me and what I'd done. It must have been obvious to them that I had teaching experience … They [pupils] still come in [to the care home] and we have a real laugh." Another person living at the home had, it was established, been a composer and cello teacher in the past. Through contacting the dementia studies department at a local university, the provider arranged for a music therapist to play cello for this person, and others living at the home, on a weekly basis. The music therapist also enabled this person to take on the role of cello teacher and critique their cello technique.

A further person had been a child evacuee during World War II, which remained an important aspect of their identity. As a member of the British Evacuees Association, they had retained a strong interest in the stories and experiences of evacuees, and expressed a desire to visit the memorial commemorating the evacuation in WWII at The National Memorial Arboretum in Staffordshire, but had previously felt unable to do so. The person-centred lead worked with this person, over several weeks, to address their anxieties about travelling to Staffordshire to visit the memorial. With their support, this person made the journey in June 2018, greatly enjoying the experience. Their relative told us, "It was a brilliant trip and I am grateful to them for organising it. It was the longest journey [person] has made from Whitegates."

Another person was a keen fan of Hereford United football team, but had sadly been unable to watch them

play at Wembley Stadium last year due to poor health. Being aware of their passion for the team, the person-centred lead had arranged for this person be visited by, and go for drinks with, a number of the players.

The recreational activities organised for people, on a day-to-day basis, were varied, reflected people's known interests, preferences and goals, and designed to enable people to live full lives. They included support to access the local community, fun exercise classes, visiting school children, musicians and choirs, off-site tea dances, hydrotherapy, gardening and arts and crafts activities. A relative told us, "They [staff] are making lots of effort to keep [person] occupied and engaged." The service had forged strong links in the local community and was actively seeking to build further links for the benefit of the people who used the service. This included local links with schools, Brownies and Scouts groups, charities and interest groups. Staff and management encouraged people's access of local support groups. For example, the person-centred lead had arranged for one person, who was a member of the Salvation Army, to receive visits from a volunteer befriender from the church.

In providing a service that was tailored to the needs of the individual, the provider had taken steps to ensure staff and management were able to gain a clear understanding of, and address, people's social and cultural diversity, and their values and beliefs. They had sought advice from the Alzheimer's Society and accessed the 'Safe to be me' resource guide produced by Age UK to better understand how to meet the needs of older lesbian, gay, bisexual and transgender (LGBT) people using health and social care services. The provider had then organised a training day on equality, diversity and human rights (EDHR) and associated workshops attended by people living at the home.

Staff were provided with additional opportunities for 'reflective practice' in relation to the promotion of equality and diversity, through, for example, their one-to-one supervisions with a member of the management team. 'Reflective practice' is way of staff thinking about their experiences at work to encourage improvements in their working practices. The provider's research into the promotion of equality, diversity and inclusion within the service had enabled them to review and improve their own systems, policies and procedures. This had led, amongst other things, to changes to their pre-admission assessment form and the staff vacancy application form to ensure the protected characteristics of both people and prospective staff were more fully assessed and any associated needs met. We saw one person who identified themselves as Hindu received support from staff with their daily meditation.

People living at Whitegates had an allocated 'key worker' amongst the staff team, who they were encouraged to choose independently. Key workers played an important role in ensuring people's individual needs and requirements were met by, amongst other things, liaising closely with people's families and friends and helping people celebrate events that were important to them.

People's individualised care plans reflected the provider's commitment to person-centred care, and provided staff with clear guidance about what was important to people and how to meet their individual needs, preferences, values and beliefs. Staff confirmed they had the time needed to read and refer back to these. Care plans were regularly reviewed and updated by the management team, and as people's needs changed, to ensure the information they contained remained accurate and up-to-date.

The provider and registered manager demonstrated good insight into the requirements of the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. The management team had assessed people's individual communication and information needs and had, where appropriate, provided them with information in alternative, accessible formats, including picture

menus, large-print documents and activities materials, and 'talking newspapers'.

People and their relatives were clear how to raise concerns and complaints about the service, by approached senior care staff or a member of the management team. They had confidence their concerns would be taken seriously and addressed. One person told us, "I feel free to complain to help the home get better." The provider had a complaints procedure in place, designed to ensure all complaints were handled fairly and consistently.

The provider had systems and procedures in place to identify people's preferences and wishes in relation to their end-of-life care, and to ensure they were supported accordingly in the last months and years of their lives. At the time of inspection visits, the service was in the process of registering for accreditation by the Gold Standards Framework in End of Life Care (GSF). GSF is a national training centre, whose aim is to encourage organisation to provide people nearing the end of their lives with a gold standard of care. On the subject of their end-of-life training, one staff member told us, "It has taught me it is ok to ask about death and dying, and [that] this should be encouraged."

Good

Is the service well-led?

Our findings

At our last inspection in September 2015, we rated this key question as Good. At this inspection, this key question retained a rating of Good.

During our inspection visits, we met with the provider, and the registered manager who was responsible for the day-to-day management of the service. They demonstrated a clear understanding of the duties and responsibilities associated with their registration with CQC, including the need to submit statutory notifications to us. The service's current CQC rating was clearly displayed at the premises, as the provider is required to do. The registered manager felt they had the support and resources needed from the provider to provide people with safe, high-quality care and drive improvements in the service. They kept themselves up to date with legislative changes and current best practice guidelines by, amongst other things, attending monthly managers' meetings arranged by the provider, and accessing the CQC website and other online care resources.

People and their relatives had confidence in the overall management of the service, and spoke positively about the quality of the care and support provided and their relationship with the management team. They found the management team accessible, approachable and ready to listen. One person explained, "It's the nearest I can get to having a home of my own. It is a very good home; I don't think I could do much better." Another person said, "My son-in-law found this place for me after going around many homes. I'm pleased with the choice we made." A relative told us, "I think she [registered manager] is pretty efficient and knows what she's going. I have no complaints at all." A local GP spoke about the trust and confidence they had developed in the management team, whom they described as 'helpful' and 'responsive'.

The management team promoted a positive, person-centred culture within the service, based upon open and honest communication with people, their relatives, community professionals and staff. They regularly worked alongside staff, enabling them to monitor the culture within the service and address any staff conduct issues. Along with the provider, they placed importance on developing and maintaining strong links within the local community, to benefit people living at the home. The management team understood the need to treat staff in a fair and equal manner, and to identify any needs staff may have in relation to protected equality characteristics. We saw staff were at ease in the presence of the provider and management team.

Staff spoke about their work with the people living at Whitegates with clear enthusiasm. One staff member told us, "I feel very humbled doing my job. I love working with people who have contributed so such to society." Staff described a strong sense of teamwork within the staff team, were clear what was expected of them, and felt well supported and valued by management. One staff member explained, "[Registered manager] is very good; she's very kind. If you have a problem you can go to her and she will do her best to sort it out. [Deputy manager] is brilliant and will explain things to you." Another staff member told us, "We get support in our roles. Both [provider] and [registered manager] are very easy to talk to." They went on to say, "This a positive and happy home … We keep everyone happy. There's a great atmosphere with lots of laughter." The provider had a whistleblowing policy in place, and staff told us they would follow this, if

necessary. Whistleblowing refers to when an employee tells the authorities or the public that the organisation they are working for is doing something immoral or illegal.

The provider took steps to involve people, their relatives and staff in the service, and to invite their ideas and suggestions as to how people's care could be further improved. Residents' meetings, relatives' meetings and staff meetings were organised, at regular intervals, to consult with others, as a group, and develop action plans to address any issues or concerns raised. We saw actions identified as a result of these meetings were addressed by the provider. Periodic feedback surveys were distributed to people and their relatives, as a further means of inviting and acting on feedback on the service. The results of the survey completed in March 2018 showed a high level of satisfaction with the service amongst people and their relatives.

The provider had robust and effective quality assurance systems and processes in place to assess, monitor and drive improvements in the quality of the service people received, set out in a clear quality assurance policy. These included a roiling programme of audits and checks by the provider, their quality assurance manager, the registered manager and other staff on key aspects of the service, including the management of medicines, standards of assessment and care planning, and health and safety arrangements.