

Fearnhead Residential Limited

# Whitehouse Residential Home

## 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

### About the service

Whitehouse Residential Home is a residential care home for up to 17 people aged 65 and over. At the time of inspection 14 people were living at the service. The care home houses everyone in one established building over two floors.

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

Everyone told us how happy they were. One person said, "I'm really happy. I'm feeling great. The food is good, the girls [staff] are good and they look after me well." We found the procedures in place at the service supported people to receive safe care. Risks were well managed, and learning took place when accidents and incidents occurred.

People and relatives said staff knew their needs well and had the right skills and experience to support them. The service had good relationships with health and social care professionals which supported people to manage their healthcare needs. People were involved in menu planning and there were activities based around food which people said they enjoyed.

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.

Everyone we spoke with was extremely positive about the care provided. They said staff encouraged them to make their own decisions and supported them to remain independent. People went out into the community with their relatives or to meet up with their friends. People said they had confidence in staff and felt able to rely on them when they were unwell or needed extra support.

The individualised care and support which people received was the ethos of the service. People had choice about all aspects of their care and said they were listened to by staff. Complaints and feedback were quickly addressed to improve people's care experiences.

The staff team worked very well together to ensure people were at the heart of their care. All aspects of the service were continually monitored to make sure people's care remained good. Feedback was taken on board and used to make improvements. The service had good links with the local community; people and staff had been planning an event to raise funds for the garden which the local community were invited to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 23 November 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Whitehouse Residential Home

## **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 Care Act 2014.

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

Two inspectors carried out this inspection.

#### Service and service type

Whitehouse Residential Home 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the assistant manager, a cook and two care workers.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding procedures and training in this area was up to date. When safeguarding incidents happened staff had acted quickly to minimise the risk of harm to people.

Assessing risk, safety monitoring and management

- People's risks were regularly monitored and reviewed. One relative said, "Mum is well looked after. She has a sensor mat in place. The girls [staff] know when she gets up because the alarm goes off. They keep an eye on her. It's reassuring."
- Records to support risk had been regularly reviewed. Checks to maintain the safety of the building were up to date.

Staffing and recruitment

- There were enough staff on duty who had the right skills and experience to safely care for people. People told us staff were always visible. A relative said, "You ring the buzzer for staff, and they do come."
- Appropriate procedures were in place to safely recruit staff.

Using medicines safely

- Medicines were safely managed. Records to support the management of medicines were accurate and up to date. Regular checks of staff were carried out to make sure they remained competent to administer medicines.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- Accidents and incidents were monitored to look for patterns and trends. Actions were taken when needed to minimise the risk of future incidents taking place. Appropriate procedures were in place to share learning.



# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were continually assessed in-line with national guidance. People and relatives were involved in the review of their care needs. This supported people to receive individualised care.
- Staff understood equality, and this was central to the delivery of people's care. Technology was used to support people's care, to maintain their independence and to support people's contact with their loved ones.

Staff support: induction, training, skills and experience

- Staff were supported with induction, training, supervision and appraisal. People said staff had the skills they needed to safely support them. One staff member said, "I've had enough training to do my job."
- The culture of the organisation supported the development of staff to deliver person-centred care to people. Staff shared their knowledge with new staff to provide consistency in people's care.

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

- Staff had a good understanding of people's nutritional needs. Care records clearly outlined the support people needed.
- People provided feedback about menu choices. Their preferences, religious and cultural requirements were met. People were very positive about the menu provided. One person said, "The food is good. I get the things that I like to eat."
- People had access to regular drinks and snacks. The cook provided activities around preparing food, such as cake and biscuit making.

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

- Staff worked with professionals to make sure people's care needs were met. Referrals for support from health professionals had been carried out in a timely manner. Staff demonstrated a good understanding of people's needs and how recommendations from professionals were carried out.
- People and relatives said they were listened to when they were unwell. Staff were responsive to make sure people's needs were met. One relative said, "During the pandemic [person] started talking oddly. I knew it was a sign [of infection]. I let the girls [staff] know and they sorted it out with the GP straight away."
- People's healthcare needs were monitored, and they were involved in making decisions about their care. People had access to professionals, such as a GP, dentist, optician and district nurses.

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

- Some aspects of the environment had been updated. Other areas of the environment needed to be improved. A plan was in place to support future improvements to the environment.
- People had choice about the design and decoration of the environment.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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.

- Staff worked in-line with the MCA. Care records clearly outlined the types of decisions people were able to make and where they needed supported. Relatives and professionals had been involved where best interest decisions needed to be made.
- Staff training in the MCA was up to date. People said staff always asked for their consent before providing care. We observed practices to confirm this.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they received care from kind and compassionate staff. They felt supported and involved in their care. One person said, "The girls [staff] look after me well." One relative said, "The girls [staff] call you by your name. All of the residents say 'hello' when I visit. It's like a big extended family. The girls [staff] have been terrific with us."
- Staff demonstrated a good knowledge of people. They were responsive to people's needs. People said the care which they received from staff made them feel safe.

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

- People's communication needs were understood. People said they were listened to and their wishes respected. People's relatives were involved in their care. Advocacy services were available for people.
- Staff said they had the time needed to support people safely. No-one was rushed and where decisions needed to be made, people were provided with the time and information needed to make a decision.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful at all times. They acted with compassion when people were unwell or distressed. They had developed good relationships with people.
- Dignity and privacy were maintained at all times. People were encouraged to be as independent as they could be. People spent time in the community visiting relatives and friends.
- People had choice about how to live their lives. One person said, "I'm well looked after. I get my nails painted. I can get up when I want to. I can do what I want to do. If I don't want to, then I won't."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care and support from staff who knew their needs well. Care records supported the delivery of safe care to people. These were regularly reviewed to make sure they remained relevant.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs. These were clearly outlined in people's care records. Staff supported people to understand information provided to them where needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were regular activities available to people to maintain their social contact. One staff member said, "There are plenty of things for people to do. We have activities every day, usually on the morning. They [people] can go out and sit in the garden. We bake with them, such as biscuits and sausage rolls. They do enjoy it."
- People told us they regularly went into the community with their loved ones or met up with friends for lunch. A relative said, "They do activities. They throw a beach ball around to get people moving their arms. They made rainbows and Easter cards. They've had their hair done by one of the girls [staff]. They also have face packs and their nails done."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People and relatives said they felt able to speak up and had been listened to when they had.

End of life care and support

- Good procedures were in place to support people to receive care at the end of their lives. Staff had received training and records were in place to support staff to deliver this type of care.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The staff team worked well together. They were extremely knowledgeable about the people they cared for. They were supportive of each other and demonstrated flexibility to meet the needs of people. One staff member said, "It's a lovely place to work. It's very friendly. We have a good boss and good management. The girls [staff] are lovely. We are listened to if we raise a concern."
- Leaders were visible. Staff demonstrated honesty and transparency. There was evidence of learning to support improvement. Staff had a shared understanding of the key challenges they faced and worked together to overcome them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- A registered manager was in post. Notifications about incidents and events taking place at the service had been submitted when required. Staff at all levels understood their responsibilities in ensuring people received safe care.
- Quality assurance monitoring systems supported continual improvement at the service. There was evidence of review when accidents and incidents took place. Feedback was used to drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff were involved in making decisions about the service and how it was run.
- The service had good links with the local community. A fete was planned at the time of inspection. Good relationships with health and social care professionals supported timely care and support for people. Feedback was addressed by the service where recommendations were made, and information was shared when needed.