

# 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was carried out on the 30 May 2017 and was unannounced.

Whitfield is a care home registered to provide accommodation and personal care for up to 30 older people living with dementia. Accommodation is set over two floors. There is a lift to assist people to get to the first floor. Bedrooms are on both the ground and first floor and there are separate communal areas. It is located in the village of Whitfield and set back from the main road that runs through the village. At the time of inspection there were 25 people living in the service.

The service had a registered manager in post. 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.

This is the first inspection of this service, under its new registration.

Staff knew how to recognise and respond to abuse. The registered manager was aware of their responsibilities regarding safeguarding people and staff were confident the registered manager would act if any concerns were reported to them.

Staff completed incident forms when any accident or incident occurred. The registered manager analysed these for any trends to see if any adjustment was needed to people's support. Risks relating to people's health and mobility had been assessed and minimised when possible. Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills were completed.

There was enough staff to keep people safe. Staff were checked before they started working with people to ensure they were of good character and had the necessary skills and experience to support people effectively.

Staff had the induction and training needed to carry out their roles. They had received training relating to people's specific needs. Staff met regularly with the registered manager to discuss their training and development needs.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

People were supported to eat and drink healthily. Staff had sought advice and guidance from a variety of

healthcare professionals to ensure people received the best care possible. People's medicines were managed safely.

People and their relatives said that staff were kind and caring. Staff knew people well and their likes and dislikes formed part of their care. People were treated with dignity and respect.

Staff were responsive to people's needs. Detailed assessments were carried out before people moved into the service and care plans were reviewed regularly by the registered manager.

People took part in a variety of activities within the service. People and their relatives told us musicians and entertainers regularly visited the service to perform and, "There was always something going on." There was a complaints policy in place and people and their relatives told us they knew how to complain if they needed.

Staff and relatives told us they thought the service was well-led. Staff told us they were well supported by the registered manager and there was an open and inclusive ethos within the service. The registered manager told us, "This is not a work place, it is people's home. We put our heart and soul into ensuring people have the best time here, whilst they are with us."

The registered manager was experienced in working with older people and providing person centred care. CQC had been informed of any important events that occurred at the service, in line with current legislation.

The registered manager regularly carried out audits to identify any shortfalls and ensure consistent, high quality, personalised care. People's relatives, staff and other stakeholders were regularly surveyed to gain their thoughts on the service. These were collated and analysed and action was taken when necessary.

## 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.

Staff knew how to recognise and respond to different types of abuse.

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage the risks. Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use.

There was enough staff to keep people safe. Staff were checked before they started working at the service.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff received the induction, training, and supervision to support people effectively.

Staff had an understanding of Deprivation of Liberty Safeguards and the Mental Capacity Act. People were supported to make day-to-day decisions about their lives.

The service provided a variety of food and drinks so that people received a nutritious diet.

People regularly saw healthcare professionals. There was guidance in place to ensure people were supported with their health needs.

### Is the service caring?

Good ●

The service was caring.

People and their relatives said that staff were kind and caring. Staff knew people well and their likes and dislikes.

People were encouraged to be as independent as possible. Staff encouraged people to do as much as they could for themselves.

People were treated with dignity and respect.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Detailed assessments were completed before people moved into the service. People's care plans were updated regularly when their needs changed.

People took part in a variety of activities within the service.

Complaints were investigated in line with the provider's policies and procedures.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People and their relatives said the management team was approachable and they could go to them with any issues.

The Care Quality Commission had been notified of important events within the service, in line with current legislation.

Staff were aware of the provider's values to provide person centred care.

The registered manager undertook regular audits to ensure consistent, high quality, personalised care. They regularly surveyed staff, people, their relatives and other stakeholders to gain feedback and the results were analysed and displayed within the service.

# Whitfield

## 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 30 May 2017 and was unannounced. It was carried out by one inspector 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.

The provider completed a Provider Information Return (PIR). 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. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager and five members of staff. We looked at six people's care plans and the associated risk assessments and guidance. We looked at a range of other records including five staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During the inspection we spoke with three people, three relatives and one health care professional. We observed how people were supported and the activities they were engaged in. Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

This was the first inspection of Whitfield under its new provider registration.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person told us they were, "Very safe indeed." Another person said, "They look after us all very well, everything is done for us, and it's lovely here, home from home." A relative told us, "I feel very safe leaving [my loved one] here, very safe indeed. The Manager cares deeply for all of the residents, their families and the staff."

Staff knew how to recognise and report different types of abuse and people told us that they felt protected from harm. A relative told us, "I have absolutely no worries at all. I certainly wouldn't worry about telling the staff or the manager if there was a problem." Staff had received safeguarding training and information about abuse. Staff told us they would report any concerns to the registered manager. One member of staff said, "I always keep an eye out. It could be bruises, or if someone is not eating or their mood could drop. I'd go to my senior and then go to my manager. Then I would go on to social services, but I would not need to here. They would do something about it." Staff were confident that the registered manager would act on any concerns that were raised. The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again. People's money was managed safely and audited regularly.

Staff had identified the risks associated with people's care, such as mobility, skin integrity and unstable health care conditions such as diabetes. Each care plan explained how to manage these risks and ensure that people received the care they needed to minimise the risks from occurring.

When people were at risk of developing pressure sores they had beds with air flow mattresses and special cushions were available for people to sit on. Staff regularly checked this equipment and ensured that they were on the correct settings.

Some people could become distressed when they became confused or anxious and displayed behaviour that could be challenging. There was clear information for staff on what may trigger a behaviour and how to offer reassurance or distraction to assist people to become calm. We observed staff putting this guidance into practice and staff reacted quickly when people became distressed or anxious, offering them reassurance and support.

Staff recorded accidents and incidents when they occurred. Accident and incident forms were collated and the registered manager looked for any trends or themes so they knew what action to take to reduce the risk of incidents happening again. When people fell staff sought appropriate medical advice and some people had been referred to their doctor to see if there was a reason they were falling regularly.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of scalding. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific

physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

The provider had a business continuity plan in place to make sure they could respond to emergency situations such as adverse weather conditions, staff unavailability and a fire or flood. Staff told us they were aware of the continuity plan and were confident they could reach a manager out of hours for advice if they needed it.

People and their relatives told us there was enough staff to keep them safe. People's needs had been accurately assessed to determine how many staff were needed on each shift and staffing rotas confirmed the number of staff was always at this level. Staff spent time talking with people and did not appear rushed during the inspection. People sometimes used call bells in their rooms to ask for assistance from staff and staff answered these bells immediately.

The registered manager told us that they never had to use agency staff and that staff covered for each other in the event of an emergency and to cover for any unexpected shortfalls like staff sickness. Staff told us they worked as a team and felt it was important people were supported by staff who knew them well, so they were happy to take on extra shifts when needed.

Before staff started working at the service written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. A full employment history had been gained for each member of staff. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. Staff were trained in how to manage medicines safely and were observed by senior staff a number of times administering medicines before being signed off as competent. Medication Administration Records (MARs) were fully completed, showing people received their medicines as and when they needed it. Staff completed a daily count of medicines and checked that all records had been completed accurately to ensure that any issues were picked up within 24 hours.

Some people had medicines on an as and when basis (PRN) for anxiety or pain relief. There was clear guidance in place so staff knew when people might need these medicines and how much they should take. Creams and liquids were dated when opened so staff knew how long they had been in use and if they were still safe for people to have.

Some people were prescribed special drugs that needed to be counted and checked by two members of staff every time they were given to a person. These medicines were given to people safely and procedures had been followed. Other people needed tablets to thin their blood. People needed regular blood checks and the dose of their tablets then changed depending on the results of the blood test. These tablets were given to people safely and correctly.



# Is the service effective?

## Our findings

People told us that staff supported them effectively. One person said, "The food and cooking here is superb. You would not get better at Buckingham Palace! Everything here is very good. I am very well cared for and very well looked after." Relatives told us, "Staff are very experienced and knowledgeable and really excellent." Another relative said, "They [staff] are marvellous with [my loved one.] I could not fault them at all."

There was an ongoing programme of training which included face-to-face training and online training. Staff completed basic training in topics such as safeguarding, mental capacity and first aid. All of this training was up to date, and staff had been booked onto refresher courses in line with the provider's policy. Staff had also received training on people's specific needs such as dementia, nutrition and hydration and managing challenging behaviours.

Staff put their training into practice and gave people the support they needed. During the inspection one person became distressed and staff gave them reassurance in a calm manner. Staff supported people to move people safely and let them know what was happening before they moved them. Staff spoke to us about people's needs with knowledge and understanding.

Staff received support during formal one to one meetings with their line manager. They discussed issues that had happened in the service and reflected on their practice. New staff worked through induction training which included working alongside established staff. New staff completed the Care Certificate as part of their induction, which is an identified set of standards that social care workers work through based on their competency.

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). We checked whether the service was working within the principles of the MCA.

Staff and the registered manager spoke with confidence about MCA and DoLS. One member of staff said, "I just talk to people and always ask them so they have a choice. You help them as much as you can and explain it in a way they understand. It's important to see the person and not their illness or age." The registered manager had made DoLS applications when necessary, however, these had not yet been authorised.

People were able to make day-to-day choices about what they wanted to do, eat and wear. Staff assessed people's capacity regarding each aspect of their care. When people did not have capacity best interest meetings, involving people's loved ones, were held to ensure that appropriate decisions were made on people's behalf and in the least restrictive manner.

People visibly enjoyed their lunchtime meal and the atmosphere was relaxed, with people chatting with staff and each other. Food appeared home cooked and looked appetising. People told us that they enjoyed the food and that it tasted good. One person told us, "My jacket potato was lovely; I ate every morsel!" Another person said, "We are never hungry, the food is lovely and there is lots of it."

People were supported and encouraged to eat a healthy and nutritious diet. When people lost weight staff sought advice from dieticians and followed the guidance they received. The chef showed us 'snack boxes' that they had introduced for people to eat mid-afternoon if they required additional food. These contained high calorie, appetising snacks for people to eat to ensure their weight remained stable.

Some people were at risk of choking. They had eating and drinking guidelines in place from speech and language therapists (SALT). Staff followed these guidelines and food and drinks were served at the correct consistency. People received the support and supervision they needed to eat safely.

People received the support they needed with their health care needs. A visiting healthcare professional told us, "The manager and staff here are some of the best I have come across. Very knowledgeable and experienced with regards to people and equipment. People like the Manager. [The manager] can get them to do anything! They are very kind and committed to people's care."

If people's health deteriorated and they required more support staff responded quickly. One relative told us, "Staff are very good at calling the doctor or anyone else, quickly. They are very good at keeping me informed if [my loved one] is not well, or unusually upset or if they need anything."

Some people had diabetes and there was clear guidance in place to tell staff how people may appear if their blood sugar levels were too high or too low and what they should do if they had any concerns.

## Is the service caring?

### Our findings

People and their relatives spoke positively about the care they received and the kind and caring nature of staff. One person told us, "The carers here, are carers above all other carers. They are all excellent, you couldn't get any better. They are all tip top, even the night staff, hearts of gold, all of them. Not just because you are here, they are always tip top, they always look after me very well." A relative told us, "It is lovely here, very kind and caring. They are marvellous with mum, very respectful. It feels like home. They are very friendly, they know me and mum very well."

Staff knew people well and had built up strong relationships with them. One person's care plan stated they, 'Like their hair brushed and tied back with a band.' We visited this person in their bedroom and their hair had been tied back, in line with their preferences.

Staff treated people with compassion and kindness. We saw many natural, empathetic interactions between staff and people. Staff spoke to people calmly and gave them reassurance if they were distressed. One member of staff told us, "I treat people how I would want my mum or nan to be treated."

People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. One relative told us, "The staff here are excellent, very kind and caring. I come in every day and sit with [my relative]; I bring them the newspaper and just sit with them. The staff always offer me tea and food, if I want it. It is very clean, never smells and is as close to home as you can get."

People and their relatives were involved in planning their care. Relatives we spoke with said they were always kept well informed about any changes to the health and welfare of their loved ones. One relative said, "They involved me in [my loved one's] care from day one. They let me know straight away if there is any change."

People personalised their rooms in line with their particular likes and preferences. Some people had decorated their rooms with pictures of things that were important to them such as family members or loved ones. Others had decorated them with pictures and ornaments that they had owned before moving to the service. The registered manager told us, "We encourage people to have as many of their own things as possible and we do everything we can to make their rooms 'home from home.'" One person's favourite colour was purple and their room had been painted in that colour before they moved in. Their bedding was also purple and there were purple furnishings, such as cushions so everything matched.

People told us that staff treated them with respect and dignity. Staff always waited to be invited into people's rooms and asked as they left if people wanted the door left open or closed. During the inspection a health care professional visited a person. The person did not want to leave the main lounge whilst speaking with the professional so staff provided a screen to ensure the person's privacy was respected.

People were encouraged to be as independent as possible. People told us that staff gave them the time they needed to complete tasks on their own. A staff member said, "It's important to support people whilst

allowing them to be as independent as possible." One member of staff was supporting a person to stand up from their chair. The person was able to mobilise independently but needed time and encouragement to stand from the chair. Staff provided clear, positive encouragement, stating, "Wiggle forward, hands on the arms of the chair, careful, slowly, push up," and the person was able to stand on their own.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

## Is the service responsive?

### Our findings

People and their relatives told us that staff were responsive to their needs. One relative told us, "The manager and staff here are the best. This is a real 'home from home.' They always respond to, not just my relative's needs but also to mine. They do everything they can to make things better or to make improvements and everyone is involved - staff, residents and families. It is excellent, it really is."

People's needs were assessed before moving into the service, with as much involvement from people, their relatives and any relevant health and social care professionals. On the day of the inspection the registered manager was going to visit one person to assess if they could meet their needs on a short term basis. A care plan and associated risk assessments were written to ensure staff had as much detail as possible to know how to support the person. Plans were reviewed regularly and updated as staff got to know people better. One relative told us, "We were shown around, shown every part of the service and told all about it, before [my loved one] came here. We were asked to fill out a form with as much information as possible about [my relative] their family and life details, and their past. They asked about their likes and dislikes. They really do care."

People received the care and support they needed, in the way they wanted. Preferences with regards to people's personal care and daily routine were documented in their care plan. There were clear, accurate guidelines in place for when people needed assistance with moving and handling. Staff moved people safely and explained to people what was happening when they did so.

One person requested a drink during the inspection. Staff bought them a can of beer and the person drank this from a glass with a straw. They told us that drinking beer was important to them, as it is something they had always done before. Staff said they always supported people to continue doing the things that were important to them before they moved into the service. Some people were supported to sort the laundry, wipe tables, water plants and tidy magazines and books in the lounge, just as they would have done before moving into the service.

The doors to people's rooms all had personalised pictures on them to help people recognise which room belonged to them. On one door there was a picture of a piano. The registered manager told us that this person was a famous composer and loved to play the piano. Another person had sold perfume when they were younger, so had a picture of a perfume counter on their door.

People participated in a range of activities. There was a pictorial timetable of activities in the lounge which showed the activities planned for the week ahead. People told us they took part in regular 'pampering sessions' and enjoyed playing bingo and board games. A regular activities co-ordinator visited the service each afternoon. They were on holiday at the time of the inspection, but activities still took place. Relatives told us that the regular visiting singers and musicians were very popular. One relative said, "Everyone loves a bit of singing and dancing."

During the inspection an exercise instructor visited the service and led a session of armchair aerobics.

People sat in their chairs, moved their arms and legs in time to music, and laughed throughout. The instructor told us, "This is an excellent care home. The staff are lovely, probably the best I have seen. It can be difficult to get people to join in some of the time, but the staff join in, which encourages them." A religious group also visited the service and read from their holy book which some people told us was very important to them. Everyone told us, "There is always something going on."

The service had a complaints policy, which staff were aware of and knew the process for. There had been one complaint in the past year. This had been documented and responded to, in line with the providers policy. People and their relatives told us that they would speak with the registered manager or staff if they had any concerns.

## Is the service well-led?

### Our findings

People and their relatives told us they felt the service was well-led. One relative told us, "Staff and the manager are lovely, very knowledgeable and experienced. They are really, really good. We are very lucky to have found this place." Another relative said, "The manager is excellent. Kind, caring, friendly, very knowledgeable and very approachable."

The registered manager worked alongside staff so they could observe and support them. Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in providing person centred care. The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. They participated in a variety of local events and forums with other registered managers in the area. They told us this was a good way of sharing best practice. The registered manager had been nominated for a national award, recognising their competence.

The registered manager had notified the Care Quality Commission of important events as required. Documents and records were up to date and readily available and were stored securely.

Staff told us they felt well supported and felt comfortable asking the registered manager for help and advice when they needed it. One staff member said, "This is a happy environment to be in. If you have any problems you can go to [the registered manager] and they will listen to you. They are a good manager."

There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. The registered manager told us, "This is not a work place, it is people's home. We put our heart and soul into ensuring people have the best time here, whilst they are with us." Staff knew about the vision and values of the service which were based on equality and mutual respect. Staff confirmed they shared the manager's vision of the service being a 'home.' One staff member told us, "We work well together and try to make it as homely as possible."

Staff meetings were held monthly at the service. Minutes demonstrated that staff were kept up to date with changes to the service and were also able to add their own agenda items and ask questions. When staff made suggestions, such as potential activities these were listened to and implemented. Staff regularly discussed incidents that had occurred within the service, and better ways of responding to ensure they did not happen again.

The provider completed regular monthly checks on the service, to ensure it was compliant with CQC's regulations. The registered manager completed additional quarterly audits relating to staff practice to ensure people were treated with respect and dignity at all times. Quarterly checks were also completed to ensure the service was maintained effectively and all equipment was safe to use. Daily checks were completed on people's medicines to ensure they were administered correctly.

People and their relatives, staff and other stakeholders were asked for their feedback about the service on a

regular basis. Feedback had been read and considered and the registered manager acted to address any issues that were raised. One person had highlighted that staff kept leaving a light turned on in their room and the registered manager had raised this in a staff meeting. Other feedback seen was positive, and comments included, 'Good staff – always happy to answer any questions I may have about [my relative] and quick to contact me if there are any problems,' and, 'A first rate team. Well done, and thanks for all your care.'

People and their relatives also had the opportunity to give their feedback at regular resident and relatives meetings. When areas for improvement were identified these were immediately actioned. For example, staff did not wear uniforms when at work. Relatives had feedback they did not know who was a visitor and who was a staff member at a glance. The registered manager had arranged for all staff to be name badges so they were easily recognisable. Each staff member was wearing their name badge during the inspection.

People had detailed care plans and risk assessments in place. Staff regularly updated these when people's needs changed to ensure that everyone received consistent care, regardless of who was supporting them.