

Caring Consultancy Limited

Whitefriars Nursing and Residential Home

Inspection report

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Tel: 02085740156

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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 took place on 28 April 2016 and was unannounced.

The last inspection of the service took place in May 2014 when we found no breaches of the regulations.

Whitefriars Nursing and Residential Home provides accommodation and nursing care for up to 28 older people. The provider is also registered to provide personal care to people living in their own homes. When we inspected, 23 older people were living at the service. The provider was not supporting any people living in their own homes at the time of this inspection.

The provider's Nominated Individual is also the registered manager of the service. 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.

The provider had systems in place for safeguarding people using the service and assessing possible risks. Staff understood and followed these.

The provider carried out checks to make sure new staff were suitable to work with people using the service and there were enough staff to meet people's care and support needs.

People received the medicines they needed safely.

The provider made sure staff received the training and support they needed.

People told us they enjoyed the food and drinks provided in the service.

The provider arranged for and supported people to access the healthcare services they needed.

Staff were kind, caring and gentle with the people who they were supporting.

Staff offered people choices and respected their privacy and dignity.

The provider assessed and recorded people's care needs and produced a plan of care to make sure they met these.

The provider supported people to raise concerns and had systems in place to record, investigate and resolve any complaints.

The service had a manager who registered with the Care Quality Commission (CQC) in July 2013.

The provider had systems in place to gather the views of people using the service and others.

The registered manager and provider carried out a range of checks and audits to monitor quality in the service.

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.

The provider had systems in place for safeguarding people using the service and assessing possible risks. Staff understood and followed these.

The provider carried out checks to make sure new staff were suitable to work with people using the service.

There were enough staff to meet people's care and support needs.

People received the medicines they needed safely.

Is the service effective?

Good ●

The service was effective.

The provider made sure staff received the training and support they needed.

People told us they enjoyed the food and drinks provided in the service.

The provider arranged for and supported people to access the healthcare services they needed.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and gentle with the people who they were supporting.

Staff offered people choices and respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

The provider assessed and recorded people's care needs and produced a plan of care to make sure they met these.

The provider had a policy and procedures for people using the service and others about how to make a complaint.

The provider organised activities and outings that people enjoyed.

Is the service well-led?

Good ●

The service was well led.

The service had a manager who registered with the Care Quality Commission (CQC) in July 2013.

The provider had systems in place to gather the views of people using the service and others.

The registered manager and provider carried out a range of checks and audits to monitor quality in the service.

Whitefriars Nursing and Residential Home

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 28 April 2016 and was unannounced.

The inspection team comprised one inspector.

Before the inspection we reviewed the information we held about the service, including the last inspection report and notifications the provider sent to us about significant incidents affecting people using the service. We also contacted the local authority's commissioning and safeguarding teams.

During the inspection we spoke with five people using the service, one relative and six members of staff, including nurses, care staff and the activities organiser. We also spoke with a healthcare professional and the registered manager. We reviewed care records for three people, including their care plans, risk assessments and daily care notes staff completed. During lunchtime. We carried out an observation using our SOFI methodology. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us. We also looked at records the provider kept of audits and checks they carried out to monitor quality in the service, including questionnaires for people using the service, their relatives and staff. We looked at medicines records for six people, records of health and safety checks, training and recruitment records for four staff working in the service.

Following the inspection we spoke with the relatives of two people using the service.

Is the service safe?

Our findings

People using the service, their relatives and other visitors told us people were safe in the service. they felt safe. One person said, "I'm perfectly safe here, I'd ring my [relative] if I was worried about anything." Another person said, "There's nothing to worry about here, it's very safe." One relative told us, "I never worry about my [relative] being here, whenever I leave I know they are safe."

All of the staff we spoke with told us they would take action if they suspected someone was abusing a person using the service. One staff member said, "The first thing I'd do is tell someone, the nurse in charge or the manager." A second staff member told us, "We are all taught that we should tell someone if we have any concerns about possible abuse." A third member of staff said, "Abuse is never allowed, I would tell the manager straight away."

The provider had systems in place to protect people using the service. We saw the provider had reviewed and updated their safeguarding adults policy and procedures in 2015. The procedures included clear guidance for staff on identifying possible abuse and reporting any concerns they had about people's welfare. The manager told us all staff completed safeguarding adults training as part of their induction training. Staff told us they had completed the training and the training records we looked at confirmed this.

The provider assessed risks to people using the service and others and staff had access to clear guidance on managing identified risks. People's care plans included risk assessments and guidance for staff on how to reduce risks to individuals. For example, one person's falls risk assessment included guidance for staff on the type of shoes the person should wear and how to ensure they fitted securely. The risk assessments covered personal care, mobility, pressure care, falls and nutrition. Staff had reviewed the risk assessments we saw at least once a month. Where staff identified changes, the risk assessment reviews reflected these. For example, one person's nutrition risk assessment highlighted the need for them to gain weight. Staff recorded the person's weight weekly and the records showed a steady increase and staff adjusted the person's diet accordingly.

The provider ensured there were enough staff to meet people's needs. One person told us, "There are always enough staff, I never have to wait." A relative told us, "My [relative] is very happy. The staff know [my relative] very well and they are lovely to her."

A member of staff told us, "There are usually enough staff, and we always help each other when it gets busy." A second member of staff said "The work is hard but there are enough staff and the team work is good." During the inspection, we saw there were enough staff to provide people with the care and support they needed. We did not see people having to wait for care and support and when people needed support, staff responded promptly.

The provider had systems in place to make sure staff were suitable to work with people using the service. Staff recruitment files included application forms, references, proof of identity and Disclosure and Barring Service criminal record checks. Staff told us they had attended an interview and the provider had carried out

all the checks before they started to work with people.

We saw the provider had policies and procedures to responding to emergencies, including power failure and the need to evacuate the premises. For example, the provider had worked with staff from a local school to provide a place of safety if they needed to evacuate the service. The provider had keys and access codes for the school to enable use out of school hours. We also saw records of safety checks of the home's hot water and fire safety systems and service records for hoists, assisted baths, passenger lifts and portable electrical equipment. All of the checks and service records we reviewed were up to date.

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed. We observed the nurse in charge giving people their medicines and they did this safely. We saw they took time to administer medicines to people in a caring manner without rushing, explaining what any new medicines were for and asking people if they needed pain relief, or assessing people for signs of pain if people were unable to communicate verbally that they were in pain.

The provider kept up-to-date and fully completed records of medicines received, administered and disposed of, as well as a clear record when people had allergies to medicines. These records provided evidence that people were consistently receiving their medicines as prescribed. All controlled drugs were stored securely and nursing staff kept accurate records. There were systems in place to ensure that staff were made aware of patient safety information and regulatory alerts related to medicines.

We saw copies of medicines audits, including a review by the Clinical Commissioning Group's pharmacist in December 2015 which concluded, "Overall, the medicines management within the home had been run very well and was safe."

Is the service effective?

Our findings

People using the service and their relatives told us staff were well-trained to meet people's care needs. One person told us, "The staff are very good, they know how to look after people." A relative told us, "The staff are very well trained, they know what they are doing."

The provider made sure staff received the training and support they needed to work with people using the service. The training records we looked at showed all staff were up to date with training the provider considered mandatory. This included safeguarding adults, fire safety, medicines management and food safety.

Staff told us they felt well trained to do their jobs. One member of staff said, "I have done all the training I need to work with people living here." A second staff member told us, "The training is very good." A third member of staff said, "My induction was very good. I shadowed more experienced staff and learnt what I needed to know." Another member of staff told us, "The training has been very good, really helpful."

The staff records we checked included details of individual supervision sessions and the staff we spoke with said they found this support helped them to do their jobs. Some files also included details of an annual appraisal of the member of staff's performance in 2015.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met, and found that they were. Where people could not leave the home without support, we found that DoLS were in place, their care records contained information around mental capacity and clearly outlined where a decision had been made in their best interests.

People told us they enjoyed the food and drinks provided in the service. One person said, "The food's usually good." A second person told us, "There's always a choice and the quality is pretty good." A visitor told us, "My [relative] enjoys the food. The staff know what she likes and they make sure that's what she gets." At lunchtime we saw staff gave people time to make decisions about what they wanted to eat and drink. Where people needed help with eating their meal, staff did this in a patient and caring way, ensuring they had conversations with people while they supported them.

The provider arranged for and supported people to access the healthcare services they needed. People's

care plans included details of their health care needs and details of how staff met these in the service. We saw staff supported people to attend appointments with their GP, dentist, chiropractor and hospital appointments.

We spoke with a healthcare professional who told us, "The staff here work very well with us. They refer people appropriately and follow any advice we give about people's treatment."

Is the service caring?

Our findings

People living at the service and their visitors told us that the staff were kind and caring. People's comments included, "Staff are very kind as a rule," "The staff are kind" and "The staff are all very friendly, we have got to know each other very well." Relatives told us, "They are wonderful. It's a hard job but I would give them eight and a half out of ten!" "It's more like a family home than a care home, they are very, very good" and "The staff are attentive and very kind."

Some people chose to stay in their bedrooms during the day and may have had periods of time when they were not engaging with other people. However, staff told us, "If someone wants to stay in their room, that's fine. We make sure someone checks on them frequently and spends some time with them, if that's what they want."

Staff were kind, caring and gentle with the people who they were supporting. We saw that they allowed people to take time to make decisions and offered them choices. For example, if people did not want to eat the planned meal at lunchtime, staff offered them alternatives. They cared for people in a respectful way, explaining what they were doing and making sure that, where possible, the person understood what was happening. The staff approached people who were asleep when lunch was served in a quiet and calm way, gently informing them that it was lunch time and allowing them to wake in their own time. Staff who supported people with lunch allowed people to eat at their own pace. They told them what the meal was and spoke in a positive and encouraging way. We also saw some other thoughtful interactions, where individual members of staff smiled at people and sat at the same level to speak with them.

The staff offered people choices and respected the choices they made. For example, we saw people were offered a range of different hot and cold drinks and snacks throughout the day. The staff listened to the decisions people made and if they did not understand the choice, staff explained this in a different way, to help the person understand.

People told us staff respected their privacy and dignity. They told us staff closed their bedroom door when they supported them with their personal care, knocked when entering bedrooms and called them by their preferred names. A visitor told us, "The staff are always very respectful, I have never seen or heard anything untoward."

Is the service responsive?

Our findings

Where possible, people using the service and/or their relatives were involved in the development of their care plan and other records relating to the person's life. Comments from people included, "I'm involved if they change my [relative's] care plan" and "My [relative's] care plan is updated and I'm always involved."

Each person had a care plan that contained a comprehensive pre-admission assessment that outlined their health and social care needs. Assessments covered people's medical needs, mobility, personal care, communication, mental health, continence and skin integrity.

People's care plans included person centred details with information on routines and preferences for example, the person's food likes and dislikes, usual time of going to bed/waking up, social interests and other activities enjoyed. This information was recorded on a front sheet in the care plan file and was also displayed as a poster in each person's bedroom. Examples of recorded preferences included, "I need two carers for my personal care," "I prefer one pillow and a duvet" and "I prefer to take a bath every day." Staff were able to tell us about people's individual needs and they were familiar with the different characteristics, routines and preferences of each person living in the service.

The daily care records nursing staff completed included information about people's health care needs, personal care and nutrition and showed that care was delivered in line with people's preferences and care plan.

The provider had appointed an activities coordinator who worked Monday to Friday. They told us they worked with individual people using the service and also with small groups, with support from the care staff. They showed us they recorded the activities people took part in each day. These included reminiscence sessions, board games, floor games, quizzes, exercises, manicures and sports activities. Some of the activities records we saw also included information about sessions a person had enjoyed so that the activity coordinator could repeat this and make sure the person was involved.

The activities coordinator had an activities timetable but they told us this was a general guide and activities were flexible according to who was present, people's wishes on the day and the weather. We also saw that the provider organised trips to local places of interest, for example a local urban farm, a local park and animal centre and a pub lunch.

The provider had a policy and procedures for people using the service and others about how to make a complaint, along with relevant time lines for responding to complaints. A person using the service told us, "I've never needed to complain and if I had to, it would be sorted out." A second person said, "I can always talk to the manager if I want to but I've never had any complaints." A relative told us, "The manager is always available and she would be the person I'd talk to if I had any complaints."

The provider's record of complaints had noted one complaint since the last inspection. The provider had recorded this and responded in line with their procedures.

Is the service well-led?

Our findings

People using the service, their relatives and others told us the service was well-led. One person said, "The manager is lovely, she would do anything for you, nothing is too much trouble." A relative told us, "The home is very well led, the manager is first class and the excellent quality of the care starts with her." We also contacted the local authority's commissioning team and they told us, "There are no issues from the commissioning side of things, there is generally a very good relationship between the home and the placements team."

The registered manager was also the nominated individual for the registered provider, Caring Consultancy Ltd. The manager registered with the Care Quality Commission (CQC) in July 2013.

Staff described the provider's training as "very good" and told us they enjoyed working for the organisation. Staff worked well as a team to meet people's care and support needs. One member of staff said, "It's important we work well as a team." A second member of staff said, "Some people need a lot of support, others not so much, but it's always interesting work and we have to work together as a team." The provider also sent out satisfaction surveys for staff and people's relatives in October 2015. Staff commented positively on good team work and approachable management who listened to their views.

The provider had systems in place to gather the views of people using the service and others. The registered manager told us they had carried out regular surveys throughout the year and used these to produce 'Having Our Say' reports on a variety of topics. We saw a report from February 2015 that looked at 'Celebrations,' 'Food,' 'Healthcare,' 'Infection Control' and 'Worship.' The report showed people were generally happy with the care and support they received. We also saw a report from August 2015 that focussed on activities and outings and concluded most people were happy with the activities and outings the provider organised.

The registered manager and provider carried out a range of checks and audits to monitor quality in the service. The registered manager told us they had completed a whole service audit in April 2016 that looked at the environment, meal service, laundry and maintenance. Where the registered manager identified issues that needed action, they ensured these were addressed. For example, they had ordered name badges for new staff so that people knew the names of staff that supported them.

The local authority carried out a food hygiene inspection in October 2015 and awarded the service a five star rating, the highest possible. The inspector commented, "A very well-run nursing home. Good record keeping in place."

The provider and registered manager had systems in place to carry out checks and audits in the service to monitor standards of care and support people received. They carried out and recorded daily checks of fire doors, fire escape routes, firefighting equipment and emergency lighting. Each person using the service had a personal evacuation plan that gave staff information on the support they needed in the event of a fire. The provider arranged for contractors to complete a number of health and safety audits in 2015 and 2016. These

included, asbestos, bed rails, clinical waste and window restrictors. Where action needed to be taken as a result of the audits, the provider completed this. For example, they arranged training for staff in the Control of Substances Hazardous to Health (COSHH) to make sure they managed cleaning materials and other substances safely.

The provider and registered manager sent notifications of significant incidents and events to the Care Quality Commission to keep us informed of the information we needed to know.