

Whiteoak Court Nursing Home

Whiteoak Court Nursing Home

Inspection report

15 Selby Close
Chislehurst
Kent
BR7 5RU

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Date of inspection visit:
14 November 2019
15 November 2019

Date of publication:
09 December 2019

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

Whiteoak Court Nursing Home provides personal and nursing care and support for up to 27 older people. The home is spread over two floors and is situated within a quiet residential area of Chislehurst in Kent. At the time of our inspection there were 22 people residing at the home.

People's experience of using this service

People spoke positively about the service and said staff were very caring and supportive. Throughout our inspection we observed staff interacted positively with people and had formed good relationships with them and their relatives.

The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures and how to keep people safe. People's needs, and preferences were assessed and risks were identified with plans in place to manage risks safely. Medicines were administered and managed safely and staff followed appropriate infection control practices to prevent the spread of infections. Robust recruitment checks were in place and there were sufficient staff available to meet people's needs promptly. Staff had the skills, knowledge and experience to support people appropriately. Staff were appropriately supported through induction, training and supervision.

People were supported to maintain a healthy balanced diet that met their cultural and dietary preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were involved in and consulted about their care and support needs. People had access to health and social care professionals as required. People were supported to participate in activities of their choosing that met their needs and interests. Staff worked with people to promote their rights and understood the Equality Act 2010 supporting people appropriately addressing any protected characteristics.

There were systems in place to assess and monitor the quality of the service. The service worked in partnership with health and social care professionals to plan and deliver an effective service. The service took people's and staff's views into account to help drive service improvements.

Rating at last inspection: Good (Published 15 May 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect the service sooner.

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

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

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Whiteoak Court Nursing 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 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.

Inspection team

The inspection team consisted of one inspector and an expert-by-experience on the first day of the inspection. An expert by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector attended the service on the second day of the inspection.

Service and service type

Whiteoak Court Nursing 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 site visit took place on 14 and 15 November 2019 and was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. We also contacted health and social care professionals who work with the service to seek their views. We used this information to help inform our inspection planning.

During the inspection

During the inspection we spoke with seven people using the service and five visiting relatives to seek their feedback on the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six members of staff including the registered manager, clinical lead, nursing and care staff, the cook and activities co-ordinator. We reviewed a range of records including four people's care plans and records and three staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm. People told us they felt safe and staff supported them well. One person said, "Of course I feel quite safe because the staff are very good." Another person commented, "There are lots of staff around, that is why I feel safe." A relative said, "[Relative] is safe, staff are on the ball. I think that there are enough staff. I come and go at different times of the day, but there are always people about."
- There were up to date policies and procedures in place for safeguarding adults and systems in place to report and act on concerns or allegations. Safeguarding records showed that any concerns were appropriately managed, and referrals were made promptly to the local authorities and CQC when required.
- The registered manager had effective oversight of safeguarding within the home and staff were aware of their responsibilities to safeguard people and knew how to report abuse. Training records confirmed that staff had received up to date training on safeguarding adults.
- Information was available to people and staff about safeguarding and how to raise any concerns. These were available in formats that met individuals needs such as large print and easy to read versions.

Learning lessons when things go wrong

- The registered manager and staff understood the importance of reporting and recording accidents and incidents.
- Records showed that staff had identified accidents and incidents and had taken appropriate action to address them. Where required accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Senior management reviewed accidents and incidents on a regular basis to identify themes and trends as a way of preventing recurrence. Any lessons learnt were shared with the staffing team through staff meetings and supervisions.
- A relative told us, "[Relative] is very safe. They [staff] have subtle, but effective security and monitoring systems in place. I am happy that there are enough staff."

Assessing risk, safety monitoring and management

- People were kept safe because risks and potential hazards were identified and guidance was available to staff on how to support, manage and minimise risks to people.
- Risks to people's safety and well-being were assessed and care plans were in place to manage identified risks whilst ensuring people's independence and rights were promoted and respected.
- Risk assessments documented identified risks and guidance for staff to ensure they acted correctly to manage them safely. For example, risk assessments included areas such as moving and handling, mobility

and risk of falls, nutrition and hydration and skin integrity.

- There were systems in place to deal with foreseeable emergencies and to maintain the safety of the premises. People had individual emergency evacuation plans in place which documented the level of support they required to evacuate the building safely in the event of an emergency.
- Maintenance and environmental checks were conducted to ensure the premises were safe. These included electrical and gas safety checks, water temperatures and Legionella testing, lifts and bed rail checks and servicing amongst others.

Using medicines safely

- Medicines were managed, administered and stored safely.
- We observed during the medicines round that people were consulted about how they wished to take their medicines. Staff were patient and respectful and waited for people to finish taking their medicines before leaving. Information on people's medicines were recorded in their Medicines Administration Records (MARs).
- There was guidance in place for staff on when to offer people 'as required' medicines or pain relief and there were systems in place to ensure people received their medicines at appropriate intervals. Medicines including controlled drugs were stored securely. Medicines refrigerators and medicine room temperature monitoring was in place to ensure medicines were safe to use.
- Nursing staff received medicines training and had their competency assessed to ensure they continued with safe best practice.
- Medicine audits were conducted on a regular basis to ensure safe practice. Findings from audits were shared with staff and any areas for improvement were identified and acted upon.

Preventing and controlling infection

- Staff received training on infection control and food safety and were provided with personal protective equipment such as aprons and gloves to promote good infection control.
- Staff supported people to understand how to reduce the risk of infection and how to maintain good personal and environmental hygiene.
- People told us the home was kept clean. One person said, "It's a lovely place and its always kept nice and clean."
- We observed the home environment was clean, free from odours and there were appropriate infection control policies and procedures in place.

Staffing and recruitment

- There were enough staff to meet people's needs and recruitment systems worked to reduce the risk of unsuitable staff.
- People told us there were enough staff to support them safely. One person commented, "There are always staff around when I need them, they always come quickly." Staff told us there were enough staff available to support people appropriately and staff rotas confirmed planned staffing levels were consistently maintained.
- Staff were recruited safely. Full employment checks were completed before staff started working with people. Disclosure and Barring Service (DBS) 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.

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 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

- Assessments of people's needs were completed with their involvement, their representatives and where appropriate, health or social care professionals. This ensured the home could safely meet people's needs and helped to develop care plans.

- Assessments covered areas such as individual's personal history, preferences, wishes and consent.

Nationally recognised planning tools such as the multi universal screening tool (MUST) were used to assess individuals' nutritional risks.

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

- People's physical and mental health care and support needs were effectively assessed, documented and reviewed by staff to ensure their needs were met.

- People and their relatives told us staff supported them to maintain their health and respond promptly to any decline in their health. One person said, "Staff are very good and call the doctor if I'm not feeling well." A relative commented, "[Relative] had their eyes tested this week and the chiropodist visits regularly. When [relative] needs to go to the hospital as an outpatient the manager always arranges for an ambulance."

- Records of health care appointments were documented in people's care plans detailing any treatment required or received so staff were informed of any changes.

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

- People's nutrition and hydration needs were met and supported. People told us the food was very good. Comments included, "The food is lovely", "It's always cooked fresh, I really enjoy the meals", "The food is really good here. They [staff] do know how to look after me", and, "The food is nice. There is always something to choose from."

- We spoke with the cook who was a long-standing member of staff. They were very knowledgeable about people's nutritional needs and specialised diets and catered for everyone's preferences. They told us and we saw that people were regularly consulted about the menus on offer and the types of foods they preferred.

- We observed meal times in the dining room and lounge where some people preferred to eat their meals. People received the diets and consistency of foods in line with health care professional's recommendations. We noted there was a good staff presence and people were supported or encouraged to eat their meals where required.

- The Food Standards Agency visited the service in August 2019 and rated them 5 which is the highest rating a service can be awarded.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- People told us staff sought their consent before they offered support and respected their decisions and rights.
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and kept under review.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs and were supported by the provider through an induction programme and on-going training.
- Staff completed an induction programme in line with the Care Certificate, a nationally recognised induction programme for new health and social care workers.
- Staff were knowledgeable about the people they supported and received training appropriate to their needs. This included training on safeguarding, moving and handling, diet and nutrition and end of life care amongst others.
- Staff told us and records confirmed they received regular supervision and support.

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

- People were encouraged to personalise their rooms with their own items.
- People had access to equipment that enabled greater independence whilst ensuring their physical and emotional needs were met. One person told us, "They [staff] understand me well. They are very good with the hoist."
- Care plans contained guidance for staff on the use of equipment which was subject to regular checks and routine servicing.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were involved in their care and support needs and options. One person said, "They [staff] understand my needs well. They always involve me, they [staff] are really lovely." A relative told us, "Staff know [relative] so well and how they communicate with them is good. We are always involved in [relatives] care and staff are quick to respond and contact us if needed."
- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example, large print or easy to read versions. A comments and suggestions box was located in the reception area and provided people with the opportunity to give feedback or to suggest improvements.
- Care plans included people's preferences and choices about how they wished to be supported and meetings took place with people and their relatives where appropriate, to discuss their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us staff were very caring and supported them to meet their needs and wishes. One person said, "I am undoubtedly treated with dignity and respect. They [staff] are lovely and are very kind. I had a very nice chat with the owner the other day. I am very happy here." A relative told us, "They [staff] have a very good insight into [relative]. Any problems are picked up very quickly. Staff are very caring and good at dealing with [relatives] behaviour, they always come back to [relative] with a smile."
- People's diverse needs were respected, assessed and documented as part of their plan of care. Staff respected people's differences and explored and worked with them to meet their cultural and diverse needs. For example, we observed excellent interactions between staff and one person who spoke another language other than English. They spoke with the person in their first language and conversed well joking with them. Staff had a very good understanding of people's preferences and were sensitive to include everyone in group activities, irrespective of their individual capabilities, for example, people who had communication difficulties.
- Staff had received training on equality and diversity to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect, maintained their dignity and privacy and supported them to promote their independence. One person said, "They [staff] treat me with dignity and respect. They are very kind." Another person commented, "They [staff] help me with things I find difficult but encourage me to do what I can for myself."

- Throughout our inspection we observed people were supported and encouraged to remain independent. For example, staff provided support to people in a caring and respectful manner helping them to ensure they could mobilise independently but without unnecessary risk.
- We observed staff ensured people's privacy and dignity was respected by knocking on doors and sought permission before entering their rooms.

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 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 care that was personalised and supported choice and control. One person said, "They [staff] help me with whatever I need help with, they are wonderful." A relative commented, "They [staff] do anything for [relative]. They are absolutely fantastic."
- People's care and support needs were assessed and reviewed to meet their individual needs and wishes appropriately. A relative commented, "The care plan is reviewed regularly, and I sign it off in agreement."
- Care plans contained detailed information on how people's needs should be met in view of their wishes. Clear guidance for staff on how best to support people to meet their identified needs and wishes was documented. For example, individuals' preferences for their support to be provided by male or female staff.

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.

- People were supported to access important information relevant to them. For example, easy to read or pictorial policies and procedures were available.
- People's communication needs were identified, assessed and recorded in their care plans. Staff understood and acted in accordance with the AIS.

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

- People were supported to access and participate in meaningful activities that were relevant to them. One person told us, "I enjoy the visits of the dogs and we have singers who come in. It's great." Another person said, "The co-ordinator visits me and we do quizzes which I like."
- There was a variety of activities on offer which included visits from external entertainers, games and arts and crafts.
- The activities co-ordinator visited the service Monday to Fridays and offered activities tailored to individuals' preferences and capabilities. We observed them engaging with people in communal areas and providing one to one support and activities for people who choose to stay in their rooms or who were unable to join group activities.

End of life care and support

- People received responsive care and support at the end of their lives.

- The home is recognised at a national level for delivering good end of life care and support and had been awarded with the Gold Standard Framework (GSF) Quality Hallmark Platinum status. The GSF is a systematic, evidence-based approach to optimising care for people approaching the end of their life, delivered by generalist frontline care providers.
- Care plans documented discussions staff had with individuals and their relatives about any advanced directives and end of life care wishes including choice of funeral arrangements.

Improving care quality in response to complaints or concerns

- There continued to be appropriate arrangements in place to respond to people's concerns and complaints.
- We observed the registered manager operated an open-door policy and people told us they felt comfortable and able to complain. One person said, "I have never had to raise any concerns." A relative commented, "The manager deals with any concerns quickly. I raised a question and got a very constructive reply."
- The complaints procedure was available in different formats to meet people's needs and was on display and made accessible to all.
- Complaints records we looked at showed that when complaints were received these were responded to appropriately in line with the provider's policy to ensure best outcomes for people. There were systems in place that ensured complaints and suggestions were managed appropriately including a complaints tracker which was being implemented to monitor progress and outcomes.

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 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, and how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a long standing experienced registered manager in post. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return, as required. They were aware of the legal requirement to display their CQC rating.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, and engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff spoke positively about the service and registered manager. Comments included, "The manager is very approachable. The strength of this place is that it is very cosy. I would definitely recommend this home", "The manager is fine, very approachable. The management is very friendly", and, "The manager always has an open door, she is very approachable. She volunteers a lot of information." A member of staff told us, "The service is small and homely. The manager and owner are very approachable. There are lots of staff and the care is really good. We can be transparent here and talk freely, It's an extension of my family."
- The service actively encouraged feedback from people, their relatives and staff which was done in a variety of ways, for example, through meetings, comments and suggestions box and questionnaires. Feedback seen was positive. However, we noted that residents' meetings had not been held for a significant period of time but relatives' meetings were held regularly. We discussed the absence of resident's meetings with the registered manager. They told us this was under review and we saw an action plan highlighting dates of future planned meetings.
- Staff told us management support was available to them and the service was well managed. Comments included, "We are a really good team here and all work together to do our best for people", and, "Senior managers are very helpful and approachable, I can go to them with anything. I think the home and care people receive is really good."

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality and safety of the service to help drive improvements.
- There were systems and processes in place to monitor the quality and safety of the service and to make improvements when required.
- Audits and checks were conducted in areas such as health and safety, environment and premises, infection control, clinical care audit and medicines management amongst others. Where required, action plans were developed to address any issues or concerns raised. For example, we saw that reviews of policies and procedures were completed to ensure they remained up to date and reflective of best practice.
- Daily staff handover meetings were held and provided staff with the opportunity to discuss people's individual daily needs and any issues or concerns so they could be promptly remedied. Staff meetings were held for different disciplines within the home and provided staff with the opportunity to discuss issues relating to the management and safety of the service and home environment.

Working in partnership with others

- The registered manager and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were met appropriately. For example, working closely with service commissioners, mental health professionals, GPs, speech and language therapists and palliative care teams.
- The registered manager told us and we saw that they regularly attended a care home manager forum run by the local authority. They told us this helped to share good practice and they were proactive in making any changes required for the better.