

Caring Consultancy Limited

# Whitefriars Nursing and Residential Home

## Inspection Report

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# Summary of findings

## Overall summary

Whitefriars provides accommodation for up to 28 people who require nursing, personal care and support on a daily basis. When we visited, 23 people were living in the home.

People told us they were very happy with the care and support they received. One person said "it's more like a family than a nursing home." People also told us they enjoyed the activities provided in the home. One person told us "one of the care assistants takes me to the shops in my wheelchair sometimes if I ask."

People who needed assistance to eat and drink were well supported at lunch time and were encouraged to make choices about what they ate and drank.

The care staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they enjoyed working in the home and many of the staff we spoke with had worked in the home for a number of years. One member of staff told us "we get on well, colleagues are very friendly and cooperative."

The home's provider was also the registered manager and had been in post for nine years. She provided good leadership and people using the service, their relatives and staff told us the manager promoted very high standards of care. One member of staff said "management is kind and supportive if we have family problems." Visitors also told us "people here are very caring. They have everyone's interests at heart" and "staff are very sweet to people; they treat them well and are very patient".

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

People we spoke with told us they felt safe in the home. People and their relatives told us there were usually enough staff working to make sure people did not have to wait for care and support. Staff also told us there were usually enough staff available to meet people's needs.

The home was safe and well maintained. Arrangements were in place for regular health and safety checks and the service and maintenance of equipment. People living in the home had assessments of possible risks to their health and welfare and these were reviewed at least monthly and systems were in place to manage these appropriately.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. While no applications had been submitted, proper policies and procedures were in place. Relevant staff had been trained to understand when an application should be made, and how to submit one.

### **Are services effective?**

People's care needs were assessed and they told us staff understood and provided the care and support they needed. People were involved in making decisions about their care wherever possible. If people could not contribute to their care plan, staff worked with their relatives and other professionals to assess the care they needed.

People's care plans were detailed and covered all of their health and personal care needs. Staff made sure the plans were reviewed at least each month, or more regularly if a person's needs changed. People's nutritional needs were assessed and recorded and records were maintained to show people were protected from risks associated with nutrition and hydration.

### **Are services caring?**

People told us staff were kind and caring. People and their relatives told us they were offered choices and staff knew about and respected their preferences and daily routines.

Relatives and visitors told us they felt people were well cared for and staff treated people with respect. Staff told us their training had included issues of dignity and respect and they were able to tell us how they included this in their work with people.

# Summary of findings

We saw people's end of life care needs were considered and recorded and staff worked with relevant professionals to make sure people's wishes were respected.

## **Are services responsive to people's needs?**

People told us they enjoyed the activities provided and they were able to choose whether or not they took part. Visitors told us they were always welcomed when they visited and they were happy with the activities provided in the home.

Where people were not able to make decisions about their care, staff worked with their relatives and other professionals to make sure 'best interest decisions' were agreed. Staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. When we visited we saw arrangements were in place to carry out an assessment of people's capacity to make specific decisions, if this was necessary.

We saw there had been no formal complaints since our last inspection. People living in the home or their relatives had a copy of the provider's complaints procedure and they told us they would speak with the registered manager if they had any concerns.

## **Are services well-led?**

The home had an experienced and qualified registered manager who promoted high standards of care and support. Staff told us they felt well supported by the manager and senior staff and they understood their roles and responsibilities.

The provider had systems in place to monitor standards of care provided in the home, including regular quality audits and satisfaction surveys for people living in the home.

We saw evidence the home worked well with other health and social care agencies to make sure people received the care, treatment and support they needed.

# Summary of findings

## What people who use the service and those that matter to them say

We spoke with five people who lived in the home and two relatives who were visiting when we inspected. We also spoke with three relatives on the phone after this inspection.

People living in the home who were able to express their views told us they were very happy with the care and support they received. Their comments included "if I want something different to eat I can ask and they try to provide it" and "they always come immediately if the person sitting next to me is being awkward, and find a way to deal with the situation."

A visitor commented "we are kept in the loop well, with clear explanations." A second visitor told us "staff are always ready to listen, and are very helpful."

Relatives' comments included "no problems with the care, it's perfect for my [relative], just like home;" "I never worry about my [relative], I know she's safe;" "if ever I've raised any issues they sort it out straight away;" "my relative is very well looked after, they are very nice people" and "the care is excellent."

# 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection we reviewed information we held about the home including the last inspection report from December 2013 when the home was meeting all of the national standards we inspected. We visited the home on 23 April 2014. The inspection team consisted of an Inspector and an Expert by Experience who had experience of services for older people. This inspection was part of the first test phase of the new inspection process we are introducing for adult social care services.

We spent time talking with people living in the home, their relatives, visitors, the manager, nurses and care staff. We observed care in the dining room at lunchtime and 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 were not able to speak with us. We looked at all communal parts of the home and some bedrooms, with people's agreement. We also looked at care records and records relating to the management of the home.

On the day we visited we spoke with five people living in the home, four relatives and visitors, seven care staff and nurses and the home's provider / manager. We also contacted three relatives after the inspection to ask for their views on the home.

# Are services safe?

## Our findings

People we spoke with during the inspection told us they felt well cared for and safe in the home. For example, one relative and one person mentioned situations where the behaviour of others had caused problems. Both praised the way staff reacted quickly and calmly to deal with them. Their comments included "they handled the situation amazingly well" and "they always come immediately if the person sitting next to me is being awkward, and find a way to deal with the situation."

People and visitors also said staff came very quickly to the room when anyone rang their call bell and we saw this was the case during the inspection.

Nurses and care staff we spoke with told us there were usually enough staff to meet people's needs safely. Their comments included "we get on well, colleagues are very friendly and cooperative" and "management is kind and supportive if we have family problems." Another person said "it's important we work well as a team and I know I can trust the people I work with here."

During the inspection we saw there were enough staff to support people in communal areas and their bedrooms. People were supported or assisted promptly if they needed help. At lunchtime, we saw there were enough staff available in the dining room to serve people and support those who needed assistance.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

While no applications had been submitted, proper policies and procedures were in place. Relevant staff had been trained to understand when an application should be made, and in how to submit one. The care records we looked at included an initial assessment of the person's capacity to make specific decisions, completed by the registered manager. We also saw the files included an assessment of whether the Deprivation of Liberty Safeguards were being applied. The registered manager told us if assessments concluded a person did not have capacity, she would work with any relatives and the local social services department to make sure decisions were always made in the person's best interests. This helped to ensure people's human rights were properly recognised, respected and promoted.

We looked at the care records of four people living in the home and saw risk assessments were completed when required. We saw risk assessments covered falls; moving and handling; pressure care and nutrition. Where risks were identified, staff were given clear guidance about how these should be managed. We saw the risk assessments were reviewed at least monthly and more frequently when required. Staff told us if there were changes in a person's care needs they would report to the nurse in charge and a risk assessment would be reviewed or completed. The staff we spoke with were very clear about what to do if they observed changes in a person's health, or changes in an individual's routine that might indicate a problem. They told us they would report any health care issues to more senior staff or the manager. This meant staff monitored and responded appropriately to changes in people's care needs.

We asked two care staff what they would do if they felt a person living in the home was being abused. They told us they would report any concerns to a senior member of staff or the manager of the home. This meant staff had the training and knowledge they needed to make sure people living in the home were cared for safely. Since our last inspection there had been no safeguarding concerns involving people living in the home. This meant the provider worked with other agencies to make sure safeguarding procedures were followed and people were protected from possible abuse.

During the inspection we saw all communal parts of the home and some people's bedrooms, with their permission. We saw the premises and equipment were generally safe and satisfactorily maintained. The home had been converted from two residential properties and the layout of the building was not ideal, with many corners and short corridors, stairs and small changes in the floor level. However, one resident who uses a walking frame told us she managed to get about without any problems. Staff commented that with more people needing wheelchairs to move around these days, the layout is awkward, but they were careful and they managed.

People and visitors all said that staff came very quickly to the room when anyone rang their call bell. This appeared to be the case during the visit.

We saw servicing and maintenance records were up to date and action was usually taken to address any issues identified. However, we saw a fire safety risk assessment

## Are services safe?

had been completed in November 2012 but action points identified had not been signed off as completed. We discussed this with the provider and she agreed the fire officer would be asked to visit and review the assessment. The week following this inspection the provider told us the

fire officer had visited the home and confirmed all required works had been completed. We saw fire safety records, gas and electrical safety certificates, legionella checks and service records for the home's boiler and passenger lift were up to date.



# Are services effective?

(for example, treatment is effective)

## Our findings

People we spoke with and their relatives told us they were involved in planning and reviewing the care and support they received. One person described how her care plan had changed over a number of years, with her involvement, and said she had regained a lot of independence and mobility. One visitor told us the resident and her family had been involved in developing her care plan. They told us it is "a good care plan and definitely takes account of her needs, wishes and preferences." Another relative told us "we were able to tell the home what help my [relative] needed. We were also asked about her routines and what she liked to eat and drink."

People's involvement in their care planning was confirmed by the care records we looked at for four people. The care plans included assessments of the person's health and social care needs, life history and information about their likes, dislikes, hobbies and interests. Nursing and care staff told us the assessments and other information were used to develop a detailed care plan and risk assessments. Staff told us they used the care plans to get to know the care needs of new people and important information was transferred to an information sheet kept in the front of the file. This sheet was also enlarged to poster size and displayed on the person's bedroom wall. Staff told us the individual wall charts in every room were helpful and a quick reminder of key personal information and preferences. Staff members we spoke with told us they met to go through care plans for new people and that they refer to them regularly. They also said any important daily issues are discussed at shift changeovers.

We saw people's care plans and risk assessments were reviewed at least monthly by staff and at least annually

with the person living in the home and/or their relatives. This meant nursing and care staff had up to date information about each person's care needs and how these should be met in the home.

People told us they could talk to staff about their care and said they had access to health care services when necessary. We saw people's care plans included information about visits by the GP or other clinicians and hospital or clinic appointments. The nursing and care staff we spoke with were also able to tell us about people's health care needs and how these were met in the home.

People living in the home and their visitors told us if someone seemed unwell the staff responded very quickly. They said the GP visited twice a week, but also came promptly if asked at other times. They also said an optician, a chiropodist, and a dentist came regularly to the home and saw anyone who needed them. Staff said they can call in a speech and language therapist and get advice, which was particularly helpful for people with swallowing problems. Care staff we spoke with were clear about what to do if they observed changes in a person's health, or changes in routine that might indicate a problem. They told us when they reported these to nurses, senior staff or the manager they responded appropriately.

Visitors said they were kept well informed about people's health and told quickly by phone if there were any significant changes or problems. A meeting was arranged if there were difficult issues to discuss. One visitor said "the family is kept in the loop well, with clear explanations."

People's care plans we looked at included an assessment of their nutrition and hydration needs. We saw nutrition assessments were completed and regularly reviewed. Where needed, additional risk assessments were completed and regularly reviewed for people with diabetes and those at risk of choking.

# Are services caring?

## Our findings

People we spoke with told us they were treated with kindness and their dignity was respected. Their comments included "all of the staff are very kind" and "it's more like a family than a nursing home." People's visitors and relatives told us "staff are always ready to listen, and are very helpful;" "they are like friends now;" "people here are very caring. They have everyone's interests at heart" and "staff are very sweet to people; they treat them well and are very patient."

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief and sexual orientation. People's plans also included information about how people preferred to be supported with their personal care. For example, care plans recorded what time people preferred to get up in the morning and go to bed at night and whether they preferred a shower or a bath. Staff we spoke with were able to tell us about people's preferences and routines.

Visitors also told us staff showed concern for people's wellbeing. Their comments included "my [relative] is always clean and looks nice. The hairdresser comes in regularly" and "she likes the 'pampering days' - having her hair and nails done."

We saw staff offered people choices about activities and what to eat and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices of food on the menu and the drinks

that were available. We also saw staff respected people's dignity by knocking on doors before entering rooms and closing doors when supporting people with their personal care.

Some of the care needs assessments and care plans we saw included information about people's wishes regarding their end of life care. We saw this had been discussed with the person concerned, their relatives and appropriate professionals. People's wishes were clearly recorded with information about how and when relatives would be contacted. Information about people's religious and belief needs was also recorded. The registered manager told us only one person was receiving end of life care when we inspected. This person's care was monitored and reviewed by the home's clinical manager and their GP. A referral had been made for specialist nursing and hospice support. This meant people's end of life care wishes were respected and staff from the home worked with other agencies to provide appropriate support.

One relative told us they had discussed end of life care with staff. She was reassured that her relative would be kept comfortable and would not be alone. She expected to be kept informed so that she could choose to be there herself and to stay overnight if she wished when the time came. One staff member also said staff were committed to ensuring no-one was left alone if death seemed close. They told us they could call in outside expertise, but preferred to care for people who they knew well rather than have strangers closely involved. Instead, staff took it in turns to sit with the resident, played soothing music and held their hand if that seemed appropriate.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

People told us they enjoyed the activities that were arranged. Their comments included "mostly everyone joins in, but if for some reason you don't want to, nobody pushes you" and "it's noisy downstairs in the lounge. I prefer to stay in my room, but I like to go outside into the garden or the park." Another person said "one of the care assistants takes me to the shops in my wheelchair sometimes if I ask."

People living in the home and their visitors all said there was always a lot going on to spark people's interest, with an activities leader on hand every day, and different groups coming in from outside to provide entertainment from time to time. During the inspection we saw staff spent time sitting, talking or looking at newspapers with individuals. After lunch a group of people took part in and obviously enjoyed a baking session with two members of staff.

We saw books, including large print versions, were brought into the home by the library. This meant people could choose what they wanted to read, and could order titles if there is something particular they wanted to read. One person told us "I like to lie in bed at night and read until late".

Visitors told us they were always made welcome and offered refreshments. People living in the home told us they could choose to see visitors in the lounge area, the quieter dining room, or their own rooms. Visitors also said they felt comfortable raising any issues or problems with staff and were always listened to.

People told us meals could be taken in their rooms or downstairs in the dining room. They said there was a good choice of food, and one person said "if I want something different I can ask and they try to provide it." One visitor, describing her friend as a 'fussy eater', was pleased that "they know her food preferences and comply. She's still eating!" During the inspection we observed how staff supported people during lunchtime in the dining room. We saw there were enough staff to make sure people had the

support they needed. People were encouraged to make choices about what they ate and drank and when people needed help with eating or drinking, this was done in a dignified and respectful way. Staff told us they completed food and fluid charts for one person living in the home. When we looked at these we found they sometimes lacked detail and staff did not always record the amount or volume of food and drink the person had each day. We discussed this with the registered manager who immediately asked the clinical manager to remind staff to provide more detail in the records.

People who needed an assessment under the Mental Capacity Act 2005 had received one. The four care plan files we looked at each included a screening assessment of the person's ability to make decisions about their care and support. The plans also included a checklist to show whether people's care needed to be assessed under the Deprivation of Liberty Safeguards. This meant staff in the home had considered whether people were able to make their own decisions and choices and where this was not possible, they had worked with their relatives and other professionals to agree decisions in the person's best interests.

Relatives told us they had been given a copy of the provider's complaints procedure when their relative had moved into the home. We also saw the provider's complaints procedure was displayed on a notice board in the hallway. People living in the home and their relatives told us they had never needed to make a formal complaint. One relative told us "I wouldn't hesitate to speak to the manager if I had any concerns, she is always available and would take it seriously." A second relative said "no complaints, ever. If there's anything I need to speak with them about they sort it out immediately."

The registered manager told us most complaints were resolved at the time by staff and the formal complaints procedure was rarely used. They also confirmed there had been no formal complaints since our last inspection in December 2013.

# Are services well-led?

## Our findings

We saw the provider had carried out a survey of people living in the home in March 2014. Further surveys for relatives and staff were planned for later in the year. We saw the results of the completed survey had been compiled to produce a report entitled "Having Our Say About Living at Whitefriars." People reported they felt safe in the home and in their rooms at night. They said they were happy with their bedrooms, staff knocked and waited before entering and staff attended quickly when they used the aid call system. Most people said they enjoyed the activities arranged for them but more than half said there wasn't enough choice. All those who responded to the survey said their personal care needs were met, they were able to have a bath or shower when they wanted and staff were available to assist them if needed. We saw the provider had produced an action plan in response to the comments made by people in the survey. This included reminding staff to monitor people who might walk around at night and completing a review of activities provided in the home. This had resulted in more Bingo sessions being arranged as this activity was enjoyed and people had asked to take part more often. The provider took action to seek the views of people living in the home and acted on their views and suggestions.

The home's provider / manager told us she took over the home in 2005 and had been registered as the manager since 2009. A qualified nurse was employed as the clinical manager for the home. People living in the home, their relatives and staff told us the manager provided strong leadership and promoted high standards. Their comments included "the manager is very good, she really cares about people and staff" and "the manager is very caring and supportive."

Staff at all levels in the home told us they felt well supported by the registered manager and senior staff and they were able to clearly describe their roles and responsibilities. They also told us they were able to access the training they needed to do their jobs. We looked at training records kept in the home and saw mandatory staff training, including moving and handling, infection control,

health and safety and safeguarding had been completed by all nursing and care staff. In addition, dementia awareness training had been completed by all staff in September 2013. The provider had systems in place to make sure staff completed the training they needed to support and care for people and this training was updated regularly. Staff also told us specific training was arranged if needed, for example for care staff operating the new hoists and pain management training for nurses.

The manager told us each member of staff had supervision four times each year and all staff had an annual appraisal. The records we saw confirmed this and staff we spoke with told us they felt well-supported. Staff also described the supportive supervision they received.

During our inspection we saw there were enough staff working in the home to support people and meet their care needs. We saw requests for help or support were responded to promptly and people did not have to wait for assistance. Staff told us "we get on well" and "colleagues are very friendly and cooperative." One staff member mentioned there had been occasional problems if someone has been working extra shifts elsewhere, turned up tired and was less inclined to respond quickly to people's needs. They told us the senior manager dealt with this when informed.

The provider told us the local authority carried out an annual review of people living in the home who were funded by the council. We saw reviews for other people were carried out with relatives and other people involved in their care.

We saw a quality audit of the home was completed in March 2014. This had covered environmental issues, staff training, accident and incident reporting, finances, staff recruitment, care planning and complaints. Following the audit the provider had taken action to address issues identified. This included reviewing and updating the home's brochure and business plan and monitoring and assessing the home's induction training for new staff. This meant the provider had systems in place to monitor the day to day running of the home and the services provided.