

Coast Care Homes Ltd

Whitebriars Care Home

Inspection report

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Date of inspection visit:
12 November 2020
13 November 2020

Date of publication:
09 December 2020

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Whitebriars Care Home is a residential care home providing personal care for older people, most of whom were living with dementia. The service can accommodate up to 25 people and at the time of the inspection there were 22 people living at the home.

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

People were protected from harm. People told us they felt safe, a person said, "I know I'm safe here." Staff had completed safeguarding training and were able to tell us what action they would take to protect people and report wrongdoing. Accidents had been recorded and investigated appropriately with lessons learned being shared with all staff.

A new computerised system for managing care plans was being introduced. Previous paper care plans often lacked specific detail relating to people's needs and associated risks. The new system was person centred and had reference to risk assessments, for example contingencies for people at risk of falls. Staff knew people well and responded to their support needs. For example, a staff member told us that several people liked to walk but that lockdown had created restrictions. Instead they took people for garden walks which provided exercise and reduced anxiety.

Medicines were managed correctly. We saw medication administration records (MAR) completed correctly and staff were allocated dedicated time for medicine rounds to avoid distraction. Medicines were not kept in locked cupboards but this was immediately addressed by the registered manager. We suggested using a trolley to reduce the time taken for medicine rounds and to minimise the time between medicine administration and recording on MAR charts. This was similarly addressed by the registered manager. The service managed infection prevention and control well with appropriate use of personal protective equipment and compliance with the latest government guidelines.

The registered manager was responsible for three services but maintained management oversight of auditing, assisted by the support manager. We looked at safeguarding, accidents and incidents and complaint files and were satisfied that issues were being recorded, acted on and audited to ensure learning could be carried forward.

Rating at last inspection

The last rating for this service was good (published 24 July 2018)

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

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The concerns were about people's safety, management of risk, medicines, infection control and the governance of the service. We inspected using our targeted methodology developed during the Covid-19 pandemic to examine those specific risks and to ensure people were safe. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no

concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Whitebriars Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This was a targeted inspection due to concerns we had about people's safety and care needs being met and the governance framework to support people and staff. These concerns included staff knowledge about safeguarding and appropriate reporting. Management of risk and how care plans provided details of those risks for example, falls. The management of medication, specifically in respect of staff competence, record keeping and recording of errors. The governance of the service, whether the registered manager submitted notifications, conducted audits and maintained oversight of the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Whitebriars Care 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

We gave a short period of notice of the inspection. This was because of the COVID-19 pandemic. We wanted to be sure that appropriate infection prevention and control measures were in place before visiting the service.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We

sought feedback from the local authority and healthcare professionals that are involved with the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Due to the COVID-19 pandemic we needed to limit the time we spent at the home. This was to reduce the risk of transmitting any infection. Therefore, we called the registered manager immediately before entering the service and discussed how we would safely manage the inspection. We also wanted to clarify the providers infection control procedures to make sure we worked in line with their guidance.

During the inspection

We spoke to five people who used the service and one relative. We spoke with eight members of staff including the provider, the registered manager, the support manager, two senior carers, two carers and one member of the catering team. We spent a short time in the service which allowed us to safely look at different areas of the home and to meet people and staff whilst observing social distancing guidelines. It also gave us an opportunity to observe staff interactions with people.

We reviewed a range of records including safeguarding reports, accidents and incidents, complaints and medicine records. We examined some auditing processes.

After the inspection

We spoke with four relatives. To minimise the time in the service, we asked the registered manager to send some records for us to review remotely. These included policies and procedures relating to the management of the service. We continued to seek clarification from the provider to validate evidence found.

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. We have not rated this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check on specific concerns we had about people's safety and care needs were being met. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm. We were shown a log of incidents that had been raised as safeguarding issues. They had been appropriately dealt with and referred to the local authority for investigation. People told us that they felt safe. A person told us, "I know I'm safe here. I get my medicines and food, I can't complain." A relative said, "I feel they are all very safe there. They have managed the pandemic very well."
- Most staff were able to tell us what action they would take if they had concerns. They said they would ensure people were safe and then escalate issues to line managers and to the local authority if needed. A staff member said, "People's safety always comes first, I'd not hesitate to report to managers if I had to." Some staff members lacked knowledge about safeguarding, they were unable to explain what action they would take if confronted by significant risk. This was raised with the registered manager. We were given assurances that refresher training was planned for within the next few weeks.
- Similarly some staff were not aware of the whistleblowing policy but again the registered manager told us that refresher training would be taking place. Whistleblowing enables staff to raise concerns whilst protecting their anonymity.

Assessing risk, safety monitoring and management

- Care plans were in the process of being updated from paper to an electronic system. The paper copies lacked specific detail relating to people's needs. For example, most people were living with dementia which sometimes resulted in behaviour that challenged but there was no reference to any triggers to this behaviour. We saw that nurses had attended to manage wound care but care plans did not reflect any changes. Staff however knew people and their specific needs well. For example, staff told us about people at greater risk of falls and the support they provided when helping people to move.
- Most care plans had transitioned to electronic copies. These gave details of specific issues relating to people which were cross referenced to risk assessments. The registered manager acknowledged that this transition was not yet complete. Staff still had access to the latest information about people either from the new care plans or from the daily handover meetings.
- We looked at accident and incident records. A number of falls had been reported and these had been cross referenced within the new care plans. Falls had been correctly recorded, investigated and steps taken to minimise recurrence put in place. A relative told us, "We were immediately told after they had a fall and were told that they were fine but a pressure mat had now been put in place."
- Staff had a good understanding of risk and knew what to do in the event of an accident or incident. A staff

member told us, "Always examine for injuries and call 111 if needed. I'd complete a body map, fill in the forms and report. We always get feedback for learning from the managers after an incident." Another member of staff said, "Communication is very good here. You learn a lot from the handovers."

Using medicines safely

- People's medication records confirmed they received their medicines as prescribed. We saw that controlled medicines were stored in a keypad locked room, but not within a locked cupboard within. This was immediately addressed by the registered manager when the issue was highlighted.
- We saw that staff carrying out a medicines round were visiting each person in turn and then returning to the medicine room to record details on the medication administration record (MAR). This resulted in the medicine round taking a long time and MAR records not being immediately updated. We discussed this with the registered manager who undertook to purchase a medicine trolley that could be taken around to resolve this.
- Staff who administered medicines had had the relevant training and competency checks.
- Staff continued to receive regular medicines competency checks to ensure they administered medicines safely. We asked people if they had any concerns regarding their medicines. One person said, "I have to take pills and I get them when needed." A second person told us, "I have pills that I need and I never miss them."
- Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. Protocols were in place to inform staff why these medicines may be needed. Staff were able to discuss PRN protocols, for example for those people who were prescribed medicine for anxiety staff offered verbal reassurance before giving them medicine, this had helped prevent unnecessary use of the medicine.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Relatives were able to book a time slot to visit loved ones but had to remain in the garden maintaining a safe distance between themselves and their relative. Relatives wore personal protective equipment (PPE) throughout each visit. A person told us, "It's ok. I'm waiting to see my (relative), I can see them through the window." A room was being created which included a Perspex shield to enable safe visits indoors as winter approached. Professionals and all staff were given access to a sink to wash, sanitise and then don PPE prior to entering the home.
- We were assured that the provider was meeting shielding and social distancing rules. The service had successfully introduced cohorting and zoning earlier in the pandemic. People who were symptomatic or who return a positive COVID-19 test, were kept in isolation for 14 days. People had been supported by staff and relatives to help them understand the changes the pandemic had created. Staff reassured people by reference to similar historic events and by regular reference to media reports. No one had shown signs of increased anxiety or concern. A person told us, "It's very nice here, the staff are fun. I don't like seeing them wearing masks but I'm used to it now."
- We were assured that the provider was admitting people safely to the service. Few people have been admitted to the service since the start of the pandemic and guidelines had been followed for those that had.
- We were assured that the provider was using PPE effectively and safely. Staff wore facemasks at all times and full PPE when providing personal care. A dedicated area at the front of the home was used by staff to don and doff PPE. Staff had received refresher training in infection prevention and control.
- We were assured that the provider was accessing testing for people using the service and staff. Staff and residents were all subject to regular testing. In the event of a resident testing positive or becoming symptomatic, a period of isolation followed for 14 days. The same rules were used for staff. A small number of people were reluctant to have the tests. Relatives were contacted and helped to explain the importance of the testing and people had then consented to be tested.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. All staff worked only at the service. No agency staff were currently employed. No staff had tested positive for COVID-19. Those that become symptomatic were required to isolate for 14 days. The registered manager maintained contact with staff during their absence and conducted a return to work interview on their first day back.
- We were assured that the provider's infection prevention and control policy was up to date. Most residents lived with dementia and therefore were considered as disproportionately high risk. Measures were in place to protect people using isolation and zoning. These formed part of risk assessments that had been reviewed since the start of the pandemic.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Three cleaners were employed full time working shifts to provide seven day a week cover. We saw that pedal bins were not in use and one bin had a broken lid. PPE stations were equipped with all necessary items but there was no PPE station on the second floor. These issues were raised with and then addressed by the registered manager. We have also signposted the provider to resources to develop their approach.

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.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check on specific concerns we had about people's safety and care needs being met and the governance framework of the service to support people and staff. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Registered managers have a legal obligation to inform CQC of significant events that occur at the service. A number of such notifications had been received though none had been received since the current registered manager had been appointed. The registered manager provided reassurance that both they and the support manager understood their responsibilities the registered manager said, "We know the process but have had nothing to escalate recently." We saw evidence from looking at the accident and incident forms that some referrals had been made to the local authority but had not met the threshold for escalation to CQC.
- The registered manager had responsibility for three care homes and divided their time between the three each day. Each home had a support manager who maintained daily oversight. The registered manager had introduced electronic care plans which they could access remotely, this helped with their oversight of the home. The registered manager kept oversight of auditing processes including accidents, incidents, complaints and training. Any learning opportunities were shared with staff, for example concerns had been raised about regular use of PPE. The latest guidance was then shared with all staff to ensure compliance. The registered manager told us, "Myself and the managers will carry out the audits together. I maintain oversight."
- The registered manager had worked for the provider for over ten years in various managerial positions before working at the home. Relatives spoke well of the managers. One relative told us, "The communication is very good, the managers are very knowledgeable."
- The registered manager kept up to date with developments in adult social care and guidance relating to the pandemic by monitoring the local authority and CQC websites and bulletins.