Whiteoak Court Nursing Home

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Inspection report

15 Selby Close
Chislehurst
Kent
BR7 5RU

Tel: 02084670954

Date of inspection visit:
12 April 2017
18 April 2017

Date of publication:
15 May 2017

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 12 and 18 April 2017 and was unannounced. At the last inspection of the service on 21 and 22 June 2016 we found a breach of regulation of the Health and Social Care Act 2008 in that staff were not supported through regular supervision and appraisals of their practice and performance in line with the provider's policy and staff administering medicines had not received appropriate up to date training and competency assessments to ensure safe practice.

Whiteoak Court Nursing Home provides personal care and nursing support for up to 27 older people. The home is situated within a quiet residential area of Chislehurst, Kent. At the time of our inspection the home was providing support to 25 people. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the previous concerns in relation to staff receiving regular supervision, support, appraisals and appropriate training had been addressed and significant improvements had been made.

Risks to the health and safety of people were assessed and reviewed to ensure people's safety was maintained. Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies and there were safeguarding adult's policies and procedures in place. Accidents and incidents were recorded and acted on appropriately. There were appropriate numbers of staff to meet people's needs.

Staff new to the home were inducted into the service appropriately and staff received training, supervision and appraisals to ensure best practice. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with respect and their support needs and risks were identified, assessed and documented within their care plan. People were provided with information on how to make a complaint and people using the service were provided with opportunities to share their views about the service. There were systems in place used to monitor the quality of the service on a regular basis.

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.

Risks to the health and safety of people using the service were assessed and reviewed to ensure people's safety was maintained.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There was enough staff to support people and meet their needs and staff were recruited into the service appropriately.

Is the service effective?

Good

The service was effective.

Staff were supported through supervision and appraisals of their practice and performance and staff received training that meet people's needs.

The service offered new staff an appropriate induction to the home.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

People had access to health and social care professionals when required.

Is the service caring?

Good

The service was caring.

Interactions between staff and people using the service were positive and staff had developed good relationships with people.

People were supported to maintain relationships with relatives and friends.

Staff were knowledgeable about people's needs and wishes.

Staff respected people's privacy and dignity and promoted independence.

Is the service responsive?

Good

The service was responsive.

People's care needs and risks were assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People's need for stimulation and social interaction were met.

People were provided with information on how to make a complaint and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of service and to identify issues that required attention.

There was a registered manager in post and they were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014.

People were asked for their views about the service to help drive improvements and people were provided with on-going opportunities to share their views.

Whiteoak Court Nursing 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.

The inspection was carried out by one inspector on 12 and 18 April 2017and was unannounced. There were 25 people using the service at the time of our inspection. Prior to the inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and local health care professionals for their views about the service. We used this information to help inform our inspection.

During our inspection we spoke with three people living at the home and three visiting relatives. We observed staff and people interacting and tracked the care provided to people to ensure it met their needs. Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven members of staff including the provider, registered manager, clinical lead, nursing staff, care staff, cooks and domestic staff. We looked at four people's care plans and records, staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and staff treated them with kindness. One person said, "They [staff] are all very nice. They are always there when I need them." Another person told us, "Oh yes I feel very safe. The staff are very caring." We observed that people appeared safe and relaxed in the company of staff and other people using the service. Comments from visiting relatives were also positive and included, "I can sleep well at night knowing that my loved one is safe", and "The staff are very caring and I am very happy with the care and support they provide."

Medicines were managed, stored and administered safely and people received their medicines as prescribed by health care professionals. Medicines were stored safely in a locked trolley kept in a clinical room that only authorised staff had access to. Controlled drugs were also stored safely and records of stock balances were completed accurately. Medicines that required refrigeration were stored appropriately and fridge and medicine room temperatures were checked to ensure that medicines were fit for use. Medicines records we looked at included individual medicine administration records (MAR) for each person using the service. We saw that MARs were completed correctly confirming people received their medicines as prescribed and detailed people's names, photographs, date of birth and information about their prescribed medicines including any side effects and allergies to ensure medicines were administered safely. Staff responsible for administering medicines had completed training on the safe management of medicines and had received medicines competency assessments to demonstrate they had the knowledge and skills required to ensure the safe management of medicines.

Risk to people's physical and mental health were assessed and reviewed and staff had access to information and guidance on how to manage and minimise risks. Care plans contained risk assessments for areas of risks assessed such as medicines, falls, nutrition, moving and handling and skin integrity. Risk assessments documented actions staff must take to ensure identified risks are minimised and people are protected. For example, one care plan contained instructions for staff on how to support the person with their medicines including administration details and the method of receiving the medicine. Care plans also contained details of appropriate referrals to health and social care professionals when required such as support from the local hospice or the visiting GP. Peoples' weights and blood pressure were also regularly monitored and risk assessments were completed where people were considered to be at risk of malnutrition.

Accidents and incidents were recorded, managed and monitored to identify developing themes which assisted the home in reducing the risk of reoccurrence. Where appropriate we saw that accidents and incidents were referred to local authorities and the CQC as required. Accident and incident records demonstrated staff had promptly identified concerns, taken appropriate actions and referred to health and social care professionals when required. Information relating to accidents and incidents was documented clearly and action plans were implemented when required to ensure any actions were taken.

People were supported by staff who demonstrated a clear understanding of the types of abuse that could occur and how they would report abuse. Staff told us they received training in safeguarding adults and would report any concerns they had to the manager. Comments included; "Oh yes I would tell the manager

straight away and know that they would deal with it" and, "We have had training so I am well aware of what to do if I had any concerns." Staff also told us they were aware of the provider's whistle-blowing procedure and they would use it if they needed to report issues of concern or poor practice. There was safeguarding adult's information displayed within the home for people to access providing information on who to contact if people had any concerns.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans as part of their care plan which highlighted the level of support they required to evacuate the building safely. There was a fire evacuation plan in place and staff knew what actions to take in the event of an emergency. Staff had received training in fire safety and emergency first aid and records confirmed regular fire alarm tests and fire drills were carried out. Safety maintenance checks were regularly carried out such as those for gas and electrical equipment and appliances within the home.

We observed there were sufficient numbers of staff on duty to ensure people were kept safe and their needs were met in a timely manner when they requested. Staff we spoke with told us they felt there was enough staff on duty to ensure people were safe. Staffing rota's showed that staffing levels were appropriate to meet people's needs and they corresponded with the number of staff available on duty at each shift. During our inspection we noted people did not have to wait long to be attended to by staff and call bell response times confirmed this.

There were safe recruitment processes in place to reduce the risk from unsuitable staff. Staff files we looked at confirmed that appropriate checks were undertaken before staff commenced work. Staff files included evidence that pre-employment checks had been made and included full background checks, employment history, references, criminal records check and proof of identification. Records relating to nursing staff also included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

Good

Is the service effective?

Our findings

At our last comprehensive inspection of the service on the 21 and 22 June 2016 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that staff had not received regular supervision support and appraisals of their practice in line with the provider's policy.

At this inspection we found improvements had been made as staff had received regular and on-going support through supervision and appraisals. Staff confirmed that they had received support and supervision. One member of staff said, "I have supervision on a regular basis and feel very supported." Another member of staff commented, "I get supervision regularly and find it helpful. I do feel very much supported to do my job and we are a good small team that supports each other." Staff records we looked at confirmed that staff received regular supervision and, where appropriate, an appraisal of their work performance in line with the providers policy.

People told us they were supported by staff that had the skills and knowledge to carry out their roles and responsibilities. One person said, "They know what to do and they do it very well." Another person commented, "They are clever and very well trained." A visiting relative told us, "The staff are very good at their jobs and they are very knowledgeable." Staff told us they had received an induction into the service and completed training when they started working at the home. Staff records confirmed that staff new to the home had received an induction and the registered manager told us newly recruited staff where appropriate would be inducted into the home in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff were also supported through regular training to ensure they had the skills and knowledge to support people effectively. One member of staff told us, "The training we get is very good. Some training we have is on-line and other training is class room based. We get lots of training in all different areas." Training records showed that staff received regular training in areas such as moving and handling, safeguarding, wound care, health and safety and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

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 the service was working within the principles of the MCA, and whether any conditions on authorisations granted to deprive a person of their liberty were being met. We saw that, where required, people's care plans contained mental capacity assessments that were undertaken and we observed that people were supported with decision making and staff gained people's consent before providing support or assistance. The registered manager understood the process for requesting a DoLS authorisation and we saw appropriate referrals had been made and authorisations that were in place were met appropriately.

People were supported to maintain their physical and mental well-being. We observed people talking to staff about their health concerns and attending health appointments. People told us they were able to see health care professionals when they needed. One person said, "The doctor visits whenever I need them and the nurses make sure I'm well." We saw there was a range of health care professionals that visited the home to ensure people were supported to maintain good physical and mental health. Professionals that visited included chiropodists, GP's, occupational therapists, opticians and local hospice nurses for those requiring care at the end of their life.

People told us they had enough to eat and drink throughout the day and they enjoyed the food on offer at the home. One person said, "I really enjoy the food, it's all cooked fresh." Another person told us, "The food is lovely and there is always a choice." A third person commented, "The meals are excellent and we get drinks and snacks when we want them." We spoke with the cook who demonstrated their knowledgeable on people's nutritional needs and diets, for example how some people required soft foods to reduce the risk of choking or reduced sugar foods and smaller plates to support a healthier diet. They told us and we saw the varied snacks on offer throughout the day including home baked cakes. We noted that the kitchen was clean and had been awarded a five star food hygiene rating from the Food Standards Agency.

People's care plans documented risks relating to their nutritional needs and staff maintained food and fluid records for people who were identified as being at risk of malnutrition, dehydration and when there had been unexplained weight loss. We saw that when required referrals to healthcare professionals were promptly made when concerns about people's nutrition had been identified. We observed how people were supported by staff at lunchtime in the dining room and saw that people were able to make choices about the food they wanted to eat. Staff were available and offered appropriate assistance to people when required in a relaxed and caring manner.

Good

Is the service caring?

Our findings

People told us they were happy living at the home and commented positively on the staff who supported them. One person said, "All the staff are lovely. They are very caring and look after me well." Another person said, "Yes they are very caring. They make sure I am well and have everything I need." A visiting relative told us, "The staff are great. My loved one gets the care they need and he really likes living here. I have no concerns about the care at all."

People and their relatives told us they were provided with appropriate information about the home in the form of a service guide upon admission. A visiting relative said, "I was given useful information to help me in any decision I had to make regarding my loved ones care. I found them [staff] to be very helpful." We looked at the provider's service guide which provided people with information about the home and the standard of care to expect. Information included the provider's philosophy of care, facilities available within the home and information relating to the providers complaints process. The registered manager showed us a recently updated service guide which they said would be condensed and copies made available to people for their reference. We saw there was also a 'service user' information folder located in the reception area which contained information on the service, local health and social care services and local community activities. A comments and suggestions box was also located in the entrance hall and provided people with the opportunity to give feedback on the service or to suggest improvements.

People were supported by staff who were knowledgeable about the care they required and the people that were important to them. Throughout our inspection we observed positive interactions between people and staff and noted that staff addressed people by their preferred names. Staff spent time with people and engaged them in activities and conversations. Staff told us of people's preferences and life histories which we saw matched information contained within their care plans. People were supported to maintain relationships with relatives and friends and we observed visitors were free to visit the home without restrictions. One visiting relative told us, "It's very homely here and I can visit anytime I like. The staff are always welcoming."

People and their relatives where appropriate were involved in making decisions and in the planning of their care. A visiting relative told us, "I feel very much involved in my loved ones care and they are very good at keeping in contact with me." Care plans documented where appropriate that relatives and or advocates were involved in people's care and where required were invited to review meetings and other meetings or events held. Care plans also demonstrated that people's preferences were respected. For example they documented people's life histories and choices. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. Staff gave examples of how they address people's cultural needs and provided detailed information about people's dietary choices, personal care preferences and practicing faiths.

People told us their privacy and dignity was respected. Comments included, "Yes they are very respectful", "They always ask me first", and "Yes I feel they maintain my dignity." Staff we spoke with told us how they

promoted people's privacy and dignity by knocking on people's doors before entering their rooms, ensuring doors and curtains were closed when offering support with personal care and by respecting their choice if they wished to be alone or spend time in their room.

People's end of life care needs and wishes were assessed and documented within their care plans to ensure their wishes and choices were respected. For example, some care plans we looked at recorded specific directives in place to meet individual's religious needs and wishes and where people did not want to be resuscitated, Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms had been completed appropriately. We saw that the home had been accredited with the Gold Standards Framework (GSF). The GSF is a systematic evidence based approach to optimising care for all people approaching the end of their life. Staff told us they had received training on the GSF and training records we looked at confirmed this.

We saw that people's personal and medical information was protected and stored appropriately. There were policies and procedures in place to ensure people's personal information was kept confidential and staff were knowledgeable on how and when information could be shared with other professional bodies once consent had been obtained.

Good

Is the service responsive?

Our findings

People told us the care and support they received was responsive to their needs and wishes. One person said, "I have lived here a long time and the staff know how I like things to be done." Another person told us, "The staff are very good at what they do and they know us very well. Whenever I need them they are always there." People's needs were assessed before they were admitted into the home to ensure they could be safely met by staff and the homes environment. People's care needs were recognised from information gathered about them and took into account people's past history, interests and preferences. We saw that where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care. People were also allocated a member of staff to be their keyworker and who coordinated their care to ensure their wishes and preferences were met.

Care plans were implemented and contained people's needs assessments which covered areas including their personal history, activities, medical history, risk assessments, physical and mental health, skin integrity, nutrition, mobility, pain, medicines and end of life care. Care plans also contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs. For example one care plan detailed the support the person required to ensure their physical health and well-being and provided staff with detailed pictorial information on the use of liquid cylinder oxygen to ensure the person received their treatment as prescribed. Staff we spoke with were knowledgeable about the content of people's care plans and how people desired their care to be provided. Care plans we looked at were reviewed on a regular basis in line with the provider's policy and daily records about people's day to day wellbeing were routinely kept by staff.

People were encouraged to engage in a range of activities that met their need for social interaction and stimulation. Most people told us they enjoyed the activities on offer at the home. One person said, "I do enjoy the quizzes but I also like to read." Another person said, "I like it when we have entertainers visit. I do enjoy singing." The registered manager told us that most people enjoyed the activities on offer but some people preferred and chose not to participate which they respected. At the time of our inspection, there was an activity coordinator in post who was responsible for planning and initiating activities within the home. There was an activity plan in place which informed people of the activities on offer and included details of activities such as games, singing, reminiscing, craftwork and external entertainers. During our inspection we observed a group of people sitting in the lounge participating in a planned group quiz.

There was a complaints policy and procedure in place and information about this was on display, in a format that met people's needs, detailing how people could raise concerns and how their concerns would be responded to. People and their relatives told us they knew how to make a complaint if they had any concerns. One person said, "I would tell the nurse. They are very good and I know they would listen." A visiting relative told us, "I am very happy with the care provided and have no complaints at all but if I did I know how to complain." Staff we spoke with were aware of what to do if anyone raised a concern and how to escalate any complaints. They told us they felt any concerns would be taken seriously by the manager and acted on without delay. Complaints records showed that when complaints were received they were responded to appropriately in line with the provider's policy to ensure the best outcomes for people.

Good

Is the service well-led?

Our findings

People and their relatives commented positively on the home and the care and support staff provided. One person said, "I think the home is lovely, it's just like home." Another person told us, "I like living here, the staff are nice and my room is comfortable." A visiting relative told us, "The manager and staff are all very nice and approachable. I think the home is well run." Staff told us the registered manager was supportive and operated an open door policy to encourage feedback and suggestions they had about the home. One member of staff commented, "I love my job and we have a real open culture which is great." Another member of staff said, "The home is very well managed and we all work together as a team. The manager and owner are very supportive."

At the time of our inspection there was a registered manager in post who knew the service well and was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. Throughout our inspection we saw the registered manager spent time with people using the service, their relatives and staff.

There were systems in place used to monitor the quality of the service on a regular basis. We looked at the systems used within the home which included a schedule of audits conducted by the provider, registered manager and senior staff. Audits conducted included care plans and care records, accidents and incidents, safeguarding, medicines, health and safety, environmental and nutrition amongst others. Audits we looked at confirmed that checks were conducted on a regular basis and had identified some areas requiring improvements. We noted that records of actions taken to address any highlighted concerns were recorded. For example an accident and incident audit conducted in February 2017 detailed the falls that one person had suffered and the action taken by the home to reduce the risk of reoccurrence including referral's to health professionals. External audits were also conducted by visiting professionals such the visiting pharmacist and commissioning local authority.

Staff told us their views were sought and information was shared with them to ensure they were informed of service updates and changes and that they felt included in the day to day management of the home. One member of staff said, "We have team meetings which are good and we share practice issues. We are a small team and so communication is very good anyway." Records showed that staff team meetings were held on a regular basis and daily staff handover meetings were conducted at shift changes to ensure staff were informed of people's daily needs and treatment. Staff surveys were also conducted on an annual basis and results for the survey conducted in September 2016 were largely positive showing 80% of staff felt they were valued.

There were systems in place to gain feedback from people using the service and for them to share any suggestions for improvements. People were provided with the opportunity to complete a service satisfaction survey that the provider conducted on an annual basis. The results of the survey conducted in October 2016 were positive. We noted people's comments on the staff within the home included, "Caring,

respectful, helpful and professional", and 90% of people felt their privacy and independence was respected. We noted there was a comment and request for a new music system with video to be purchased in the communal lounge and we saw that an audio interactive DVD had been purchased to accommodate the request. There was also a comments and suggestions box in place for people to give feedback about the service at any time.