

Uniquehelp Limited

# Whitstable Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Whitstable Nursing Home provides nursing and personal care for 35 older people and for people living with dementia. At the time of our inspection 26 people lived in the service.

Rating at last inspection: 'Requires Improvement' (report published February 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At our last inspection we found that there were two breaches of regulations. This was because there were shortfalls in the planning, delivery, monitoring and evaluation of the nursing care provided for people with specific healthcare conditions. There were also shortfalls in the completion of quality checks to ensure that people consistently received safe care and treatment. At the present inspection we found that improvements had been made to address the breaches of the regulations to ensure that nursing care was delivered in line with national guidance. We found that in each domain the service now met the characteristics of Good. The overall rating of the service is, 'Good'.

What life is like for people using this service:

People were safeguarded from situations in which they may be at risk of experiencing abuse.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected.

Medicines were managed safely.

There were enough nurses and care staff to provide people with the care they needed.

Background checks had been completed before new care staff had been appointed. Suitable provision had been made to prevent and control infection

Lessons had been learned when things had gone wrong.

Care was delivered in line with national guidance and nurses and care staff had the knowledge and skills they needed to promote positive outcomes for people.

People were supported to eat and drink enough to have a balanced diet.

Suitable arrangements had been made to ensure that people received coordinated care when they used or moved between different services and they had been helped to access healthcare services.

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 supported this practice. The service was compliant with the Mental Capacity Act 2005.

Some of the accommodation was not well maintained. However, there were plans to put the defects right.

People were treated with kindness, respect and compassion.

People were supported to express their views about things that were important to them.

People received personalised care that promoted their independence.

The registered manager, nurses and care staff recognised the importance of promoting equality and diversity.

Complaints were promptly resolved to improve the quality of care.

People were supported at the end of their life to have a comfortable, dignified and pain-free death.

People who lived in the service, their relatives, nurses and care staff were actively engaged in developing the service.

There were systems and procedures to enable the service to learn, improve and assure its sustainability.

The registered manager was actively working in partnership with other agencies to support the development of joined-up care.

More information is in the detailed findings below.

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 sooner.

## 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.

# Whitstable 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: One inspector, one specialist professional advisor and one expert by experience. The specialist professional advisor was a nurse. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Service and service type: Whitstable Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 provides nursing and personal care for 35 older people and for people living with dementia. At the time of our inspection, 26 people used the service and there were 18 staff.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. In this report when we speak about both the registered provider and the registered manager we refer to them as being, 'the registered persons'.

Notice of inspection: This inspection was unannounced.

What we did:

Before the inspection visit we reviewed information we had received about the service. This included details about incidents the registered persons must notify us about, such as allegations of abuse and accidents resulting in significant injury. Registered persons are also required to send us at least once annually key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection visit we did the following:

Spoke with 14 people who lived in the service and four relatives.

Spoke with four members of care staff, activities manager, chef, deputy manager, registered manager and area manager.

Looked at eight people's care records and medicine records.

Looked at two staff files, records relating to training and supervision of staff and records relating to the management of the home.

Used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of three people who lived with dementia and who could not speak with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- At our last inspection on 7 December 2017 we found that there was a breach of the regulations. This was because people had not been fully protected from the risk of receiving care and treatment that was not safe. In particular, nurses and care staff had not been given all of the guidance and information they needed to care for people who had specific healthcare conditions. As a result of this we rated the domain 'Safe' as, 'Requires Improvement'.
- After the inspection, the registered persons told us that they had made the necessary changes to address our concerns. At the present inspection we found that the service had introduced a new electronic care planning system that provided nurses and care staff with more information about how to support people with the healthcare conditions in question. We also noted that nurses and care staff knew about the information and were using it in practice when caring for people. These improvements had resulted in the breach of regulations being met. Therefore, the rating for this key question has increased to 'good'.
- Other risks to health and safety had been managed in the right way. People who were at risk of developing sore skin were helped to keep their skin healthy. People who had reduced mobility were safely helped by staff to transfer and move about.
- The service was equipped with a modern fire safety system that had been regularly checked to make sure it remained in good working order. Gas appliances, the electrical wiring system, hoists and the passenger lift had all been inspected by contractors and confirmed to be in good working order.

Using medicines safely:

- Medicines were ordered, stored, administered and disposed of in line with national guidance.
- Medicines were administered by nurses who had received training and who were competent to safely complete this task.
- We saw medicines being offered to people in the right way with an accurate record being created on each occasion a medicine was used.

Supporting staff to keep people safe from harm and abuse, systems and processes:

- People felt safe using the service. A person said, "I do feel safe here, it is a relief being looked after properly by trained people who really know what they are doing."
- The registered manager and staff understood their responsibilities to safeguard people from abuse. Staff were aware of the signs and symptoms of abuse enabling them to quickly take action should the need arise.
- Staff were confident that if they reported any concerns to the registered manager or area manager they would be dealt with appropriately.
- The registered manager had referred incidents to the local safeguarding team as appropriate.

#### Staffing and recruitment:

- The registered manager had calculated the number of nurses and care staff who needed to be on duty. Records showed that this number of staff was regularly being deployed in the service. On the day of the inspection there were enough staff on duty because we saw people promptly receiving the care they needed. A person said, "If I press my call bell, I do know that someone will come and be with me pretty promptly."
- Personnel files contained all the necessary pre-employment checks that showed only fit and proper applicants were offered roles.
- Checks included asking for a full employment history, checking the reasons why staff had left their previous roles and obtaining a 'police check' from the Disclosure and Barring Service. They also included obtaining references from past employers.

#### Preventing and controlling infection:

- Nurses and care staff had received training in preventing and controlling infection.
- The accommodation, fixtures, fittings and soft furnishings were clean. Bed linen was neat and clean.
- All staff wore clean uniforms and correctly used personal protective equipment, including disposable gloves and aprons.

#### Learning lessons when things go wrong:

- There were robust arrangements to analyse accidents and near misses so that action could be taken to reduce the chance of the same things from happening again.
- Nurses and care staff had completed a record of each accident and near miss to identify what could be done better in the future. This included providing new pieces of equipment such as grab rails and hoists. It also involved seeking and following advice from specialist nurses and occupational therapists.



# 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.

Good: People experienced positive outcomes from care delivered in line with national guidance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The registered manager had assessed people's needs and choices before they moved in. This was so that people received care which achieved effective outcomes in line with national guidance.
- The assessment had also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. This was so that people received care that met their personal preferences. An example of this was people being able to choose to only have close personal care provided by a male or female member of staff.

Staff skills, knowledge and experience:

- Nurses and care staff had received introductory and more detailed refresher training in how to care for people in the right way. This included fire safety, first aid and the safe management of healthcare conditions. Nurses and care staff had also met with the registered manager to review their work and to receive guidance.
- Nurses and care staff knew how to care for people in the right way to deliver positive outcomes. This included helping people to keep their skin healthy, to promote their continence and to maintain their mobility.
- However, we noted that additional provision needed to be made to reassure a person who lived with dementia and who regularly became upset. We noted that the person would benefit from having more frequent contact with nurses and care staff. We raised our concerns with the registered manager who told us that they would immediately seek and act upon advice from the person's doctor to address the person's needs. After the inspection visit the registered manager told us that the person had been given more time with nurses and care staff to which they had responded positively.

Supporting people to eat and drink enough with choice in a balanced diet:

- There was a choice of dish available at each meal time. People could choose to eat their meals in the dining rooms or in the privacy of their bedrooms.
- People who needed help to eat and drink enough were assisted in the way they preferred.
- When necessary nurses and care staff provided people with individual assistance to eat and drink. Nurses and care staff checked how much some people were eating and drinking to make sure they were having a balanced diet.
- Advice from healthcare professionals had been sought and followed if people were at risk of choking. This included specially preparing food and drinks so that they were easier to swallow.

Staff working with other agencies to provide consistent, effective, timely care:

- People received joined up care when they moved between or received care from more than one service. If a person moved to live in another residential service the registered manager and nurses made sure that information about the person's care needs was sent to the new service.
- When people received treatment in hospital the registered manager and nurses contacted hospital colleagues to inform them about the person's healthcare needs.

Supporting people to live healthier lives, access healthcare services and support:

- People had been supported to access healthcare resources such as dentists, opticians, chiropodists and physiotherapists.
- Records showed that nurses and care staff were vigilant and quickly noted if someone was unwell and needed medical attention. When necessary, people's doctors had been contacted without delay. A person said "If we need extra care from a doctor there is never a delay in calling one to us."

Ensuring consent to care and treatment in line with law and guidance:

- National guidelines had been followed to promote positive outcomes for people by seeking consent to care and treatment in line with legislation. The Mental Capacity Act 2005 provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make 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 Mental Capacity Act 2005. The authorisation 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 Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- People had been supported to make decisions for themselves. When people lacked mental capacity staff had ensured that decisions were made in people's best interests. When necessary, the registered manager had made applications for DoLS authorisations to ensure that people who lived in the service only received lawful care that was the least restrictive possible.

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

- The accommodation was well decorated and comfortably furnished.
- However, seven small double glazed window units were misted up inside and looked unsightly. We raised this matter with the area manager who assured us that the units would be replaced as soon as a contractor could be arranged to complete the work.

# Is the service caring?

## Our findings

People were supported and treated with dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People said that they were treated with kindness and consideration. One person told us, "I simply cannot criticise the care or kindness here at all. It is all I had hope for as far as caring is concerned". Relatives were also positive with one of them remarking, "The staff are genuinely kind and they're here because they care not for an easy life."
- We saw a lot of examples of nurses and care staff being kind and compassionate. An example of this was people being supported each day to wear colour coordinated clothes of their choice.
- We also witnessed warm interactions such as a member of care staff sitting with a person while they both looked out of the window and forward to the arrival of spring.

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

- Nurses and care staff listened to people and respected what they said by making changes to their daily routine. One person said, "Some mornings I like an early cup of tea and other days I might like a lie in. It's no trouble for the staff who are happy to leave me and come back later to help me get up."
- Staff knew how to support people who had communication adaptive needs. An example of this was a member of staff who pointed to different objects in a person's bedroom. They did this until it became clear that the person wanted their television to be turned off.
- Most people had relatives who could help them make decisions and communicate their views about things that were important to them. In addition to this, the registered manager had developed links for local lay advocacy services. Lay advocates are independent of the service and can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence:

- People's dignity and privacy was respected. Nurses and care staff were discreet when asking people in communal areas if they required support to use the bathroom. Bathroom, toilet and bedroom doors were closed when personal care was being provided. Nurses and care staff knocked and waited for permission before going into rooms that were in use.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were welcome to visit anytime and always felt welcome.
- Nurses and care staff kept private information confidential. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

# Is the service responsive?

## Our findings

People's needs were met through good organisation and delivery.

Good: People's needs were met through good organisation and delivery.

Personalised care:

- Nurses and care staff knew about the care each person needed to receive. People received a wide range of assistance including help with washing, dressing, changing their clothes and maintaining their personal hygiene.
- Nurses and care staff had consulted with people about the care they wanted to be provided and had recorded the results in an individual care plan. Staff explained information to people about their care and invited them to comment on any changes they wanted to make.
- Relatives felt the staff were responsive., One relative told us, "The staff are very good here and they always chat with me and my family member about how care should be provided. It's done in an informal way."
- There was an activities manager who offered people the opportunity to pursue their hobbies and interests. Some people joined group activities such as armchair exercises, quizzes and games. Other people received individual support from the activities manager who called to see them in their bedrooms.
- Nurses and care staff recognised the importance of respecting people's individuality. This included supporting people who wished to meet their spiritual needs through religious observance.
- Nurses and care staff also recognised the importance of appropriately supporting people if they adopted gay, lesbian, bisexual, transgender or intersex life-course identities.

People's concerns and complaints:

- There was a complaints procedure that described how people could make a complaint or raise a concern. None of the people with whom we spoke had made a complaint or raised a concern. However, they all felt confident that if they did make a complaint it would be dealt with quickly. A person said, "Little things have been very quickly sorted. I have not ever had to make a proper complaint to the office."
- We saw that the small number of complaints received by the service since our last inspection had been quickly investigated and properly resolved.

End of life care and support:

- People had been consulted about the care they wanted to receive at the end of their life. The service was developing this aspect of its provision so that it could be accredited by a nationally recognised award.

# 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.

Good: 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; Continuous learning and improving care:

- At our last inspection on 7 December 2018 we found that there was a breach of the regulations. This was because suitable quality checks had not been completed to ensure that people's care was assessed, planned, delivered and evaluated to fully protect them from the risk of receiving care and treatment that was not safe. As a result of this we rated the domain 'Well Led' as, 'Requires Improvement'.
- After the inspection, the registered persons told us that they had made the necessary changes to address our concerns. At the present inspection we found that the deputy manager, registered manager and area manager had completed more robust audits of the care provided in the service. This improvement had resulted in the breach of regulations being met. Therefore, the rating for this key question has increased to, 'Good'.
- Other audits were also being completed including the management of accidents and near misses, the administration of medicines and the maintenance of the service's equipment and accommodation.
- There was a business continuity plan that described what steps would be taken to keep people safe in exceptional circumstances such as a power failure.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager has established an open and inclusive culture in the service so that people, relatives and staff could raise any issues or concerns or make suggestions. The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics:

- People and their relatives had been invited to attend 'residents' and relatives' meetings' to give feedback about how well the service was meeting their expectations. Action had been taken to introduce suggested improvements such as alterations to the menu.
- Special arrangements had been made to receive feedback from people who lived with dementia or other communication adaptive needs. This included people being given individual support to talk about the service and being helped by relatives to express their opinions.
- The registered manager had asked staff to complete a survey regarding their experience of working in the service. In addition to this, staff had been invited to attend regular team meetings to discuss their work. The registered manager had analysed the comments they had received and had taken action to deal with areas where they could make improvements.

Continuous learning and improving care:

- The service's new electronic care planning system automatically generated a number of alerts to show the registered manager how well the service was running. This allowed the registered manager to maintain a close watch on accidents, falls, the management of medicines and doctors' appointments.
- Other electronic systems enabled the registered manager to monitor the completion of health and safety checks, staff recruitment and the cleaning of the service.
- The registered manager was a qualified nurse. They subscribed to a number of clinical journals and websites to keep up to date with recent national developments in good practice.

Working in partnership with others:

- The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with commissioners so that they quickly knew when a vacancy had arisen so that people could be offered the opportunity to move into the service as soon as possible.