

RCH Care Homes Limited

# Withens Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

**Inspected but not rated**

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Withens Nursing Home is a residential care home providing personal and nursing care for up to 33 people. It can accommodate older people who have nursing needs and people living with dementia. At the time of the inspection there were 24 people living in the service. The service was arranged over two floors with communal areas on the ground floor. The upper floor was accessible via a lift.

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

People told us they felt safe in the service and liked living there. One person said, "I like it here, everyone is marvellous." Relatives agreed their loved ones were safe in Withens. Staff received training in safeguarding, and this was up to date. People received safe care and treatment and environmental risks were managed. Medicines were managed safely in line with national guidance.

There were quality monitoring processes in place to monitor the service. There was a manager who was registered with the Care Quality Commission who had left around the same time as our inspection. The provider had already put interim management arrangements in place and a regional management team provided support for the service. Staff had confidence in the management team and found them approachable.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 20 October 2020) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We received concerns in relation to safe care and treatment, poor care and needs, including nutritional needs, not being met due to low staffing. As a result, we undertook a focused inspection to review the key questions of safe and well led and a targeted inspection of one area in effective. We also checked that the provider had followed their action plan and to confirm they now met legal requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Withens Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

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 the key question we had specific concerns about.

Inspected but not rated

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# Withens 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

This inspection was carried out by one inspector.

#### Service and service type

Withens Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. However, this person left around the time of this inspection. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection took place over two days, the first day was unannounced, the second was announced.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection, this includes things the provider is legally required to notify us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including managers, nurses, care workers, activity staff, admin, chef and maintenance person.

We reviewed a range of records. This included four people's care plans and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, audits, action plans and meeting notes were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision data, some environmental risk assessments and fire safety reports.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant that people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- Care plans and risk assessments were comprehensive, organised and up to date, and contained enough information for staff to provide safe care. There were specific instructions for staff to deliver safe care and minimise risks, such as falls, choking or skin damage. We observed staff delivering care in line with their care plan and risk assessment. Daily records of care and monitoring tools, such as repositioning charts, were in place and had been completed. Daily notes contained a helpful one-page summary for ease of reference. Folders contained reminders for staff about infection control, maintaining dignity and hints and tips to support staff providing care for people who were reluctant to eat.
- People received safe care and treatment. Staff told us they had time to read the care plans and risk assessments and confirmed that they contained a good level of detail to enable them to support people in the right way. One person said, "They know what I need, and I'm well looked after." A relative said, "They know how to meet her needs safely." The chef confirmed they knew the dietary requirements of people living in the service and understood who needed modified diets. We saw people receiving meals and drinks of the right consistency.
- The provider had a robust system in place for regular reviews and monitoring of risk assessments. Staff told us that any changes in a person's care or support needs would be in the handover notes. Handover meeting notes confirmed this. Relatives told us that they were updated if there were any changes to their loved one's care. One relative said, "They always ring me if there is a problem or to keep me up to date, for example, with COVID-19 vaccines."
- Environmental risks were suitably managed including fire safety, the maintenance of appliances, electrical and water safety. There was a register of maintenance checks and there was evidence of remedial action being taken. Staff had been given guidance on fire safety and knew how to move people safely if the fire alarm sounded. There was evidence of fire evacuation drills taking place for day and night staff and outcomes of the exercises were recorded. We saw staff using moving and handling equipment safely.

### Using medicines safely

At the last inspection the provider had failed to ensure the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were managed safely in line with national guidance. Medicines were securely stored in clean, temperature-controlled conditions. Creams and thickening powders, where these were prescribed, were safely stored in locked cabinets in the persons' room.
- Medicines were administered by nurses and training and competency records were up to date. Medicine administration records were complete and accurate. There were clear guidelines in place for staff to administer 'as required' medicines, for example pain relief. When these medicines were used, staff recorded whether the medicine had the desired effect. Where people required medicines in a skin patch the site was rotated regularly to prevent skin irritation.
- Medicines were audited regularly. Medicines errors were documented, investigated and lessons learned were shared with the team during clinical meetings. Nurses wrote reflective accounts which were used as a learning tool after medicine errors.

#### Staffing and recruitment

At the last inspection, the provider had failed to ensure sufficient staff were deployed to meet peoples' needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18.

- Enough staff were deployed to meet peoples' needs. The rotas showed that planned shifts were filled, and agency staff were used to supplement regular staff when necessary. Call bell audits were undertaken on the manager's daily walk around, and care was seen to be delivered promptly. Most people living in the service and their relatives thought there were enough staff most of the time. One relative told us that a lot of the staff were longstanding which they found reassuring. Another relative said, "It started off a bit shaky with a high turnover of staff but seems to have settled down now."
- The service used a dependency tool to assess the number of staff needed to meet peoples' needs, and staffing levels were higher than suggested by the tool. Most staff thought there could be more people on duty particularly at weekends when support roles were not working. One staff member told us, "We could do with more permanent staff, but they are advertising."
- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and Disclosure and Barring (DBS) records. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.
- Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their personal identification number to confirm their registration status. Nursing staff were required to update their registration annually.

#### Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and were able to tell us what signs to look for and what action to take if they were concerned. Staff told they had training in safeguarding and records confirmed this. Staff knew how to report signs of abuse and were confident to do so. They said that action would be taken if they reported something. One staff member said, "I would have no problem reporting, if, for example, I thought someone was being ill-treated."
- Records showed that staff recorded and reported allegations of abuse to the appropriate safeguarding

authorities. Safeguarding records were completed and showed that staff cooperated with investigations. Safeguarding notifications had been made to the Care Quality Commission.

- People and their relatives told us they felt safe in the service. One person told us, "I feel very safe, yes and I like it here." A relative said, "Oh yes, [relative] is very safe, it's all good." Another relative said, "Clothes are always freshly laundered. [Relative] is always dressed properly and coordinated and has her hair washed. They all seem very caring."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents and we saw these were recorded appropriately.
- Accidents and incidents were investigated. Investigation records were thorough and included action plans, mitigation strategies, Duty of Candour and details of who was notified, for example, GP, relatives. Actions were taken to prevent recurrence, for example, one person had been moved to a different room so they could be more easily observed by staff. Lessons learned were thorough and included a page, called "Our Learning" which staff needed to sign to confirm they had been read and understood. Lessons learned were also discussed at daily meetings in the service.
- Details were entered into an electronic system to facilitate monthly analyses of accidents, incidents and key clinical indicators, for example weight loss or infections. Analyses were carried out to identify trends and reduce risk of recurrence, for example trends in falls or pressure ulcers. These were discussed at weekly risk management meetings.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this. 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.

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

- People were supported to eat and drink safely in line with recommendations received from Speech and Language Therapists (SALT) and dieticians. People were protected from risks of choking with modified food and fluids following assessments by SALT. We saw people receiving meals and drinks of the right consistency.
- The chef was knowledgeable about modified diets and held a list in the kitchen of peoples' dietary needs. The chef attended daily update meetings to ensure they were kept up to date with any changes.
- Some people went to the dining room for their meals and some ate in their rooms. There were enough staff to support people who needed assistance to eat and drink, either in the dining room or in their rooms.
- The provider had introduced a new role of hospitality manager who undertook dining audits. They also engaged with people and relatives about new menu options and provided support to the catering team on site.
- People told us the food was good and they got choices. One person said, "I like the food most of the time." A relative said, "Meals are always freshly cooked, always a good selection. If they didn't like what was on offer, they would be offered an alternative. There are always plenty of tea and biscuits."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection, the provider's quality assurance processes had failed to identify issues relating to the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- The manager met daily with unit managers, nurses and a representative from other departments to ensure that key information about people's safety and messages were shared in a timely way. Daily handover meetings were held to ensure that staff on duty had up to date information about the people they were supporting. All meetings were documented.
- A daily walk around audit was undertaken by a manager or nurse each day and night. These were documented and checked people's care records, charts, beds, sheets, room cleanliness and that care was being given appropriately. Night walk rounds had added checks on security and fire doors. Staff told us managers were supportive, approachable and that they were treated fairly. One staff member said, "[Manager] door is always open, I could speak to them at any time."
- The provider had a quality monitoring system in place. There was a home development plan which was reviewed by senior managers and discussed at regular meetings. A range of audits were undertaken, for example, in medicines, infection control, care plans, health and safety and clinical indicators. Staff had access to policies and procedures to help them consistently provide people with the right assistance.
- The manager produced a weekly report on key performance and clinical indicators which was sent to senior managers. Managers and nurses attended weekly clinical risk meetings and clinical governance meetings where clinical risks such as weight loss or wounds were discussed. Action plans were in place to ensure that issues were addressed and reviewed, for example, referrals to dieticians or other professionals. Care records were comprehensive and up to date.

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

- The manager and the provider demonstrated a clear commitment to continuous improvement. Staff told us there was an open and honest culture, but most said morale was 'up and down'. Staff told us there was good teamwork most of the time. One staff member said, "People generally work well together, everyone pulls together." Another staff member said, "We have excellent teamwork, we all chip in and help."
- Staff told us, and records confirmed they were invited to meetings and were encouraged to contribute. Some staff said they had made suggestions which had been listened to by managers. Staff were encouraged to take up additional training to aid their development.
- People told us staff supported them in ways they wanted. One person told us there was plenty going on if people were interested but if they didn't want to be involved their wishes were respected. Another person told us they were supported to have their personal effects in their room. A relative told us they had bought cosy, fleecy bedding for their relative and, "it is always on the bed." We saw notes of meetings held with people who live in the service where various areas were discussed, such as housekeeping, food and activities.
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. This is so we can check that appropriate action has been taken. The manager had correctly submitted notifications to CQC.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Relatives told us, and records confirmed that staff were in regular contact with them, particularly during the COVID-19 pandemic, and had informed them of accidents or incidents involving their family members.

Working in partnership with others

- The service engaged with other health professionals. Managers and nurses liaised regularly with health partners including tissue viability nurses, Speech and Language Therapists, physiotherapists and dieticians.
- The manager and nurses were in regular contact with the GP who visited the home when needed. Alternatively, consultations were offered remotely via video link.
- The manager was involved in the local authority support groups and professional bodies, such as the Royal College of Nursing.