

White Rock Nursing Home Limited

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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

The inspection took place on the 20 and 23 June 2017 and was unannounced. White Rock Nursing Home Limited provides accommodation and support for up to 30 older people including people living with dementia. At the time of our inspection there were 28 people living at the home.

At our last inspection on 20 and 21 January 2016, we found one breach of the regulations. The service was non-compliant with safeguarding people from abuse and improper treatment. During this inspection we found action had been taken and improvements made.

The Registered manager left shortly before the inspection and there was a new manager in post who was applying to register with CQC.. 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.

People felt safe living at White Rock Nursing Home and risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies.

Relevant recruitment checks were conducted before staff started working at White Rock Nursing Home to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

Staff were trained and assessed as competent to support people with medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Most people's care plans provided comprehensive information and were reviewed regularly. The service had introduced the 'Resident of the day' which ensured the staff spend time with the person to ensure care plans were updated and to see what improvements could be made to their needs.

Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction programme before being permitted to work unsupervised.

Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

People were cared for with kindness, compassion and sensitivity. Care plans provided information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible.

A complaints procedure was in place. There were appropriate management arrangements in place. Regular audits of the service were carried out to assess and monitor the quality of the service.

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.

People felt safe when receiving support from staff members. Staff received training in safeguarding adults and knew how to identify, prevent and report abuse

The service followed safe recruitment practices and there were sufficient staff to meet people's needs.

Staff were trained and assessed as competent to support people with medicines. Risk assessments were in place and fire safety checks were carried out.

Is the service effective?

Good ●

The service was effective.

People were given a choice of nutritious food and drink and received appropriate support to meet their nutritional needs.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Is the service caring?

Good ●

The service was caring.

People and relatives were positive about the way staff treated them with kindness and compassion.

People were treated with dignity and respect. People's privacy was respected at all times.

Is the service responsive?

Good ●

The service was responsive.

Most people's care plans provided comprehensive information and were reviewed regularly. The service had introduced the 'Resident of the day' which ensured the staff spent time with the person to ensure care plans were updated and to see what improvements could be made to their needs.

People received personalised care from staff that understood and were able to meet their needs. People had access to a range of activities which they could choose to attend.

People's views were listened to. A complaints procedure was in place.

Is the service well-led?

Good ●

The service was well led.

People and visitors felt the home was well run.

Staff spoke highly of the management, who were approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided. There was a whistle blowing policy in place and staff knew how to report concerns.□

White Rock Nursing Home Limited

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.

This inspection took place on 20 and 23 June 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor in the care of older people living with dementia and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this kind of service.

Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with three people living at the home and four family members. We also spoke with the provider, the manager, the deputy manager, two registered nurses, four care staff, activities coordinator and the chef.

We looked at care plans and associated records for six people, staff duty records, four recruitment files, accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We used the Short observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Is the service safe?

Our findings

At our previous inspection of the home in January 2016, we identified systems and processes were not established and operated effectively to prevent abuse. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by August 2016. At this inspection we found improvements had been made and the provider had reviewed and put in place a safeguarding protocol and training programme.

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "If they had a safeguarding concern, 'I would go to my team leader. If the problem was with them I would go to one of the nurses or management or to CQC'. The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.

People and their families told us they felt safe living at the home. One person told us, "I feel safe". A family member said, "I think [person's name] is safe here, I'm quite happy with the care". Another family member told us their wife was safe and said, "I've never heard a carer raise their voice". Other comments included, "I feel she is safe here, she's settled". As well as, "Definitely feel he is safe."

People were supported to receive their medicines safely. People said they received their medicines regularly and at the correct times. Medication administration records (MARs) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and assessed as competent to administer medicines. There were appropriate arrangements in place for obtaining, recording, administering of prescribed medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Stocks of medicines matched the records which meant all medicines were accounted for. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

Staff understood individual risks and records confirmed people's health and wellbeing risks were assessed, monitored and reviewed. People were supported in accordance with their risk management plans. For example, people who were at risk of skin damage used special cushions and mattresses to reduce the risk. We observed equipment, such as hoists and pressure relieving devices, being used safely and in accordance with people's risk assessments.

Suitable checks were made to help ensure the building was safe for people. However on the first day of our inspection we saw that a window restrictor had broken in an upstairs bathroom and waste bins in communal bathrooms did not have a self-closing lid, to help prevent the spread of infection. This posed a risk to people, particularly those living with dementia, who had access to this window and lacked the capacity to understand the risk. We brought this to the attention of the manager who acted immediately to ensure the safety of people. At the conclusion of our visit the window restrictor had been repaired and the provider had purchased and fitted all new bins with self-closing lids.

Other aspects of the environment were safe. Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. The manager carried out daily checks by walking around the home to ensure that the people they supported were safe. This included fire doors, checking cleaning cupboards were kept locked, drinks were readily available and fluid charts are in place and recorded correctly. Checks on the completion of daily notes and medicine administration records (MAR) charts and a visible check of four people's rooms daily were also undertaken.

People and their families felt there were sufficient staff to meet their needs. One family member told us, "[Person's name] moved here from another home as it seemed nice and the amount of staff they have is better here". Another family member said, "Feel enough staff, generally seems to be someone on duty in each room, at all times". Other comments included, "Seems to be plenty of staff most of the time". As well as, "Feel enough staff, always a lot of them." During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs.

Safe recruitment practices were followed before new staff were employed to work with people. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

Is the service effective?

Our findings

People and their families spoke positively about the quality of the food. One person told us, "The food is good, very good". Another person said, "Food very nice". Other comments included, "I'm happy here, very pleasant and very good". A Family member told us, "[Person's name] enjoys the food and always gets a choice". Another family member said, "Care staff are patient. [Person's name] not losing any weight and seems to be happy here".

People were encouraged to eat well and staff provided one to one support at meal-times where needed. Staff closely monitored the food and fluid intakes of people at risk of malnutrition or dehydration and took appropriate action when required. Staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans.

People received varied and nutritious meals including a choice of fresh food and drinks. The chef was aware that some people could change their mind or forget what they ordered and this was taken into account when preparing the food. The chef told us, "Residents can have anything at any time, kitchen open 24 hours". One person had requested a haggis for tea and this was arranged for them. The service had started to use a food preference folder with special diets listed and a pictorial menu board, to support people living with dementia.

Improvements had been made which ensured that where people lacked capacity to consent to aspects of their care that this had been assessed and documented. Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to 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. Staff knew how the principles of the MCA applied in the home and what to do if they were concerned about a person's ability to make decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 MCA and whether any conditions on authorisations to deprive a person of their liberty was being met. Relevant applications for a DoLS had been submitted by the home and had either been authorised or were waiting to be assessed by the local authority. Staff were aware of the support required by people who were subject to DoLS to keep them safe and protect their rights.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range of training and told us they were supported to complete any additional training they requested. One staff member told us, "Training very

good. Trainer comes into the home and regularly updates us on the latest guidance". Another staff member said, "Dementia training is very good and interesting as you can focus on residents at the home and what stage they are at which is good."

Staff told us they had an induction and worked alongside experienced senior staff when they started work. They received essential training before they worked on shift and further training on an on-going basis. Staff received supervisions (one to one meeting) every other month and annual appraisals. This enabled staff to discuss any training needs or concerns they may have. One staff member told us, "I enjoy completing staff supervisions as I like supporting and developing staff."

People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, specialist nurses and chiropodists. They also had access to dental care and eyesight tests when needed.

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person told us, "Carers are excellent". A family member said, "Staff are very caring towards him". Another family member said, "[Staff member's name] really good, goes the extra mile and seeing what people really want". Other comments included, "Staff very caring, it's been a weight of my shoulders". As well as, "When he first came into the home, they supported me as well as it was difficult and said we are here for the family as well".

People were relaxed and comfortable in the company of staff. All the interactions we observed between people and staff were positive and friendly. We saw staff kneeling down to people's eye level to communicate with them. Staff gave people time to process information and choices were offered. Although busy staff did not rush people when supporting them. We heard good-natured banter between people and staff showing they knew people well. One person was assisted into a chair for their lunch and they said they had pain in their arm. Staff informed them they would tell the nurse and in the meantime got a pillow and placed it under their arm to support them. Staff were reassuring and patient with the person who informed staff that they were now comfortable and not in pain.

People and their families told us that privacy and dignity was adhered to and we observed care was offered discretely in order to maintain personal dignity. One family member told us, "Staff treat my wife with dignity and respect and I would say they are caring". People's privacy was protected by ensuring all aspects of personal care was provided in their own rooms. Staff knocked on doors and waited for a response before entering people's rooms.

Staff understood the importance of promoting and maintaining people's independence. A family member told us, "[Person's name] likes to shave himself, so staff charge his shaver and make it available for him". People's care plans had details of how to support people to do things as independently as possible. People who required prompting to use mobility aids, were supported and encouraged to be as independent as possible, and staff stayed with them and prompted safe use without over supporting and taking away people's independence.

When people moved to the home, they and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. We saw that people's care plans contained detailed information about their life histories to assist staff in understanding their background and what might be important to them.

We observed caring behaviour in staff interactions with people, which demonstrated person-centred care in their familiarity with each person, and the ease of communication. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Is the service responsive?

Our findings

People received care that met their needs and took into account their individual choices and preferences. One family member told us, "Our family all come to visit quite a lot and are always satisfied with the care, always kept smart, clean and looked after". Another family member said, "Very happy with the home, particularly the care. Very lucky having him here, really lucky."

The service had recently introduced the 'Resident of the day' where a room number would tally with the day of the month. Staff would spend their day ensuring the person's care plan and risk assessment were reviewed in detail. This also included a room check, looking at cleanliness, clothing and any improvements required to the room. The service also had a meeting or telephone discussion with their relative if necessary for updates. Staff informed us this was going really well and gave them time to focus on individuals to make improvements.

Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Most care plans were comprehensive and detailed, including physical health needs and people's mental health needs. For example, a care plan for one person who lived with dementia informed staff that the person was not aware of their dementia and they could sometimes think they are in a different environment, which would cause them to be anxious. Staff were to reduce anxiety by remaining calm and speaking in a quiet manner. However some care plans required additional information. The manager and owner were already aware and in the process of going onto a computerised computer care plan system. Care plans were reviewed by nurses with input by care staff. A staff member told us, "Think we are heading in the right direction definitely coming together".

Activities took place daily. We spoke to the activity coordinator who spent the morning speaking to people individually with old newspaper stories and was reminiscing with people about events. They told us they had spent a lot of time in one person's room as it was his birthday and had decorated the outside of their room with balloons. They told us an outside entertainer singer comes in twice a week, and one day sings to people in their rooms, who are unable to make group activities. They told us people really enjoy this. Then on the other day sings, songs in the lounge. On the second day of our inspection we observed the entertainer singing in the lounge with people singing along. People were clearly enjoying themselves. However the activities information displayed in the home did not support people living with dementia to be aware of what activities they could participate in.

The activities coordinator was looking to set up a 'friends of white rock' group with a circle of volunteers who can be called upon to assist in big events such as garden parties and days out. They were in the process of carrying out all the necessary checks, ready to welcome volunteers into the home. The owner of the home told us they looked at people's interests and tried to support them. They said, "One resident is interested in computer technology so we have brought him an electronic tablet so they can pursue their computer interests".

The service also sought feedback through the use of an annual quality assurance questionnaire which was sent to people's relatives. The feedback from the latest quality assurance survey, showed people's relatives were happy with the home. As a result of the questionnaire a relatives meeting was set up, where they said they would like these to be every six months and will review timescales. Other comments included, 'very caring and friendly with good nursing care', 'we like White Rock it feels cosy and the staff are very good', 'I feel very reassured that my relative is in a caring and safe home'. The service were in the process of designing their website so people and their relatives can review the service on line. The manager told us, "Looking at residents' survey going out soon and will sit with people for their ideas".

People knew how to complain or make comments about the service and the complaints procedure was prominently displayed. One person had made a complaint in the past year which had been dealt with promptly and investigated in accordance with the provider's policy.

Is the service well-led?

Our findings

People and their families felt the home was well led. One family member told us, "Management all very nice, always there if I need to talk to them, always someone available". Another family member said, "No concerns about the way the home is run." Other comments included, "Manager and owner lovely and really helpful."

Staff were positive about the support they received from the management within the home. One staff member told us, "I enjoy working here the owner is very accommodating can call her for anything and they will help you". Another staff member said, "Manger is always supportive it's like a family here."

The registered manager had left shortly before the inspection and there was a new manager in post who wasn't yet registered with the commission but was in the process of doing so. Staff told us they had been through a process of change, but felt this was positive. One staff member told us, "Changes for the better. Management are very keen to know our opinions and thoughts and deal with any concerns straight away". Another staff member said, "I think now everything is on the way up".

Staff told us the new manager had made a lot of improvements. For example staff told us a suggestion box had been set up in the staff room and a vast majority of suggestions had been acted on immediately. One staff member said, "I put one in about laundry storage which was acted upon". Staff also informed us they wanted paper measuring tapes in all rooms, which has now been arranged.

Staff meetings were carried out weekly with nurses and care staff and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were encouraged to read minutes if not able to attend meeting. A staff member told us, "Management try to vary days of meetings so all staff get a chance to go".

The manager used a system of audits to monitor and assess the quality of the service provided. These included care plans, medicines, infection control, weight loss, and health and safety. The manager told us that in addition to the audits they walked round the home daily and carried out daily room checks and all communal areas of the home. Records showed that any issues were identified and implemented where needed. The manager and deputy manager maintained a visible presence in the home and had regular discussions with the staff team about any improvements or changes that may be needed.

There was a whistleblowing policy in place and people benefited from staff who understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place.