

Uniquehelp Limited

Whitstable Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Whitstable Nursing Home is a residential care home providing personal and nursing care to up to 34 people in one large adapted building. The service provides support to older people who require nursing care who may be living with dementia. At the time of our inspection there were 22 people living at the service.

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

People told us they felt safe living at the service. However, potential risks to people's health and welfare had been assessed but there was not always detailed guidance for staff to mitigate the risks. Staff had not maintained accurate records about people's care and support. There was a risk people had not received the care required to keep them safe and well.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Staff had not always recorded how and why decisions had been made to support people in a way that may have been restrictive.

Checks and audits had been completed to assess the quality of the service. These had not always been effective in identifying shortfalls such as the shortfalls found at this inspection. When shortfalls had been identified action had been taken to rectify them. This included supporting staff to highlight incidents as quickly as possible and improving the system of reporting concerns to the local safeguarding authority.

People were supported by staff who had been recruited safely and received training and supervision to develop their skills. There were enough staff to meet people's needs, any gaps were filled by regular agency staff.

Medicines were managed safely by nursing staff, people received their medicines as prescribed. People were referred to healthcare professionals when their needs changed, and staff followed the guidance given.

People and staff were asked their opinions on the service and for their suggestions. Improvements had been made to the activities programme and the menu as a result of suggestions by people.

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

Rating at last inspection: The last rating for this service was good (published 14 March 2019).

Why we inspected

We received concerns in relation to the management of people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whitstable Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to record keeping, risk management, decision making and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

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 (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 Health and Social Care Act 2008.

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

Inspection team

The inspection was completed by one inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 2 relatives about their experience of living at the service. We observed staff interactions with people in the communal areas. We spoke with 8 members of staff including the registered manager, the nominated individual, deputy manager, team leader, carer, domestic, agency carer and activities co-ordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 6 people's care plans and all the medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had been assessed and there was guidance for staff to mitigate risk. However, the guidance did not always contain all the detail staff needed to keep people safe. Some people required a hoist to move safely around the service. Care plans and risk assessments stated the size of sling to be used but not the type of sling or how to position the loops on the hoist, to make sure people were moved safely.
- We could not be assured people had been supported in the way described in their care plans to keep them as safe as possible. Some people were at risk of skin damage and the care plan stated their position should be changed every 2 hours. Care records for the week before the inspection showed there were times where one person had not been moved for up to 9 hours. Some people had catheters to drain urine from their bladders, the drainage bag should be changed every 7 days in line with NHS guidelines to help prevent infection. There was no information about the day the bag should be changed, and there was no consistent record the bag had been changed, increasing the risk of infection. Following the inspection, the provider told us the catheter bag changes had been recorded but staff had not used the same icon and part of people's care notes to record the changes.
- Some people were living with diabetes and were prescribed insulin before their breakfast and evening meal with their blood sugar being recorded before the insulin is given. Electronic records showed the insulin and blood sugar had been completed after breakfast. We discussed this with the registered and deputy manager who were confident both had been completed before breakfast and had not been recorded at the time. However, when information was requested by health professionals to review people's blood sugars the information about when the readings were taken would not be correct.
- Some people required oxygen therapy via a concentrator machine. There was guidance for staff about the maintenance required to ensure the concentrator remained safe to use including washing the filter weekly. There were no records to confirm this maintenance had been completed. Care plans did not include what action to take if there was a power cut, such as providing an oxygen cylinder and where these were stored.

The provider had failed to do all that is reasonably practicable to mitigate potential risks to people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager, sent us updated care plans. They confirmed staff would now be reminded, through the electronic system, to complete care such as turning repositioning people, the oxygen concentrator filter to be cleaned and for this to be recorded. The provider held a staff meeting after the inspection, the shortfalls found at this inspection were discussed. Staff were reminded about recording

actions taken such as recording blood sugars and catheter bag changes.

- Checks had been completed on the environment and equipment used by people to make sure they are safe, including fire equipment and hoists.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from abuse and discrimination. However, staff had not always recognised when they needed to raise safeguarding concerns. There had been an incident when a concern had not been reported to the local safeguarding authority in a timely manner, as staff had not raised it. The registered manager had taken appropriate action, once they were aware of the concern. Staff had received training and were now highlighting incidents on the electronic system, making the registered manager aware immediately.
- Staff described how they would recognise abuse and the action they would take. Staff now understood how and when to raise concerns, they were confident the registered manager would take the appropriate action.
- The registered manager understood their responsibility to report any concerns. They told us staff were now over cautious and raising lots of incidents and concerns quickly. Records showed concerns had been reported to the local safeguarding authority when required.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. During the inspection, though people's rooms had been tidied by staff, night urine collection bags were left hanging on people's bed. This was an infection control risk.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

Relatives and friends were supported to visit people safely. We met with relatives during the inspection, while they were visiting people in their rooms. They told us, they were always made to feel welcome and had been encouraged to visit as soon as government guidance allowed.

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager adjusted the staffing levels when people's needs changed. When permanent staff were unable to cover the shifts regular agency staff were used. One agency staff told us they had worked at the service for 2 years and was treated as part of the team. The registered manager worked as the nurse when needed to make sure people were supported by staff they knew, wherever possible.
- People and relatives told us there were enough staff and they were supported when they needed. During the inspection, staff spent time with people, chatting and playing board games.
- Staff were recruited safely. The required checks had been completed including references, full employment history and interview questions. All staff had Disclosure and Barring Service (DBS) checks, these provide information including details about convictions and cautions held on the Police National

Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Nursing staff administer medicines and their competency had been assessed. When people were prescribed medicines on a 'when required' basis for anxiety or pain relief. There was clear detailed guidance about when to give the medicine, when to give another dose and the action to take if the medicine was not effective. Staff used an assessment tool to help decide when to give pain relief and if the medicine had been effective.
- Some medicines administration records (MAR) had been handwritten. The MAR charts were written following the best practice including 2 staff signatures to confirm the instructions were correct.
- There was a system in place to order and dispose of medicines safely. Medicines were stored securely and at the required temperature to make sure they remain effective.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed to identify any patterns or trends. When people had fallen more than once, an analysis was completed to identify any reasons for the falls. Reasons for the falls had been identified such as a urinary infection and antibiotics had been prescribed. When people were independent and experiencing falls, they were offered a room on the ground floor and supervision when completing daily activities such as personal care.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make specific decisions had been assessed and when people were unable to make decisions this was recorded. However, best interest decisions had not always been recorded to show how these decisions were made and why.
- One person's care plan stated while sitting in their chair a lap strap should be used. There was no record of why the strap should be used and how the use of the strap is the least restrictive option. Another person would refuse their blood thinning medicine, the person had been assessed as not having capacity to understand the importance of taking the medication. The care plan stated if they refused the medicine it could be given with yogurt and may be crushed. There was no record about how this decision had been made, by who and why it was in the person's best interest.

The registered persons had failed to act in accordance with the MCA when people lacked capacity to give consent. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent us best interest decisions records, for the use of the lap strap and giving medication.
- The registered manager had submitted DoLS applications when appropriate. Where DoLS authorisations were in place there were no conditions.
- During the inspection, staff asked people what they would like to do, what they wanted to eat and how they wanted to spend their time. Staff respected and supported people's decisions.

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

- People met with the registered manager before they moved into the service, to make sure staff would be able to meet the person's needs. A pre-admission assessment was completed, covering all aspects of the person's life including protected characteristics under the Equalities Act 2010. The pre-admission assessments were used as the basis for developing the person's care plan.
- People's needs had been assessed using recognised tools. Best practice guidance requires risks to people's health to be assessed using tools such as Malnutrition Universal Screening Tool (MUST) and Waterlow score to assess skin integrity. These tools had been used consistently; care plans reflected the guidance from the tools.

Staff support: induction, training, skills and experience

- Staff had received training appropriate to their role. Staff received training online and face to face where appropriate. Staff told us they were supported to complete the online training and supported when needed.
- Staff told us they received an induction. Staff worked with more experienced staff to learn about people's choices and preferences. When staff had been assessed as competent, they would start to work independently.
- Staff received regular supervision to discuss their practice and any training needs they had. Staff told us the supervision sessions were useful and they found the registered manager supportive.

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

- People were supported to eat a balanced diet. The choice of meals each day was displayed, and people were asked for their choice. People told us they liked the food and there was plenty of it. People were offered snacks throughout the day, including fruit and biscuits.
- People's dietary needs were catered for. Some people required a soft or minced diet and thickened fluids. Staff were aware of this and people's diet and fluids were prepared as needed.
- People were able to choose where they ate their meals, some people ate in their room's, others in the dining room or lounge. When people required assistance with their meals, staff spent time with them, and they were not hurried.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us staff contacted the GP when they needed it. Staff were in regular contact with the frailty team who visited the service to review people's health needs.
- People had been referred to healthcare professionals when their needs changed. When people had lost weight, they were referred to the dietician and staff followed the advice given. People were given nutritional supplements as prescribed.
- People were supported to see the dentist and optician when needed.

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

- The service was one large adapted building, there was a passenger lift and a stair lift to the first floor of the building. The corridors were clear from obstacles and the flooring was vinyl to help people's wheelchairs and walking frames move safely.
- There were communal bathrooms which had been adapted to enable wheelchairs to access them safely. The wet rooms enabled everyone to access a shower.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- There was a system in place to monitor the quality of the service. However, this had not always been effective at identifying shortfalls such as those found at this inspection. The registered manager had not identified best interest decisions had not been recorded when people had not been able to make their own decisions including the use of a lap belt. Care plans did not always contain detailed guidance such as which sling to use when moving people using the hoist.
- The registered manager and nominated individual were aware of poor record keeping by staff and had raised the issue at team meetings. However, this had not been effective and staff record keeping remained poor at this inspection such as recording repositioning of people

The registered persons had failed to improve the quality of the service, monitor and mitigate risk relating to the safety and welfare of people and maintain accurate records in respect of each person. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- An audit had been completed by an external consultant. The action plan had been worked through including entering bed rail risk assessments to care plans. The audit had highlighted the need for competency checks to be improved. The registered manager showed us new documentation for a variety of competencies that were being introduced including taking charge of a shift. These were being introduced under a new competency framework that had been developed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Before the inspection, we had received information about a delay informing relatives when an incident had occurred. We reviewed actions taken by the registered manager to make sure this did not happen again. Staff now highlighted potential incidents on the electronic system, the registered manager is aware of these quickly and can act. Relatives told us, they had been informed quickly when incidents had occurred.
- People and relatives told us they knew the registered manager and were happy to raise concerns with them. People told us they had raised small issues with them, and these had been dealt with to their satisfaction.
- People were supported to be as independent as possible, people were encouraged to be as mobile as possible. One person told us, "They let me go about my business but are always there when I need them."

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

- People and staff had been asked for their opinion of the service in quality assurance surveys. People had highlighted activities as an area they would like improved. The activities co-ordinator told us they had asked people what they had wanted included in activities. There was now the opportunity for people who were able, to go out shopping or to lunch. There was now more arts and crafts available and staff had access to board games, which had proved popular. During the inspection, people and staff were playing board games.
- There had been regular resident and staff meetings. People had discussed the menu and made suggestions such as the removal of faggots and the introduction of homemade soup. When relatives had attended meetings, they had provided positive feedback. Staff meetings had discussed their practice and improvements that could be made.

Working in partnership with others

- The registered manager kept up to date with changes in government guidance. They worked with other agencies to ensure people had access to the care and services they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered persons had failed to act in accordance with the MCA when people lacked capacity to give consent.</p> <p>This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed however, the provider had failed to do all that is reasonably practicable to mitigate risks to people.</p> <p>This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons had failed to improve the quality of the service, monitor and mitigate risk relating to the safety and welfare of people and maintain accurate records in respect of each person.</p> <p>This is a breach of regulation 17 of the Health</p>

and Social Care Act 2008 (Regulated Activities) Regulations 2014.