

Caring Consultancy Limited

# Whitefriars Nursing and Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Whitefriars Nursing and Residential home is a care home for up to 28 people. 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.

Whitefriars Nursing and Residential Home accommodates 28 people in one adapted building and there were 25 people using the service at the time of our inspection.

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

People who live at the service felt the management and staff were caring and kind and available when needed. Staff protected people's privacy and dignity and knew how to respond to people's individual needs. The service worked well with other agencies when needed. Staff knew how to protect people from poor care and abuse and had training around this.

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.

Care plans reflected people's needs and choices and specific medical conditions, we were assured people's needs were being met by the service.

The provider had quality assurance systems in place to manage the quality of service delivery. The environment was safely maintained.

People and their relatives felt the service was well managed and they were able to speak to the registered managers when they needed to. There were clear records, and the service was well organised. There were clear policies and procedures in place and staff were aware of these. People's views about their care were sought on a regular basis.

The provider had ensured staff were trained to meet people's care and support needs. Staff had received an induction at the start of their employment to ensure they had the required knowledge to meet people's needs. The provider had a system in place to ensure training was refreshed annually or as required. Staff received regular supervision from the managers.

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 and update

The last rating for this service was good (published 17 March 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service. 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.

We did not inspect the key questions of effective, and caring.

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

Follow up

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?

Good ●

The service was safe.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well led.

# Whitefriars Nursing and Residential 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.

#### Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience who spoke to people living in the home. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Whitefriars Nursing and Residential 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, and both were looked at during this inspection.

#### Registered Manager

The 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 2 registered managers in post.

#### Notice of inspection

Inspection activity started on 5 September and ended on 7 September 2023. The inspection visit took place

on 5 September 2022 and was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since they registered. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We met 7 people using the service and 5 relatives. We also met the 2 registered managers and the owners of the organisation and 4 care staff. We looked at the care records for 4 people using the service. We looked at the recruitment, training, and support records of 4 members of staff. In addition, we viewed other records the provider used for managing the service which included records of meetings and quality monitoring. As part of the inspection, we looked at how medicines were stored, recorded, and administered.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People and their relatives told us they felt safe in the service. One person commented, "I am safe here because the staff are good, and I trust them they understand the support I need." One relative commented, "Every time I come here, I know [person using the service] is safe there is a great atmosphere and staff deal with any concerns we may have."
- The provider had systems and processes to ensure safeguarding concerns were investigated and reported to the relevant agencies. These included up to date policies and procedures for safeguarding and whistleblowing.
- Staff received relevant training and they knew what to do if they thought someone was at risk of abuse. One staff member said, "If I had any concerns, I would report them to the registered manager immediately, we have training also."
- The provider had systems for reporting and investigating suspected abuse. They knew how to raise safeguarding concerns with the local authority and Care Quality Commission (CQC) to help protect people from further harm.

Assessing risk, safety monitoring and management

- The provider had systems and processes in place including risk assessments and reviews of people's care needs that were used to update people's care plans.
- Staff completed relevant training to make sure they could support people safely and in line with best practice.
- We saw care plans which documented people's mobility support requirements and we saw that care workers were adhering to the instructions in risk management plans to provide adequate and safe care on inspection.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire.
- The environment was safely maintained; records indicated a range of maintenance and safety inspections had been carried out.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- At the time of our inspection, the service was supporting people who lacked capacity to make day-to-day decisions relating to their care. There were systems in place to assess, record and review people's capacity.
- The registered managers understood and worked within the principles of the MCA. This included the need to make best interest decisions and speaking with health professionals, where people lacked capacity to make decisions about their care and treatment.
- Staff had received training around Mental Capacity Act (MCA) and understood the importance of obtaining consent before providing care.

#### Staffing and recruitment

- The provider followed safe recruitment practices to help ensure only suitable staff were employed to care for people using the service. Staff records showed appropriate recruitment checks had been completed before they were employed. These included a Disclosure and Barring Service (DBS) check and obtaining references from previous employers and a full employment history of the applicant. A DBS check provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- After being recruited, staff completed induction and training, so they had the required knowledge to care for people appropriately. The provider had enough staff to care for and support people and did not use agency staff.
- One person told us, "I know that I could request female or male help, but I don't mind and there are always enough staff."
- The registered managers told us they had a full staff team and they used internal bank staff to cover sickness and short-term cover.

#### Using medicines safely

- Medicines were managed consistently and safely in line with national guidance
- Nursing staff administered medicines and were trained and had yearly competency testing.
- People were supported by qualified staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- The clinical lead completed monthly medicines audits; this was to ensure that staff were administering medicines safely and any errors were being picked up and dealt with in a timely manner.

#### Preventing and controlling infection

- We were assured that the care home 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 care home was admitting people safely to the service.
- We were assured that the care home was using PPE effectively and safely.
- We were assured that the care home was responding effectively to risks and signs of infection.
- We were assured that the care home was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the care home was making sure infection outbreaks can be effectively prevented or managed.



- We were assured that the care home's infection prevention and control policy was up to date.
- Government guidelines were followed and there were no restrictions around visiting people in the home. During the inspection, we observed visits taking place.

#### Learning lessons when things go wrong

- The provider had a system and procedure in place for accidents and incidents and how they could minimise the risk of them happening again.
- The registered manager explained they discussed incidents and accidents during meetings including daily huddle meetings for staff.
- Staff confirmed that accidents and incidents were discussed during meetings and that they would record and report them to the management team.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was planned around people's individual needs and choices. Care plans identified outcomes for people and how they were to be met. People's needs and care plans were regularly reviewed and updated when required.
- People received care and support that was responsive to their needs. Staff had a good knowledge of the people who lived in the home. Staff were able to tell us detailed information about people's current needs. Staff were fully aware of people's likes and dislikes without having to refer to care documentation.
- The registered managers checked that people were satisfied with the support they received on a regular basis at resident meetings and yearly satisfaction surveys.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed at their initial assessment and regularly reviewed.
- Staff knew people well and we observed that staff took the time to engage with people during our inspection.
- One relative said, "Staff are engaging with [person] and understand their needs."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service encouraged and promoted social interaction. The service had an activity coordinator in post, we saw activities taking place in the living room of the service on the day of our inspection that included skittles.
- The service involved people who were supported in their rooms to have activities they chose to be part of a one to one basis.
- The provider had created relationships in the community, including a local volunteer group who visited the home on a regular basis to carry out activities and talk to people using the service.

Improving care quality in response to complaints or concerns

- The service was responsive in addressing people's complaints and concerns. The provider had a complaints policy in place.

- People said that they were happy to discuss issues with the registered manager or other staff. One person said, "If there is a problem, they will deal with it they always listen."
- The registered managers sought feedback from people and their relatives on a regular basis.
- The registered manager sent out yearly satisfaction surveys and held regular resident meetings where they discussed all aspects of the service and their related care. We saw clear action plans from these meetings which assured us people were listened to.

#### End of life care and support

- The provider had an end-of-life care policy in place. People were able to document their care wishes in relation to end-of-life care in their care plans if they wished to do so.
- The provider worked closely with the person's GP and specialist palliative care teams to make sure people were kept comfortable, dignified and pain-free.

# 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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service promoted a person-centred positive culture. There was good communication amongst staff, this created positive outcomes for people.
- The registered managers had a system in place where they chose "A resident of the day", this included a review of that person's support needs holistically. This meant that all the people using the service needs were reviewed and assessed on a regular basis.
- Management was visible in the service and took a genuine interest in what people had to say. At the inspection we saw the registered managers having a chat with people, they took time to listen to what people had to say.
- Staff said they felt respected and supported by the registered managers. They felt they were able to raise concerns if they needed to and their concerns would be addressed.

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 registered managers were aware of the legal responsibility to notify CQC and relevant agencies when things went wrong.
- The registered manager told us that they would investigate when things went wrong. They would ensure that people, relatives, and professionals including the local authorities and the CQC were informed and updated and that they would work to an agreed plan of action.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had ensured that there were systems in place to monitor and assess the care provided.
- The registered managers had a system of regular scheduled audits in place, which were effective. This included a wide range of audits to help ensure the service met its regulatory requirements, actions were identified, and any shortfalls found.
- The registered managers had staff champions in place, for example there was a clinical lead and infection control champion. This meant that staff could learn from the leads who feedback relevant information and learning at team meetings.
- The care workers had the skills, knowledge, and experience to perform their role and had a clear understanding of people's needs.

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

- People and relatives were engaged in how the service was run and had opportunities to feedback about the care provided. A relative told us "We are happy with the service, they ask us for feedback regularly, I always feel welcome."
- The provider had considered people's protected characteristics such as religion, culture, and ability. On the day of our inspection the registered managers and staff were preparing for a prayer service happening at the end of the week. This included everyone using the service and their families if they wished to attend and was followed by a celebratory meal.
- Care plans considered people's protected characteristics and provided information about how to support these. For example, identifying people's communication needs and providing the right support.

Continuous learning and improving care

- The registered managers had created a culture of continuous learning and improvements.
- Regular team meetings were in place and care workers had up to date training.
- The registered managers had daily huddle meetings with staff, these were short meetings held mid-morning for all care workers. We observed one of these on the day of our inspection, they included discussion around any concerns staff had from the morning and how these would be addressed, bite size information for the service for the rest of the day and week.

Working in partnership with others

- Records indicated the provider worked with other professionals to maintain people's wellbeing. These included the GP which had improved how referrals to other services were made.
- Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service.
- The provider attended local authority forums to share best practice.