Coast Care Homes Ltd

Whitebriars Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Whitebriars care home is a residential care home providing care, support and accommodation for up to 25 people. People living at the home were older people with a range of care and support needs that included Parkinson's disease, diabetes and health conditions relating to old age. Some people living at the service lived with dementia. At the time of our inspection there were 24 people using the service.

People's experience of using this service and what we found
People lived in a safe environment and were protected from harm. Staff had been trained in safeguarding and knew the steps to take if they suspected abuse or wrongdoing. Risk assessments were in place that covered all aspects of people's care and support including for example the risk of falls and that of developing pressure sores. People received their medicines safely by trained staff who were subject to regular re-assessments. People were supported by staff who had been recruited safely and there were enough staff on every shift to meet people's needs. Lessons learned following accidents and incidents and any learning was shared with staff to minimise recurrences. People were supported to have maximum choice and control of their lives and staff supported /did them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Managers and the staffing team worked well together and the registered manager was well thought of by people, relatives and staff. Auditing processes were in place with any patterns or trends identified and where necessary, interventions were put in place to support people and maintain safe practices. People, relatives and staff had been given opportunities to feedback about the service and the registered manager and the management team listened to and acted on feedback. The registered manager complied with the duty of candour and had a clear vision for developing the service further. Positive working relationships were developed with other health and social care professionals.

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 24 July 2018)

Why we inspected
We carried out an unannounced focussed inspection on 20 December 2022. This inspection was prompted by a review of the information we held about the 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.

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 remained good. This is based on the findings at this inspection.

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

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.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Whitebriars Care 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 carried out by 1 inspector.

Service and service type
Whitebriars Care 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. Whitebriars Care Home is a care home without 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 about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 6 people who used the service and 8 members of staff. Staff included the registered manager, deputy manager, operations manager, the chef, the staff member responsible for maintenance and 3 members of care staff. We looked at four care plans and documents relating to safeguarding and risk. We looked at multiple medication administration records -, 4 staff files and documents relating to auditing and quality assurance. We spoke with 5 relatives and contacted 3 professionals.

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 with us.

Good

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 lived safely at the home and systems were in place to protect them from harm and abuse. Staff knew what action to take if they suspected a person was at risk, they know people well and how to protect them. A member of staff told us, "I'd calm the situation and speak gently to people. Inform the manager but could go to CQC or adult social care."
- People told us they felt safe. A person said, "I like it here, staff are very good and make me feel safe." Relatives told us they were confident their loved ones were cared for safely. Comments from relatives included, "Very safe there," "Very impressed, very safe" and "Yes, I think they are safe."
- Staff told us they had received training in safeguarding and training records confirmed this and included dates of refresher training.
- Safeguarding and whistleblowing policies and procedures were in place and staff told us they were confident to use the whistleblowing process if they had concerns. Whistleblowing allowed staff to raise concerns whilst legally protecting their anonymity.

Assessing risk, safety monitoring and management

- Risks to people were identified, documented and were managed well. Care plans had risk assessments in place for people that covered risks that were relevant to them, for example, risk of falling, skin integrity and nutrition and hydration. Risk assessments had details of preventative measures and steps to be taken in the event of an incident and what might be done to minimise a recurrence.
- The front page of people's care plans had a daily timeline of events and interactions with people. This included for example, food and fluid intake throughout each day, frequent checks on people in their rooms at risk of falls and checks on pressure mattresses and repositioning of people at risk of developing pressure sores.
- The registered manager had appointed staff members to be 'champions' of some aspects of care and support, for example, a dementia champion. All staff were trained in dementia awareness but staff told us that having a champion meant they could seek specialist advice if needed and this reduced day to day risks to people living with dementia.
- People had Personal Emergency Evacuation Plans as part of their care plans with a copy easily accessible at the entrance to the home for use in the event of an emergency. Fire checks had been carried out and safety checks on fire equipment had been completed. We saw safety certificates relating to electricity including PAT testing, gas and legionella. PAT tests are checks on all electrical devices and points carried out by a qualified person.

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.'
● Some people living at the home lived with dementia and needed support in making day the day decisions. Staff encouraged people to make daily decision for example, food and drink choices and what clothes to wear each day.
● Staff understood the importance of gaining consent from people who needed support with decision making. A staff member told us, "If they have trouble understanding I'll get a colleague to help and try a different approach. The important thing is to give people time." Staff had received training in the principles of the MCA and understood their responsibilities.
● People who lacked capacity to make some decisions had decision specific capacity assessments in their care plans and where appropriate documents relating to decisions being made in people's best interests. We found one capacity assessment that lacked specific detail about the decision assessed and who was consulted in the person's best interests. We spoke with the registered manager who took immediate steps to re assess the decision and update the paperwork concerned.

Staffing and recruitment
● Staff rotas reflected the level of staffing the registered manager considered to be sufficient to support people safely. This included care assistants, supervisors and domestic staff. During our inspection we observed that call bells were answered promptly and people's needs and requests were dealt with quickly by staff. A person said, "They always come when I call."
● Staff had time to spend with people and we observed some nice interactions between staff and people. In one conversation we heard a staff member saying, "Well done, you're doing so well today" and "Do you fancy getting your hair done today." On all cases we observed people responded positively, smiling and interacting with staff.
● Staff recruitment was completed safely. We looked at 4 staff files which all contained accurate and up to date documents and information. Documents included, references, photographic identification, employment histories and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitments decisions.

Using medicines safely
● Medicines were stored safely in a dedicated locked room. Medicines were arranged in the room in clearly marked containers for each person. Daily temperature checks of the medicines room were carried out and recorded to ensure safe storage.
● Medicines were administered by trained staff who were subject to regular spot checks, unannounced checks on safe practice by supervisors. Medicine administration records (MAR) had been completed correctly showing the name of the staff member administering the medicine, the date and time and the quantity given.

● Protocols were in place for 'as required' (PRN) medicines for example, pain relief. These were recorded on MAR charts with a code to indicate the type of medicine given. Trained staff were able to tell us the correct procedures for dealing with requests for PRN medicines. Similarly, staff told us the correct procedure they followed in the event of medicines being refused.

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 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 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.

At the time of this inspection there were no restrictions on relatives visiting their loved ones. The registered manager and their predecessor had complied with government guidelines throughout the recent pandemic. Relatives told us they were kept informed if there were any changes to visiting rules.

Learning lessons when things go wrong
● Accidents and incidents had been recorded with details of date, time, person concerned and whether any injury had occurred. Possible causes and action taken was shown including any steps taken to minimise a recurrence. A copy of each form was attached to people's care plans and these were brought to the attention of staff when starting their shift.
● Forms included who had been consulted and/or notified about incidents for example, CQC, social services and the UK Health Security Agency.
● Tracking and auditing of accidents for example falls, meant that any patterns or trends could be identified and steps taken to try and prevent similar falls happening again. Any learning was shared with staff through handover meetings and recorded within care plans.

Good

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

- There was a homely feel to the service. People appeared happy and engaged with staff and were supported whether they chose to spend time in communal areas or in their bedrooms. People's birthdays and other significant days throughout the year for example, religious festivals, were celebrated.
- The registered manager knew people well and was a visible presence at the home. We saw the registered manager interact with people and staff in a positive way throughout our inspection. People spoke well of the registered manager one telling us, "They are really good, no complaints."
- Similarly relatives told us of a positive relationship with the registered manager. Comments included, "The communications are good. The manger calls us and is always easy to reach," "They are very good" and "Always helpful and they are very good to (relative)."
- Comments from staff about the registered manager included, "She's the best I've ever worked with, can share anything with them" and "They have created a lovely atmosphere in the house."
- Care plans were person centred and had a timeline across the front page giving detail of all interactions and activities with people and how they were presenting each day. For example, if people were happy, anxious or feeling unwell. This enabled staff to know immediately of any issues or concerns which helped them in their support of people each day.

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. Working in partnership with others

- The registered manager and their deputy were aware of their responsibilities under the duty of candour and were open and honest with us throughout the inspection. Managers are legally obliged to inform the CQC and the local authority of certain significant events that affect their service and this legal obligation had been fulfilled. We saw documents confirming this.
- The registered manager was responsive to us when minor issues were highlighted, taking immediate steps to address any concerns that we raised. For example, updating records relating to mental capacity.
- The registered manager forged positive relationships with other health and social care professionals and had contacted, for example, the local authority, local GP's and the speech and language team), for advice when needed. This resulted in positive outcomes for people with timely reviews of issues when raised. A relative told us, "My (relative) was down in mood and I was concerned. They immediately called their GP and carried out a review and some of their medication was changed which really helped."
- The home had a website with a link to the latest CQC report on the homepage. A copy of this report was

displayed in a communal area of the home.

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

● The registered manager carried out a 'full management audit' monthly which looked at all aspects of the home. This included a review of policies and procedures for example, the management of staff absence, falls and medicines.

● Audits looked at patterns and trends which generated actions and learning for staff. For example, detailed analysis of falls over time considered time, location, presence of any hazards and whether falls were witnessed and if referrals were made to specialist teams. This had resulted in an increase in the use of sensor mats and an increase in staff checks on the most vulnerable. All of this information was shared with staff and trends had shown a reduction in the overall number of falls.

● There were regular handover meetings between staff shifts and whenever possible the registered manager or a member of the management team, would attend these meetings and provide updates to staff starting their shift. Any changes to people's care and support needed, identified by the auditing process, was documented in people's care plans.

● The registered manager kept up to date with the changing guidance from the UK Health Security Agency, local authority and CQC with key information being cascaded to all staff. Business and contingency plans were in place and the registered manager told us they had a clear vision of continually improving the service and maintaining good outcomes for people.

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

● People and their relatives told us they had opportunities to feedback about the service. Meetings were held and specific requests for feedback requested. The home also had a compliments 'jar' and a suggestion box where people and relatives could post comments, anonymously if they wished. A person said, "They come when I call and I can speak to managers whenever I like." A relative added, "I'm asked for feedback."

● Staff told us they had a positive relationship with the registered manager and could raise issues, concerns, suggestions in a variety of ways. There was a regular meeting structure and on the day of the inspection there was a whole team meeting which was attended by all day staff. We heard staff contributing to this meeting and asking questions.

● In addition to meetings, staff had the opportunity to speak to line managers through regular supervision meetings. The registered manager had an 'open door' policy and encouraged staff to speak whenever they liked. Comments from staff included, "I can ask questions and give feedback whenever I like," "Team meetings are a comfortable place where we can bring up issues" and "We always have a team meeting at Christmas, it's a morale booster."

● People's cultural and personal differences were acknowledged and celebrated by the registered manager and the staff at the home. Details of peoples' equality characteristics were recorded in care plans with the consent of people. People who had religious beliefs were able to practice their faith and members of faith groups had been invited in to support people. People's birthdays were celebrated with cakes made with a theme unique to the person for example cakes containing boxing gloves, knitting, unicorns and handbags.