Care UK Community Partnerships Ltd

Whitby Dene

Inspection report

316 Whitby Road
Eastcote
Middlesex
HA4 9EE

Tel: 02088683712
Website: www.whitbydeneeastcote.co.uk

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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

About the service
Whitby Dene is a care home for up to 60 older people. At the time of the inspection, there were 55 people living at the service. The home is managed by Care UK, a national provider of adult social care services.

People's experience of using this service and what we found
People living at the service were well cared for. Their needs were met, and they were able to make choices about their day to day lives. Staff knew people well and had good relationships with them.

People received their medicines in a safe way. We found some records relating to medicines management were not detailed enough. However, the provider took immediate action to rectify this.

Staff were well supported. They had the training and information they needed to care for people.

People's needs and choices were assessed, planned for, and met. People received medical support from external professionals when needed and the staff worked well with these professionals.

People had enough to eat and drink. They were able to take part in a range of different activities both within the home and within the community.

The environment was safely maintained and suitable to meet people's needs.

There were suitable systems for monitoring and improving the quality of the service. These included systems for investigating and responding to complaints and other adverse events. There was a stable management team, who people knew and were happy to approach.

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

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (Published 8 December 2017)

Why we inspected
We undertook this inspection as part of a random selection of services rated good and Outstanding.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Whitby Dene

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 conducted by 2 inspectors, a member of the CQC medicines team 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 type of care service.

Service and service type
Whitby Dene is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Whitby Dene 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 looked at all the information we held about the location. This included notifications of significant events. 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.

During the inspection
We spoke with 6 people who used the service and 6 visiting relatives. We also spoke with a visiting professional.

We observed how people were being cared for and supported. Our observations included 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.

We spoke with staff on duty, who included the registered manager. We met the regional director.

We looked at records the provider used for managing the service, including care plans and records for 8 people, records of staff recruitment, training and support, and quality checks.

We looked at how medicines were managed.

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.

Using medicines safely

- People received their medicines as prescribed. However, we identified some areas where improvements were needed. We discussed these with the registered manager who made the improvements.
- There were individual medicine care plans. However, these were not always person-centred. For example, for 1 person who was prescribed palliative care medicines, the care plan did not have the necessary information on when to start the anticipatory medicines. We discussed this with the registered manager, and they made the improvements and sent us the evidence of this.
- There was an electronic system in place to record medicines administration. The staff recorded medicines-related allergies on this system. However, we found medicines allergies for 1 person were not recorded as required. We discussed this with the registered manager who rectified this.
- Some people living at the home were given medicines covertly (medicines given in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them). The staff had carried out best interest decisions for this involving the GP, pharmacist, and the next of kin before giving medicines in this manner.
- Medicines including controlled drugs were stored securely and within the appropriate temperature range.
- We observed staff giving people their medicines. The staff were polite, knew the people well, gained consent, and signed for each medicine on the electronic medicine administration (MAR) record.
- Some people living at the home were prescribed medicines for pain relief and constipation to be taken on when required (PRN) basis. Guidance in the form of PRN protocols or information in care plans was in place to help staff give these medicines consistently.
- There was a process in place to report and investigate medicine incidents. The staff received training and were competency assessed to handle medicines safely .

Systems and processes to safeguard people from the risk of abuse

- There were systems designed to keep people safe from abuse and harm. The provider had procedures for safeguarding and whistle blowing. The staff had training in these and were able to explain what they would do if they thought someone was being abused.
- People using the service and their relatives told us they felt safe.
- The provider had worked with the local authority and others to investigate concerns and put in place plans to protect people from harm.

Assessing risk, safety monitoring and management

- The risks to people's safety were managed and monitored.
- The staff had assessed risks. These assessments looked at their healthcare needs, how peeople moved

around the home, skin integrity, choking and risks associated with nutritional and fluid intake. The assessments included plans to make sure risks were minimised and people received the right support. Assessments and plans were regularly reviewed and updated following any incidents, such as a person falling.

● The provider also assessed the risks within the environment, including building, equipment, and fire safety. There were plans to be followed in the event of an emergency evacuation. Where people lacked the mental capacity to understand risks, the staff had created additional plans to monitor them and to keep them safe. There were regular checks and services of all equipment and the building.

● We observed staff supporting people to move around the home and with eating and drinking. They performed these tasks carefully and in a safe way. They had received training to make sure they knew how to support people safely.

● People were supported to take part in activities which presented a risk, such as visiting places in the community, gardening, and baking. However, the staff had assessed these risks and supported people in a safe way to help them have fulfilling and active lives.

Staffing and recruitment

● There were enough staff to keep people safe and meet their needs. The provider did not use agency (temporary) staff and all shifts were covered by their own permanent employees. Some staff had worked at the service for a long time.

● People told us the staff attended to their needs promptly and call bells were answered. We observed people were not rushed and staff allowed them to take their time to do things independently when possible. One visitor commented, ''They are never short staffed. There are always lots of staff around, there is always someone about when needed.'' Visiting professionals confirmed this, telling us staff were always available to support their visits.

● Extra staff were rostered to support activities within the community and enable people to take part in a range of individual and small group activities.

● There were systems for recruiting and selecting staff. These included checks on their suitability and identity. The provider carried out assessments of their skills and knowledge and supported them to take part in thorough inductions, so they developed a good knowledge of the service and people's needs.

Preventing and controlling infection

● There were systems to help prevent and control infection. The staff had training in these. The provider had updated their policies and procedures in line with government guidance regarding COVID-19. Staff and people using the service were supported to access vaccinations for COVID-19 and seasonal flu if they wanted.

● There was enough personal protective equipment (PPE) such as gloves and masks available to be used when needed.

● The provider checked staff knowledge and understanding, including how to wash their hands well and follow good hygiene practices.

● The environment was clean, and people confirmed regular cleaning took place. The provider carried out audits of infection control and cleanliness. The management team met to discuss infections and how these were being managed, whether they could have been prevented and whether any changes were needed to the service.

Learning lessons when things go wrong

● There were systems for learning when things went wrong. The staff recorded all accidents, incidents, and adverse events. Records of these showed that managers had reviewed what had happened and whether there could be any learning from this.

● There were regular team meetings and handovers between shifts. Staff used these to discuss where improvements could be made, and any lessons learnt.
● The provider demonstrated learning following a complaint in 2022. A relative had raised a complaint about communication with the family and support for someone at the end of their lives. The provider met with the family to discuss this and, because of this feedback, they had sourced specialist training and support for staff to help improve the way end of life care was delivered.

Good

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. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. The staff also monitored them and reassessed their needs when they first moved to the home. They spoke with the person, their relatives and other representatives to get to know about the person and their choices.
- Assessments were used to help develop care plans. These were personalised and included information about risks and how these should be managed. The staff used good practice guidance and screening tools to carry out assessments. This helped to make sure they were providing consistent care which met people's needs.
- The staff reviewed and reassessed people's needs each month. Care plans were updated when people's needs changed.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. The provider had a schedule of training for all staff, including a thorough induction and regular training updates.
- The staff felt well supported and had the information they needed to care for people. They took part in regular individual and group meetings with their manager. The registered manager organised for key themes and topics to be discussed so staff had regular learning together.
- We saw the staff knew people well and used their skills and knowledge to provide appropriate care. The registered manager and senior staff regularly monitored staff performance and assessed their skills, knowledge, and competencies.

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

- People had enough to eat and drink. The chef prepared a range of different menu options and we saw people were given choices. The menu included options for people with different dietary requirements. People told us they liked the food.
- The chef took care to make sure meals were presented in an attractive way to help people make choices and enjoy their food.
- People were able to help themselves to snacks situated in various locations around the building, including a sweet 'shop', fruit bowls, crisps, and cakes. These areas were well advertised with signs for people to take what they wanted.
- People were offered regular drinks.
- People's nutritional needs were assessed and planned for. The staff referred people for specialist help and support when needed. Staff monitored people's weight, as well as their food and fluid intake.

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

● People's healthcare needs were assessed, planned for, and met. The staff developed care plans about healthcare conditions. They consulted other professionals to make sure they included guidance which met people's individual needs.

● People were able to access healthcare services when they needed. The provider communicated well with other professionals and made timely referrals when people needed additional support and when they noticed a change in people's health or conditions.

● People's oral healthcare needs were assessed and planned for.

● People told us their healthcare needs were well met. One relative explained the staff were good at responding to and getting the right help when a person fell ill. They said, ''They understood and really looked after [person] – it gave us such a peace of mind.''

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

● The environment and equipment were suitable to meet people's needs. The building was clean and appropriately decorated. There were grab rails and non-slip flooring throughout. One relative commented that they felt the flooring had helped to prevent the person from falling. Furniture was in good repair and was suitable to meet people's needs.

● People who required specialist equipment, such as adjustable beds and hoists were provided with these. The provider used call alarm bells throughout the home and sensor mats to help keep people safe and alert the staff to people in need.

● There were a number of different communal areas including a multi-faith prayer room, quiet lounges and a garden. The home was light, airy and clean. The gardens were well kept, all on 1 level and with lots of seating.

● All areas were accessible by a lift to both floors and ramps to support access to the garden.

● The provider had taken some steps to help orientate people and make sure the environment reflected good practice for people living with dementia. Most bedrooms had the occupant's name outside their bedroom door. There was pictorial signage to toilets and communal areas. Further clues to the use of a room where in place. For example, in the dining area the kitchenette had a large wall cabinet with brand storage jars, sauces and small cereal packets displayed. Tables were laid for the next meal with pictorial and worded menus.

● Along the corridors there were bright murals, artwork, items of interest and interactive wall mounted objects people could touch and fiddle with. Items displayed included zips and fasteners, materials, wooden puzzles, old fashioned typewriter and post box, a map of the London underground and display of pop memorabilia.

Ensuring consent to care and treatment in line with law and guidance

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.

● The provider was acting within the principles of the MCA. They had assessed people's mental capacity to make specific decisions. They applied for DoLS authorisations when required and kept a track of when they needed to reapply. They monitored and met conditions relating to these authorisations.
● Staff asked people for their consent before providing care. Their known choices and preferred communication methods were recorded to enable staff to present information in a meaningful way. People's relatives were consulted about people's care and decisions were made in their best interests. The provider had details about people's legal representatives and knew who to contact regarding decisions.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. They had good relationships with the staff and liked them. Staff knew people well. They were able to interpret non-verbal communication, and anticipate people's needs. They responded promptly and in a kind and caring way when people became upset or confused. The staff showed an interest in the things people wanted to talk about and responded appropriately when people needed a reaction, such as when they told a joke.
- Staff were attentive and helped to make sure people were comfortable and happy. People's mealtimes were a pleasant experience, where they could make choices and were not rushed.
- People's religious and cultural needs were known, respected, and promoted. Staff supported people to take part in worship and specialist diets were catered for.
- Staff had participated in training to help understand how to support people with dementia. They demonstrated a good understanding of best practice in this area.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in making decisions about their care. Care plans were reviewed each month. During these reviews staff consulted with the person and their representatives about different aspects of their care and asked them if they wanted any changes.
- We saw how the staff offered people choices and helped them to understand these. For example, offering 2 different plates of food at mealtimes, asking people what they wanted to do and where they wanted to sit.
- Care plans recorded that staff should offer people choices and explained how people communicated and the best way to present choices to them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were consistently polite and respectful when they spoke with them. They used people's first names and respectful language, thanking people and responding kindly when thanked by the person.
- People were cared for in private whenever possible. When staff needed to support someone in a communal area, they did this respectfully and sensitively, and in ways to provide as much privacy as possible. The staff adjusted people's clothing and attended to them discreetly if they needed their face or clothes cleaned.
- Some people had keys to their own rooms, and this was assessed and agreed on an individual basis. Staff knocked on bedroom doors before opening them.
- People were supported to be independent when they wanted and were able. The staff supported them to

take part in tasks such as laying the tables, folding laundry, and arranging flowers, books, ornaments, and the sweet shop. Some people were also supported to make snacks and drinks for themselves.

Good

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 outstanding. At this inspection the rating has changed to 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

● People received personalised care which met their needs and reflected their preferences. They explained they were able to make choices about the way they lived. Relatives told us people's needs were met. One relative commented, ''[Person] is always smart and well dressed.'' People were offered regular showers and baths. A hairdresser visited the service and staff cared for and cleaned people's nails.

● The staff had created care plans which outlined people's different needs and how these should be met. These were regularly reviewed with the person and their representatives.

● The staff recorded notes about how they had cared for people and how the person felt. These showed that care plans had been followed.

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 planned for and met. The staff carried out assessments of how people communicated, taking note of any sensory, language and mental capacity needs. They tried to present information in a clear and accessible way, offering people choices in ways they could understand. The provider's literature was available in different languages and formats if needed.

● There was a multilingual staff team who could speak most of the languages used by people living at the home. Staff tried to communicate in people's preferred languages. For one person whose first language was not spoken by any staff, they had developed pictorial books to help with communication.

● There was appropriate signage around the home which included pictures and simple words. Menus included photographs and people were shown plated food to help make choices.

● We observed staff calmly communicating with people, rephrasing questions and using visual clues when needed to help people to understand.

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

● People were supported to take part in a range of different social activities and events. There were regular weekly outings and groups, which included a gentleman's and a ladies' club, fish and chip outings, trips to garden centres, meals out, visits to the shops and a church service.

● There was a schedule of other events planned for each month. This was well advertised and included games, craft activities, baking groups, entertainers, and gardening. On the day of our inspection, we spoke with some people who were helping to pot plants and others who were baking cakes. We also saw a musical activity, which people were enjoying and engaged with.
● The provider had purchased equipment to support activities, including an interactive computerised table which could be used for playing games and sensory activities.
● People were supported to see friends and families whenever they wanted. Visitors told us they were made welcome. Staff supported people to use video calls to speak with their loved ones when they could not visit. People's birthdays were celebrated with cake, special treatment and parties for their friends and family if they wished.
● The environment included themed rooms, such as a reminiscence room with décor and items which people might associate with their homes from the past.
● Special events were organised for people to enjoy religious festivals and events such as the King's coronation.
● People were able to express a wish for a specific activity or trip. The staff did what they could to accommodate this and support people to go to places and do the things they wanted to do individually as well as in groups.

End of life care and support
● People being cared for at the end of their lives received good quality care and support. The provider was undertaking accreditation with the Gold Standards Framework. This involved specialist training for front line staff to give the best care to people at the end of their lives. Through the work the provider was undertaking they had reviewed their practice and developed this to enable people to receive better care. Staff had training to support them to understand about best practice. The provider had allocated champions within the staff team to lead on this work.
● The staff had developed end of life care plans with people which included information about their wishes and needs.
● The staff worked closely with external professionals to make sure people received the right care when they needed this.

Improving care quality in response to complaints or concerns
● There were systems to investigate, respond to and learn from complaints. People knew who to speak to and how to raise complaints. Visitors told us they were encouraged to speak up.
● The provider investigated complaints and took action to make improvements.

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 person-centred, open and inclusive culture at the service. People living there, their relatives and staff spoke positively about their experiences.
- Some of the comments from people and their relatives included, ''[Person] is brilliantly looked after'', ''All the carers know [person] very well'', ''Lots of the staff have been here a long time which says a lot'', ''I like it here, this is my home now'', ''I think they look after [person] really well, and the food is marvellous'' and ''I always feel I am coming into a nice atmosphere and everyone gets on well.''
- Staff also spoke positively about their experiences. One staff told us, ''We are all good, friendly, and happy together. It is like a positive family.''

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. These included a range of audits which helped to identify any problems and how these should be rectified.
- The provider engaged with people and asked for their views on the service and regarding their individual care. People's relatives told us they had been involved in planning and reviewing how people were cared for.
- There were regular meetings for all stakeholders. These included discussions about the service and people's opinions were asked.
- There were ambassadors who were people who lived at the service and who represented other people when discussing their views on the service.
- People and staff were able to pray and take time to reflect and meet religious needs in the home's multi-faith prayer room.

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 provider understood their responsibilities under duty of candour. There were appropriate procedures in place. The provider had apologised when things went wrong. They had investigated all accidents, incidents, complaints, and adverse events and learnt from these.
- The provider notified CQC and other relevant organisations, such as commissioners and the local safeguarding authority, about significant events when they needed to.

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

regulatory requirements

● The registered manager was qualified and experienced. They had worked at the service for many years and been promoted within the home to their role as manager. They knew the service well and worked alongside staff to support people when needed. They had a good knowledge of people's individual needs.

● People using the service, visitors and staff all found the registered manager approachable and supportive. Their comments included, ''There is an open-door policy'', ''If I have a problem I would go to the manager, but I don't have any problems'' and ''They are genuine people here, all the staff and the managers.''

● The provider supported staff to increase their knowledge and experience. They had sourced training to help the deputy manager progress in their career and supported internal promotions.

● There were a range of clear policies and procedures which reflected good practice guidance and legislation. The staff were supported to understand and follow these.

● There were regular team meetings for staff and themed supervisions and handovers to help staff understand different aspects of good care and key policies

Working in partnership with others

● The staff worked in partnership with other professionals to assess, monitor and meet people's needs. They followed their guidance and made timely referrals when needed. We met an external professional who told us they thought the staff were proactive and worked well with them.

● The registered manager liaised with other managers, and the local authority, to share good practice and lessons learnt together.