

# The Whitgift Foundation

# Whitgift House

## Inspection report

76 Brighton Road  
Croydon  
Surrey  
CR2 6AB

Tel: 02087600472  
Website: [www.whitgiftfoundation.co.uk](http://www.whitgiftfoundation.co.uk)

Date of inspection visit:  
13 November 2018  
14 November 2018

Date of publication:  
27 December 2018

## 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

Whitgift House provides accommodation with nursing and personal care for up to 36 older people. Accommodation is provided over two floors with two modern lifts enabling access around the building. There were two communal lounges on each floor and a large lounge with a conservatory on the ground floor that was also used to provide day care during the week. The dining room was large and well presented with room for those using the service and those people attending the day centre. The garden was well maintained and easily accessible for people with several seating areas.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff knew how to keep people safe and the staff members we spoke with demonstrated a good knowledge of how to recognise abuse and how to report any concerns.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care while still encouraging people to be independent.

There were systems in place for the safe storage, administration and recording of medicines. Each person's medicine was stored securely and registered nurses administered people's medicines.

Staff had been recruited safely with appropriate checks on their backgrounds completed. All staff had completed an induction programme and on-going training was provided to ensure skills and knowledge were kept up to date.

All areas of the service were clean and well maintained. Cleaning schedules were in place and staff had access to personal protective equipment when required.

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

People were supported to keep healthy and well. People were supported to have sufficient amounts to eat and drink and risks associated to people's diet had been identified. People had access to healthcare professionals when they needed to.

Staff supported people in a way which was kind, caring, and respectful. People were encouraged to participate in a wide range of activities.

When people needed end of life care, the service was able to provide care in line with peoples wishes. The service was an accredited Gold Standard Framework (GSF) nursing home.

There were a number of audits and quality assurance systems to help the provider understand the quality of the care and support people received and look at ways to continually improve the service.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Whitgift House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 13 and 14 November 2018. The first day was unannounced. The inspection team consisted of one inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service. This service was also selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team also included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information about the service such as notifications they are required to submit to the CQC about significant events.

During our inspection we spoke to nine people who lived at the service, one visiting relative and one volunteer. We spoke to the registered manager, the deputy manager, the chief executive officer and the chair of the Whitgift Foundation. We also spoke with two nurses, four members of care staff, the activities coordinator and the training manager.

We looked at records which included three people's care records, medicine records and three staff files. We looked at training and supervision records and other records relating to the management of the service. We undertook general observations throughout our visit.

After our inspection the registered manager sent us information on quality control, staff training and staff and resident meetings.

## Is the service safe?

### Our findings

People told us they felt safe at Whitgift House. They told us, "I'm happy to have the door open", "I am surrounded by people who are careful" and "people have to sign in and out so no one can just come in." One volunteer who visited the service regularly told us, "I have never seen or heard anything that really bothers me, it's a lovely home." All the staff we spoke with had a good understanding of how they kept people safe within the service, would recognise signs of abuse and report any concerns they had. Staff had received training in safeguarding and this was refreshed yearly.

People's personal risk assessments contained details of how risks were managed. Examples of risk assessments seen included nutrition and hydration using the Malnutrition Universal Screening Tool (MUST) assessment, monthly weight checks, medication, falls risk assessment and moving and handling and mental health. People were encouraged to be as independent as they were able and told us how staff had discussed risk with them. For example, one person was able to make their own hot drinks and told us about the discussion they had with the registered manager about keeping safe.

There continued to be enough staff to support people and meet their needs. Staff told us there were enough staff to support people and we observed staff were always visible and on hand when people needed them. The provider's recruitment process helped protect people from the risk of unsuitable staff. Staff files contained evidence of all the required checks.

Personal emergency evacuation plans were in place for people using the service. Staff were trained in fire safety and knew what to do in case of a fire or other emergency. There was specific training to use fire evacuation sledges and the fire evacuation lift. The fire alarm system was checked regularly and periodic fire evacuation practices took place. Fire safety equipment, such as fire extinguishers and fire blankets were checked and maintained.

We found the service provided a safe environment for people using the service, visitors and staff. Essential gas safety works were in progress at the time of our inspection. The gas supply had been cut off and the service was using a generator to power the home and kitchens. Some additional heat sources had been brought including portable oil filled radiators. The registered manager explained these were mostly in communal areas. When additional heaters were used we saw the risk assessments in place and the registered manager confirmed they were only used when people had capacity to know the dangers of an unprotected heat source. We discussed the Health and Safety Executive guidance currently in place and the risk of burns. Shortly after the inspection the registered manager informed us the gas supply had been reconnected and the service had resumed as normal.

The building and gardens were well maintained. The service had support from the provider's estates team to address any issues. We examined various items of equipment, including hoists, baths, bathroom chairs, and found they were maintained at appropriate intervals and kept clean. We noted a lack of storage facilities on the first floor. Bathrooms and shower rooms were being used to store the equipment used to mobilise people, including hoists. This meant people were unable to gain full access to the bath or to the

sink without equipment being moved into the corridor. We could see that if equipment was moved to the corridor this would block people's movement and become a risk. There were rooms on the first floor that did not have en-suite facilities so we were unsure how those people were able to have a bath or wash their hands after using the toilet. The registered manager explained they knew storage was a problem but several people on the first floor were bedbound and unable to use the facilities. They assured us that they would look at the issue of storage again and we will look at this again during our next inspection. In contrast, the bathroom and shower rooms on the ground floor allowed free access and movement and there was separate storage for lifting equipment.

We looked at how accidents and incidents were being managed at the service. There were processes in place to review documents for accidents and incidents and to monitor for trends and patterns. The registered manager used this information to take action when necessary and encourage learning to reduce future risk to people.

Medicines continued to be administered safely. People told us they received their medicine when they needed them. Medicines, including controlled drugs, were safely managed and securely stored in appropriate conditions. Only registered nurses administered people's medicine and regular competency checks were completed by the training manager to ensure each nurse maintained the knowledge and skill they needed to keep people safe. The medicine records we looked at were complete and we did not identify any errors or discrepancies in the samples we saw.

The service continued to have systems in place to manage and monitor the prevention and control of infection. We found all areas were clean and tidy. Domestic staff followed a daily cleaning schedule and were well equipped to carry out their role. Staff had clear procedures on infection control that met current national guidance. Since our last inspection a new laundry had been added. This was well designed and clean with a clear segregation for dirty and clean laundry items to stop the spread of infection.

## Is the service effective?

### Our findings

People's care and support needs were assessed and discussed with them prior to their admission to the service. A full assessment of needs was completed which involved the person, their relatives or friends where appropriate. This covered people's health and mobility needs and their likes, dislikes, daily routines and communications needs. People were asked about their hobbies and interests and any religious or cultural preferences.

People told us they had access to appropriate healthcare services. People told us the GP was there when needed and many people spoke highly of the service offered. People told us about accessing healthcare professionals outside of the service and about those services who visited such as a chiropodist and optician. People's care records contained the outcomes of visits undertaken by a range of professionals including GPs, pharmacists, podiatrists and dietitians together with information regarding attendances at hospital outpatient appointments.

Staff had the skills, knowledge and experience to deliver effective care and support. People told us they thought the regular staff at the service were all well trained. All the staff we spoke with thought they had received enough training to deliver effective care and support. A full-time training manager was on site to ensure the staff at Whitgift House received a full complement of training. This included mandatory training and regular refresher courses to ensure staff knowledge was updated in-line with best practice. When additional specialist training was required, the training manager researched the options available and provided tailored training to suit staff requirements. For example, in March 2018 some staff received training in scalds and burns and in May 2018 a course in oral healthcare was completed.

Staff continued to be supported with appropriate qualifications such as those obtained through the Qualifications and Competencies Framework and supported nurses with their revalidation requirements and as part of their continuing professional development.

People were supported to eat and drink enough to maintain a balanced diet. People had mixed views of the meals provided. They told us, "The food is just alright...you get enough but there's not much choice", "It's eatable" and "The food is very repetitive." People told us they could ask for something different, one person told us "You can say if you don't want a main meal...I had bread and stilton today which suited me perfectly." We observed lunch time and noted the dining room was welcoming with menu's, napkins and fresh flowers on each table. There were two choices for lunch and staff told us they asked people for their choice the day before.

People told us the service catered for their dietary needs. One person told us about their high calorie diet because they were losing weight and another person told us how staff tried to encourage them to eat when they were unwell. They told us, "they [staff] came to tempt me with an omelette as I didn't fancy anything." Another person told us, "They [staff] have to be careful with food because of my condition and they really are. I am very grateful [to staff] and rarely have any problems." Staff were aware of the dietary needs and preferences of people they cared for and care records confirmed a suitably balanced diet was provided to



promote people's health and well-being. They included risk assessments to identify if people were at risk of malnutrition. Meals and fluid charts were maintained to ensure people were receiving sufficient amounts. Care plans included a section on nutrition and hydration. Where people had problems, they were referred to appropriate professionals such as the GP, dietician, and speech and language therapist.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through the Mental Capacity Act (MCA) application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. People had mental capacity assessments in their care records and details of best interest's meetings, held when people lacked the capacity to make certain decisions. The registered manager had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one. We discussed the capacity of one person who was at the service and if having bedrails in place was a restriction of their liberty or if they were able to make an informed choice. The registered manager told us she would speak to the lead DoLS assessor at the Local Authority for advice and make a DoLS application if necessary.

The environment was well presented and decorated. People had access to the gardens and quiet areas were available when people had visitors. Equipment was provided to meet people's care needs and support their independence. The registered manager explained no one at the service had been diagnosed with dementia but some people were experiencing signs of memory loss and occasional confusion. We spoke about some adaptations that might make areas more accessible for people when they were confused such as a change in signage. The registered manager said she would look at changes they could make to help make life easier for people. Each room had a nurse call system to enable people to request support if needed or people were given pendants to wear when they were mobilising around the service. The main lounge area had a hearing loop in place to help those hard of hearing although this was not working at the time of our inspection.

## Is the service caring?

### Our findings

People told us that overall, they were happy with the staff at the service. One person told us, "I have no grumbles about the carers at all." Another person told us staff were very gentle when they used the hoist to help them mobilise. The residents' survey completed yearly indicated that people were mostly happy with the care they received giving caring a rating of 81%. People told us they were pleased with the way the service welcomed their family members. They told us visiting times were unrestricted and refreshments were always offered. Relatives were able to join their family member for a meal and told us they were able to use a separate room for special family occasions. One relative told us, "We have been able to enjoy meals as a family in the 'quiet room' upstairs. We pay for a subsidised lunch but we love that facility."

We observed staff supporting people in a respectful way throughout our inspection. People appeared to be relaxed and comfortable with staff. Those people who were able to went about their day being as independent as they could be by choosing where they wanted to spend their time. One person told us, "I asked for a motorised scooter and they got me one. They [staff] put it on charge in the evening. It gives me a lot of independence."

People were supported to be independent and were encouraged to do as much for themselves as they were able to. For example, people spoke about attending evening services in the chapel on the same site. People were supported to express their views and were involved in making decisions about their care. People who were able to had given consent to their care and treatment and people were involved in regular monthly reviews. One person did not want care reviews to be this often and we noted care reviews with this person were less frequent. If people wished, their family or friends were able to provide help and support with the planning of people's care.

We observed the morning time was relaxed and quiet. The registered manager explained people could have breakfast in their rooms and there were no restrictions on the times people woke up or when they wanted to dress for the day. People spoke to us about how staff responded to call bells when they needed staff assistance. One person told us they didn't "like to bother staff at busy times." Another person told us, "Care is a waiting game...always waiting for something to happen. You learn patience." Although people generally accepted there were busy times during the day one person said, "At peak times if you buzz you have to wait but they will come eventually." The registered manager told us they were able to monitor the length of time call bells were taking via a new system installed that year. The same system also allowed for residents to have pendants so they could call for assistance if they were up and about in the service or in the grounds.

People's privacy, dignity and independence was respected and promoted. Staff told us how they always asked people what they wanted and respected their wishes. We observed staff knock on people's doors before entering and closing people's doors while giving care. People were asked if they were ready for personal care or if they wanted staff to come back later, what clothes they wanted to wear and where they wanted to go. The registered manager and the training manager were dignity champions for the service and information was made available for people and staff to contact them if they had any questions or felt privacy and dignity were not being respected.

## Is the service responsive?

### Our findings

People continued to receive personalised care that was responsive to their needs. People's care records were up to date, reviewed regularly and reflected people's care and support. They held detailed information and guidance about the person's care and reflected people's individual preferences, which helped staff to meet people's needs. For example, there was information about people's communication needs, what their morning, evening and night time routines were and information on their likes and dislikes. One person's care records recorded the type of face cream and soap they liked to use.

Daily handover meetings were used to share and record any immediate changes to people's needs. This helped to ensure people received continuity of care and helped staff share information at each shift change to keep up to date with any changes concerning people's care and support. A general overview of the handover was kept at the nurse station so staff could quickly access the information they needed to care for people.

People were asked about their spiritual and cultural needs. A chapel was on site for those people who wished to attend church services. Staff told us ministers from other faiths regularly visited the service to support people from different religious backgrounds. We also heard how people were supported with their religious beliefs through individual spiritual support, dietary requirements and personal care. Staff gave us examples of how they met the diverse needs of people living at the service. This included those related to disability, gender, ethnicity, faith and sexual orientation.

Since our last inspection the service had extended the ground floor to include a large lounge and conservatory area. This was accessible to people using the service but also used as a day centre during the week. The provider employed additional staff to run the day centre and to interact with people and provide various activities. People attending the day centre included those people from the adjoining sheltered accommodation and other people from the community. People living at the service were able to use a small lounge on the ground floor but also encouraged to join in with the day care activities. The provider hoped this would provide a sense of community and give people opportunities to build new friendships. People we spoke with had mixed views about the service incorporating day care. One person told us, "We have lost the use of the community room as an amenity – you just can't pop in there now. We get it back around 3.30 after they have gone but there's nothing else arranged for us." Another person told us, "I join in with a couple of others to play cards sometimes." We spoke with the registered manager and the provider about people's views, they told us how they were working hard to help everyone feel welcome and really wanted to make the day centre work for the people using the service.

The service also employed two activity coordinators to ensure people using the service could follow their interests and take part in activities that were relevant to them. We heard activities were arranged over all seven days. We spoke to one activity coordinator who gave examples of how they tried to reduce social isolation and include everyone in various activities. The service kept rescue chickens and guinea pigs and the feedback from people was good. The activities coordinator told us "We took the guinea pig in to one of our new ladies and she was overjoyed." We were also told how people liked to talk about the chickens and

the memories they had from their childhood. People and their families were encouraged to buy eggs with the proceeds going to a local charity. Other events included a weekly visit from a 'pat' dog, visits from the zoo lab with a selection of reptiles and insects for people to hold and a ballroom dancer. We heard other events included pool and darts competitions, a beer tasting event for Oktoberfest and lots of quizzes and talks from people who had travelled the world and could share their experiences. We heard about up and coming Christmas celebrations including events for the services choir and visits from the local Whitgift Foundation primary school.

People knew how to give feedback about their experiences of care and support. Information on how to complain was provided in the initial welcome pack people received when they first started to use the service and regular residents meetings gave the opportunity for people to be involved. All the people we spoke with praised the registered manager and the deputy manager for listening and understanding them. However, when we spoke to two people about making a complaint they told us they were reluctant because they "didn't want to be a bother" and "didn't want to get people into trouble". One person told us, "I'd tell [the registered manager] or her assistant. They do listen and try to help." During our inspection one person told us of an event but explained they didn't want to say anything. We spoke to the registered manager who immediately spoke to the person and started an investigation into the events that had happened. The registered manager explained she worked hard to build a trusting relationship with people using the service and felt they could speak to her about anything. She acknowledged more work needed to be done to encourage people to speak out when they were unhappy. After the inspection we received updates from the registered manager regarding her investigation.

People were supported to make decisions about their preferences for end of life care. The service continued to work closely with the local hospice and the GP to ensure people's wishes were prepared for and met. The service was an accredited Gold Standard Framework (GSF) nursing home (GSF is a framework to help deliver a 'gold standard' of care to people as they near the end of their lives). The service had also achieved a GSF 'beacon' status which is the highest level of GSF accreditation. During our inspection we spoke to the deputy manager who explained the GSF was in its final year and they were now working with the local hospice towards the 'steps to success' program, this offered more support and training for staff with yearly assessments to ensure the service was continually meeting the standards required. We spoke about how the service supported relatives during this difficult time by offering meals and accommodation. The service was constantly looking at ways they could improve the experiences for people in end of life care. For example, they had improved the way they provided oral care to people and had given staff additional training to ensure people were more comfortable. All the staff we spoke with were very responsive to those people approaching end of life and told us of the adaptations they made to ensure they did not disturb people. For example, cleaning staff would not use electric vacuum cleaners but hand-held floor sweepers which were quieter and caused less disruption.

## Is the service well-led?

### Our findings

The service continued to be well-led. A registered manager was in place and was known by people as the Matron. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoke positively about the leadership and management of the service. Everyone we spoke with knew who the registered manager was. They felt she listened to them and would act on any concerns they had. People told us about the monthly resident's meetings and said they felt comfortable raising issues. We heard that people and their relatives felt informed about issues and events happening at the service. For example, following the recent disruption following the gas supply problems, one person told us, "I was pleased they let my daughter know about the problems and that they had lost a lot of parking spaces." A relative told us, "I was impressed that they let us know about the gas problems and what they were planning to do. I think they communicate well with us."

People benefitted from a staff team that worked well together and understood their roles and responsibilities. The registered manager was supported by an experienced deputy and a team of nursing and care staff. During our inspection we spoke with the chief executive officer and the chair of the Whitgift Foundation. They demonstrated a strong organisational commitment to Whitgift House and spoke about supporting the registered manager to ensure the vision and values of the service were imbedded within staff culture. People were at the heart of the service and the provider worked hard to form links in the community and work with other areas of the Foundation to deliver high quality care and support. The chief executive regularly visited the service and met with the registered manager. We observed the chief executive speaking with people during our inspection and it was clear they knew him well and he was a regular visitor.

Staff told us how much they liked working at the service and felt the team worked well. Comments included, "I have worked here for four years, it's beautiful, I really enjoy it, the team work is good, we all support each other" and "I think it's brilliant here, staff have been here a long time and the leadership is very good, it's part of a family...everyone is so friendly and approachable." The registered manager told us all staff were provided with a meal during their shift and she would often join them. She explained they tried not to use this 'down time' to discuss work issues but felt it was important to enjoy casual conversations with staff during their break. Staff we spoke with told us they enjoyed the meals provided and told us the chef catered for their different dietary and cultural needs. One staff member told us, "It's very good here, the food is wonderful."

There was a strong focus on continuous learning at all levels. The governance committee meetings shared best practice and areas where improvements could be made at a strategic level. Staff meetings and nursing and clinical governance meetings were held regularly and helped to share learning and best practice so staff understood what was expected of them.

People and their relatives were encouraged to be involved to help shape the service and its culture. Regular resident's meetings were held where people's views and opinions were asked for. We looked at previous meeting minutes and noted the discussion points around activities, maintenance, communication and accessibility around the building. Questionnaires were sent to people and their relatives and the feedback we saw was positive.

Checks, reviews and audits continued to be regularly undertaken to assess and monitor the quality of the service provided and to identify any risk to the health, safety and welfare of people using the service, staff and visitors.

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the registered manager had notified us appropriately of any reportable events.