

Mrs Helen Judith Walsh

The White House Falmouth

Inspection report

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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

White House Falmouth is a care home that provides personal care for up to 17 predominantly older people. At the time of the inspection 16 people were living at the service. Some of these people were living with dementia.

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

People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Staff were caring and spent time chatting with people as they moved around the service. People and their relatives told us they were happy with the care they received and believed it was a safe environment.

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.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and activity with staff. Staff knew how to keep people safe from harm.

The environment was safe and people had access to equipment where needed. Staff had received appropriate training and support to enable them to carry out their role safely, including the management of medicines.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.

People were involved in meal planning and staff encouraged them to eat a well-balanced diet and make healthy eating choices.

People and their families were given information about how to complain and details of the complaints procedure were displayed at the service. The provider and staff knew people well and worked together to help ensure people received a good service. People, their relatives and staff told us the provider was approachable and listened when any concerns or ideas were raised.

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. (Report published on 23 March 2017.)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

The White House Falmouth

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector 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 for older people.

Service and service type

White House Falmouth is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service is not required to have a manager registered with the Care Quality Commission. This is because the service is owned by a sole provider and, as the 'registered person', the provider is responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with the provider, four care staff and the cook.

We reviewed a range of records. This included three people's care records and a sample of medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and staff training records were reviewed.

After the inspection

We spoke with two healthcare professionals about their experience of visiting and working with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- The provider had appropriately used multi agency safeguarding procedures when they had a safeguarding concern.
- People told us they were happy living at the service and felt safe. Families also confirmed that they felt their relative was safe, commenting, "[Person] is now very settled and very comfortable with the staff."

Assessing risk, safety monitoring and management

- Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.
- There was a positive approach to risk taking to enable people to maintain their independence.
- Lifting equipment had been regularly serviced and staff understood how to support people to move around safely.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- There were sufficient numbers of staff on duty to meet people's assessed needs. Staffing levels were adjusted if people's needs changed. For example, due the changing needs of some people an extra member of staff was on duty at lunchtime, to assist people who needed help to eat their meals.
- People and their relatives told us they thought there were enough staff on duty. People had access to call bells to alert staff if they required any assistance. We saw people received care and support in a timely manner.
- Staff had been recruited safely and all necessary pre-employment checks had been completed.

Using medicines safely

- People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- Some people were prescribed 'as required' medicines to help them to manage pain or anxiety. Protocols

were in place explaining the circumstances in which these medicines should be used and details of each use was recorded.

- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

- The service was clean and there were appropriate cleaning schedules in place to help manage infection control risks.
- Staff had completed infection control training and personal protective equipment was used to help prevent the spread of healthcare related infections. Hand gel was available throughout the building for staff and visitors to use.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as occupational therapists or physiotherapists, after incidents where people had fallen.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 moved into the service, to help ensure their needs were understood and could be met.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Training was delivered face to face, at the service, either by the provider or with an external trainer. Staff were positive about the training they received and commented, "The trainer who comes in is brilliant. She is really good at explaining everything to make sure you really understand."
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place regularly, as well as group staff meetings, where staff could discuss any concerns and share ideas.
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.

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

- People were provided with healthy meals which they enjoyed. People told us, "The food is lovely, plentiful, warm and tasty" and "The food is wonderful, I love the fish and chips, lasagne is another favourite."
- Kitchen staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking. People were involved in menu planning and the cook spoke with everyone daily about their meal choices. One person said, "The cook consults me every day to ask me what I would like to eat."
- Care plans included information about people's dietary needs and their likes and dislikes. This included any information about specific aids people needed to support them to eat and drink independently.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these

were refreshed throughout the day.

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

- People's health conditions were well managed and the staff engaged with other organisations to help provide consistent care.
- Staff supported people to see external healthcare professionals regularly such as tissue viability nurses, physiotherapists, GPs and dentists. For example, people told us a dentist had visited recently to provide check-ups. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- People were encouraged to stay healthy and active. Staff supported people to continue to mobilise independently.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time. People's bedrooms were personalised with their own possessions and decorated to their taste.
- Access to the building was suitable for people with reduced mobility and wheelchairs. A stair lift was available if people needed it to access the upper floors. Corridors were wide and free from clutter.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of the liberty within the law.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. Where possible, friends and relatives who knew the person well were involved in the decision-making process. The service recorded when people had power of attorney arrangements in place.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- There was a relaxed atmosphere in the service and staff were friendly and supportive. People were positive about staff and their caring attitude and told us they were treated with kindness and compassion. People and relatives told us, "The staff are very good, kind and care for me very much. It feels like home", "I'm happy here, the staff are very good", "We like it because it's a small home, our assessment was a thorough one and we were delighted to get a place here, Mum is happy and so are we her extended family" and "Absolutely brilliant, everyone is really lovely, the staff are very respectful."
- Staff enjoyed spending time with the people they supported and took time to sit and chat with people throughout the day. Staff knew what was important to people and how to offer people comfort and reassurance. Where people were unable to express their needs and choices, care plans detailed their ways of communicating.
- Care plans also contained background information about people's personal history. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.

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

- People were involved in day to day decisions and had control over their daily routines. People were able to choose how they spent their time and which activities they engaged with. We saw that some people chose to spend time in their own rooms while other preferred the service's shared lounge.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.
- People's rooms were decorated and furnished to meet their personal tastes and preferences.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.

Respecting and promoting people's privacy, dignity and independence

- Staff clearly understood the importance of protecting people's privacy, dignity and independence. We observed staff respecting people's privacy, dignity and independence throughout the inspection. For example, supporting people to use equipment, eating lunch and ensuring, at all times, that doors were closed when providing personal care.
- People's right to privacy and confidentiality was respected.
- People's personal relationships with friends and families were valued and respected. Relatives told us they were always made welcome and were able to visit at any time. Several families visited during the inspection

and we saw staff greet them and chat with them as they arrived at the service.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff had a good understanding of people's individual needs and provided personalised care.
- Care plans recorded people's needs and preferences. These were reviewed monthly or as people's needs changed.
- People and their relatives were involved in the development and reviewing of their care plans.
- Staff told us care plans were informative and gave them the guidance they needed to care for people. Staff were updated about people's changing needs through effective shift handovers and comprehensive notes written each day about people's physical and emotional well-being. This helped ensure people received consistent care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about support people might need to access and understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

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

- Care plans recorded information about people's interests, past hobbies and what they enjoyed doing with their time.
- There were a range of activities on offer including pampering, singing, board games and puzzles. External entertainers visited twice weekly for music and singing sessions.
- Some people spent their time in their room or in bed because of their health needs or personal preferences. Staff spend one-to-one time with people, in their rooms, to help prevent them from becoming socially isolated.
- Birthdays, cultural and religious festivities were celebrated. For example, birthday parties were arranged for people and their family and friends were invited.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the

time scale.

- People told us they would be confident to speak to the provider or a member of staff if they were unhappy.

End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- When people were receiving end of life treatment specific care plans were developed.
- People's views on the support they wanted at the end of their lives was discussed with them and recorded.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection 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 registered provider had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis, at the service, on meeting people's individual needs and providing person-centred care.
- People and their relatives told us they thought the service was well managed and communication with the provider and staff was good. Comments included, "The staff and the manager are excellent, very professional. As a family we feel blessed to have such support", "It's a wonderful place", "It's the best move I've made, I'm lucky to be here, I have no complaints" and "The manager leads by example and expects a lot from her staff. She is good to staff and the residents, I have total confidence in her."
- Healthcare professionals also told us they thought people received a good service. Comments included, "The care is exceptional", "I would recommend the home", "Staff genuinely care about people", "People all seem very happy and I am made to feel very welcome when I visit" and "Lovely homely atmosphere in the home."
- Staff were committed to providing the best possible care for people. They demonstrated a thorough understanding of people's individual needs and preferences. Staff told us, "I love working here, everyone is friendly and the residents are so happy" and "It's a lot more rewarding than other jobs."
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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 provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed at the service.

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

- This service is owned by a sole provider and, as the 'registered person', the provider is responsible for the

day-to-day running of the service.

- The registered provider was in charge of the day-to-day running of the service. They were supported by a senior care worker and a stable team of care staff, housekeeping staff, cooks and a maintenance person.
- Staff spoke positively about the provider and the way they managed the service. They told us they felt valued and were well supported. Comments from staff included, "There is brilliant communication", "We have lots of staff meeting where we can air our opinions. [Provider] and the senior carer are great you can always have a chat with them." "[Provider] is very much part of the home and visible."
- The provider and senior care worker carried out regular audits of care plans, incident/accidents and medicines. Where any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved.
- Important information about changes in people's care needs was communicated at staff handover meetings each day.

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

- People and their relatives were regularly asked for feedback on the service's performance through informal conversations and meetings.
- Formal questionnaires had been developed and recently given to people, relatives, staff and professionals.
- Where appropriate, relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of their care.
- Staff team meetings were held regularly and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us, if they made any suggestions about improvements to the service, these were listened to and acted upon.

Continuous learning and improving care

- The registered provider was keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- The service worked collaboratively with professional's and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.