Mrs Anita Larkin

White Hill House Residential Home for the Elderly

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

White Hill House Residential Home is a family run care home which accommodates up to eight older people. It does not provide nursing care. At the time of our inspection there were eight people living in the home.

White Hill House are not required to have a registered manager in place because they are the sole provider and the registered provider has overall responsibility for the day to day management of the service. Registered persons have been registered with the Care Quality Commission and have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection took place on 12 and 17 July 2017 and was carried out by one inspector. This was unannounced which meant staff and the provider did not know we would be visiting.

People told us they were happy living in the home. One person told us, "I only came here for a short break, that was four years ago". Another person told us, "It's not a care home it's a home."
A relative we spoke with told us, "It's very good, dad is happy here and that's what it's about."

Medicines were managed safely staff completed appropriate training and had their competency assessed before they administered medicines. Medicine charts were kept up to date and people received their medicines that had been prescribed by the GP.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the service had policies and procedures to support this.

The service ensured individual risks to people's health care and welfare had been assessed with risk management plans in place. They were regularly reviewed and updated where changes were evident.

Staff were knowledgeable about the needs of people who lived at the service and what support they required and what they could do for themselves. People were involved in their care and support needs and where appropriate relatives were involved.

Safe recruitment procedures were in place to ensure staff employed were of good character and fit to undertake their role. Staff undertook an induction and on-going training thereafter. Staff we spoke with told us they enjoyed their role and had regular supervisions with the manager. They told us they could raise any concerns at any time and were fully aware of the whistle blowing policy and were confident to raise any concerns to the relevant authority.

Staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and how this applied to their role. However, where people lacked capacity and their liberty was restricted in their best interests, the correct legal procedures had not been followed. We discussed this with the manager of the service who told us this

was being addressed.

Feedback received by the service was used to drive improvements. The manager and staff monitored the quality of the service by regularly undertaking a range of audits and discussing any issues with people to ensure they were satisfied with the service they received. There was a complaints procedure in place, people told us they knew how to make a complaint if they needed to but there had been no reason to do this. They told us if something bothered them they would speak to staff in the first instance.

Arrangements were in place for responding to emergencies. Personal evacuation plans in the event of a fire were completed for people living in the home. These were reviewed regularly to ensure they remained up to date.

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.

Care and support was planned with people's health, safety and welfare in mind.

There was sufficient numbers of staff to meet people's needs.

Staff understood their duty of care and responsibilities in relation to safeguarding people from harm.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people lacked the mental capacity to make decisions the service did not follow the legal requirements of the Mental Capacity Act 2005 to ensure that any decisions were in their best interest.

Systems were in place to ensure staff were trained, supported and monitored to meet people's needs effectively

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and dignity were upheld and promoted.

Staff supported people in a caring compassionate manner. They were familiar with people's needs and supported them according to their wishes.

Is the service responsive?

Good

The service was responsive.

People and their representatives were consulted with about their care and support needs.

People were supported to take part in activities within the home as well as within the local community.

Is the service well-led?

Good

The service was well led.

There was an open culture within the home and the provider encouraged people to provide feedback on the care and services people received.

Staff felt valued and worked together well as a team. They found the management approachable and supportive and had no concerns in bringing any concerns to their attention.

White Hill House Residential Home for the Elderly

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.

The inspection took place on 12 and 17 July 2017 and was carried out by one inspector. This was an unannounced inspection which meant staff and the provider did not know we would be visiting.

Before the inspection we reviewed all the information we held about the service. We looked at previous inspection reports and notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it. We had not received a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

During the inspection we spoke with three people living at the service, the registered provider, the manager of the service, three members of staff a healthcare professional and one visiting relative. We looked at a number of records relating to the way the service is run. These included four care plans, staff recruitment files, training records accident and incident reports and records relating to the management of the service.

We observed the way staff interacted with the people they supported and saw activities taking place.

Good

Is the service safe?

Our findings

People told us staff were kind and they felt safe living at White Hill House. "I'm perfectly happy and not concerned about anything," one person commented. Another person told us, "Safe yes without a doubt." One relative told us, "Really good, no problems, my dad doesn't complain." A health professional remarked, "The staff are always very professional, there is always someone available to speak to."

People were protected by staff who knew how to recognise signs of possible abuse. Discussions with staff confirmed they had received safeguarding training during their induction. Staff were able to accurately tell us the action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. Policies and notices relating to safeguarding and local contact numbers were visible to people, relatives and staff.

Staff we spoke with told us they were familiar with the whistle blowing procedure and would contact us this if they had any concerns about care practice or conduct.

Arrangements were in place in the event of an emergency situation such as a fire. Evacuation plans were in place and emergency numbers available for staff. Staff had participated in fire training and there had been regular fire drills.

People were supported to take risks to enhance their independence and enable them to feel in control where possible. Risk assessments had been completed with guidelines in place for staff to follow. These enabled staff to manage risk and promote people's safety and comfort. Risk assessments highlighted individual risks related to people's diet skin care and behaviour. Staff we spoke with displayed a good knowledge of the needs of people who lived in the home and how they managed any risks in relation to their care needs.

Safe recruitment practices were in place and appropriate checks undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. The recruitment files for staff showed recruitment checks had been carried out to ensure only suitable people were employed. These included full employment histories, references and checking with the Disclosure and Barring Service (DBS) to confirm potential staff did not have a criminal record.

Staff, people and relatives told us there were sufficient numbers of staff on duty to keep people safe. Staff were visible throughout our inspection and carried out their work in an unhurried manner.

Medicines were managed safely, staff who administered medicines had completed appropriate training and had their competency assessed to make sure they followed correct procedures. Systems were in place to regularly audit medicines to ensure they were managed within the services policies and procedures. Medicine administration records were accurate and fully completed.

Accidents and incidents were recorded appropriately and were analysed to identify any trends so action

could be taken to minimise any re occurrence. Staff told us they made sure people had their call bells and mobility aids to reduce the risk of falls.

Requires Improvement

Is the service effective?

Our findings

People told us staff were knowledgeable and well trained. One person told us, "Yes they certainly seem to have the knowledge (name of staff) is very clever they know what it's about."

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 Act 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 so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The authorisation 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our visit there was no one at the service with a DoLS authorisation in place.

We saw that one person was being deprived of their liberty and was under constant supervision for their own safety. The person had been assessed as lacking capacity. However, the service had not ensured actions were carried out in line with legislation and in the person's best interest. An application for a DoLs authorisation had not been applied for and a best interest meeting had not been held with the relevant professionals to explore a best interest decision. We discussed this with the manager of the service and they told us it will be addressed and they will arrange for a best interest meeting with the relevant professionals involved in the person's care. We received further information following our inspection and were told that an application had been made to the local authority which was pending approval.

People confirmed and records evidenced consent was sought through verbal and written means, for example if people were happy for staff to administer medicines. Staff told us they gave people time and encouraged people to make simple day to day decisions. For example what to wear or what they wanted for lunch.

Staff told us they had sufficient training which provided them with the skills to meet people's needs. Newly appointed staff undertook an induction covering areas such as moving and handling, safeguarding, first aid and medication training. Training records confirmed training had been completed and staff were up to date in training requirements. We saw that staff could access additional training that would enhance their knowledge and skills. For example we saw that some staff had completed training in loss and bereavement and end of life care.

Staff told us they were supported by a regular system of informal and formal supervisions which considered their role, training and future development. Documentation within staff files showed staff received on-going support in the form of supervisions and annual reviews of their work. During these meetings they were able

to discuss any aspects of their work and any future developmental needs. One member of staff told us they were reviewing their working hours due to personal circumstances. The manager of the service said they will always work towards ensuring staff well-being and will look at ways the service can accommodate this.

People were supported to have sufficient to eat and drink throughout the day and to maintain a healthy well balanced diet. Information about people's specific dietary needs and the level of support they needed were documented in people's care plans. The care plans we viewed contained nutritional screening assessments and records to show people were weighed regularly to ensure they received adequate nutrition and maintained a healthy weight. Where there was a potential risk to people's nutritional needs guidelines were documented on how staff were to manage the risk. People we spoke with told us they enjoyed the food. Comments included, "The food is home-made and very good," and "If we want something that is not on the menu we only have to ask." We observed lunch time and saw that people were enjoying their meal in a relaxed atmosphere with staff asking people if everything was alright with their meal and offering assistance where needed.

The service maintained good links with health professionals such as District nurses, and Physiotherapists. We saw that referrals were made when required; during our visit we spoke with the community nurse who had been requested to visit to assess one person's skin condition. They told us the service was always professional and had made a request for them to review a person who had recently sustained a skin tear.

Good

Is the service caring?

Our findings

We received positive comments about the caring nature of the service. One person commented, "It's not a care home it's a 'home' all the staff are good, from the top to the bottom it's good." A relative told us they were more than happy with the service. "Everybody is professional; I am always made to feel welcome when I visit."

People were given appropriate information about the service and the facilities available to them when they first joined the service. We saw a copy of the services brochure in the main reception of the service. We were informed these could be produced in large print or other formats to cater for individual needs.

Staff we spoke with had built up good relationships with the people they supported this extended to relatives and visitors of the home. People told us birthdays were always celebrated with invitations sent to relatives and visitors to join the celebrations. This demonstrated the service recognised and celebrated important events in people's lives in an inclusive, compassionate way.

People's rooms were personalised with items of memorabilia and they were encouraged to bring in items from their home when they joined the service. We saw one person's room set up to resemble an office with a desk and lap top to ensure the person could still have a sense of individuality that reflected their former life. We spoke with the person who told us they dealt with their correspondence on a daily basis and was still involved in their previous daily encounters such as responding to letters from former work colleagues. They told us they connected with family and friends through Facebook. We saw they also had an iPad to aid their communication. We were aware the person had difficulty expressing themselves verbally due to their condition and the communication aids allowed them to communicate effectively.

Staff told us how much they enjoyed their jobs; most of the staff working at the service had worked there for many years. "It's not just a job it's a way of life for me." "It's a family here." One member of staff told us, "It's like a place where elderly aunts and uncles come to stay."

People's independence was encouraged despite the risks presented. For example, we saw that one person went out to the local shops on a daily basis. We were told that the person would let staff know when they were leaving and would take their mobile phone with them in the event of any difficulties whilst they were out.

Staff ensured people's experience at the end of life was as positive as possible for the person and supportive to the families involved. Where people had made advanced decisions these were respected. We saw that people's end of life care had been discussed with them and their family. At the time of our inspection no one was receiving end of life support. However, we were aware the service had recently supported someone

during the end of their life. The service had received compliments from the person's family on how the last weeks of their relatives' life was peaceful and without complications. We were informed the service received support from the district nurses and an outreach service from a local hospice to ensure pain relief if required could be administered.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home; care was planned proactively where possible. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment enabled a care plan to be formulated. People told us they were involved in their care plan and were fully involved in the development and reviews of their support needs. Care plans we reviewed were personalised and clearly indicated people's individual needs, preferences and wishes.

We saw that reviews took place regularly and when needs changed. Where any changing care needs were identified this had been documented and communicated to the care team. We saw an example of this where one person's mental health had deteriorated and relevant professionals were involved in reviewing the person's needs.

People's life history had been documented and completed. These provided staff with information of the person's previous life history their hobbies and interests and family connections. Staff told us this was vital in ensuring a person remained as individual and independent as possible. "If we have this information it helps us understand them better." We saw the relevance to this comment when we spoke with one person who told us they prefer 'not to mix' with the other people in the home. When we spoke with the person they told us they preferred their own company and getting on with their day.

People were supported to take part in activities within the home as well as within the local community. These included local theatres, places of interest art and crafts and music and film afternoons. During our visit we were invited to observe the activity taking place. This was an activity that a person living in the home delivered. They discussed the Orangemen's day celebration which was held on the 12th July. This produced an open discussion with people present during the activity. However, we were aware that one person was unable to leave their room to join the activities. The home does not have a lift or stair lift to enable people with mobility problems to come downstairs. We spoke with the person unable to come downstairs and they told us they were perfectly happy with remaining in their room. We did not feel that remaining in their room had any negative impact on the person. We saw the home ensured that this person had regular contact with staff and the activity co-ordinator carried out activities with them on a regular basis. The person told us they were happy with this arrangement. However, this does not give the person choice and control in the way they live their life. For example if they decided they wanted to come downstairs and join in discussions and activities. We saw from the person's care plan they previously enjoyed social gatherings and activities. We were given further information following our inspection and were provided with evidence that a stair lift had been fitted at the service.

There was a complaints procedure in place which people had been provided with a copy of which contained the process for raising a complaint and contact details including the local government ombudsman, CQC and the local authorities contact details. People were encouraged to raise concerns with staff or the management in the first instance. We were informed people generally raised any concerns informally with staff or at the regular residents' forum meetings and they were dealt with before they became an issue.

People we spoke with told us they knew how to raise a complaint but had no reason to. Comments included, "The manager sees me every day, and I would speak to them if I needed to." We saw that previous complaints had been logged and documented appropriately, detailing the actions taken and the resulting outcome. We saw there had been no complaints this year.

Good

Is the service well-led?

Our findings

The service had a registered provider and was responsible for the everyday management of the home. They had legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations. They were supported by a manager and a dedicated team of care staff. Staff told us they found the registered provider and the manager approachable and would bring any concerns to their attention. They told us they all worked together as a team and felt the management listened to any concerns they raised and acted on them. They described them as supportive and we observed positive and friendly interactions throughout our visit.

It was evident during our visit that people who lived at White Hill House had built up good relationships with the registered provider and their team of staff and the atmosphere was very much one of an extended family. One person told us they had only come for a short time for respite care with a view of returning home. However, that was four years ago and they liked the place so much they decided to stay.

The service had systems in place to monitor the quality and safety of the service provided and to ensure they met the needs of people who used the service. These included regular internal audits of key activities including the care provided, an analysis of any accidents and incidents and any trends, an analysis of any complaints received and an audit of the management of people's medicines and finances. Where any areas of concern were highlighted, action plans were put in place detailing actions to be taken and addressed within a specified time frame. However, when a person lacked mental capacity to make informed decisions staff did not act in accordance with the requirements of the MCA.

There was an open culture within the service and the provider was keen to receive feedback on the care and services people received. These were sought on a day to day basis through general discussions and through regular monthly reviews of people's care. Annual questionnaires' and monthly residents forums were also used as a means of providing people with the opportunity to give feedback on the service they received and raise any suggestions where improvements could be made. We looked at the responses from the last annual surveys which had been sent to families, residents, staff and healthcare professionals. This informed us they were satisfied with the overall care provided at the service. Families responded positively and stated they liked the overall homely atmosphere. Comments included, 'Lovely house very cheerful place to be,' Friendly family feel.'

People benefited from staff that understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blower policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the management and were confident they would be dealt with appropriately.

The service had notified the Care Quality Commission (CQC) about significant events which had occurred in line with their legal obligations. The registered provider had displayed their ratings from the previous inspection in line with Health and Social Care Act 2008 (Regulated Activities).