

B & M Investments Limited

# White Plains Care Home

## 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

White Plains Care Home is a purpose built home for older people situated just outside the village of Denham. The home is set within eight acres of landscaped grounds overlooking the private Denham air field. The service provides accommodation for up to 38 older people. The service does not provide nursing care. At the time of our inspection there were 34 people using the service.

The inspection took place on 3 and 4 February 2016 and was unannounced.

The service had a registered manager supported by a deputy manager. 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.

We saw people were well cared for, relaxed and comfortable in the home. One relative said when they visit staff always made them feel welcome, and offered refreshments.

People and relatives were consistently complimentary about the staff and their skills. One relative said, "They all know the residents very well, and they know what they need, and know what they're doing. The manager makes sure they are on the ball. When the manager is not here the deputy manager makes sure the standards and consistency is the same".

Care records were personalised and up to date and accurately reflected people's individual care and support needs. Care plans detailed how individuals were to be supported. People's needs were assessed and their care plans reviewed and revised in line with their changing needs

The staff we spoke with were positive about the availability and quality of training provided and they told us that they had received training that enabled them to meet people's needs effectively. A member of care staff told us, "The dementia training really helped my learning and understanding, and gave me confidence". Staff told us they felt supported to do their job, and had regular informal and formal supervisions.

During our visits people were supported to take part in activities, and the home made excellent use of volunteers, students from the international college, and community projects to support the activities This ensured residents continued to lead a stimulating life.

The home was a member of NAPA (National Activity Providers Association) and the activity co-ordinator is undertaking additional training to enhance and develop their expertise and skills

A visiting GP stated that the home was fantastic, well managed and that staff make prompt and appropriate contact and act on clinical advice. The doctor visits weekly and said they find the staff caring, and compassionate. The home provides a wide range of support and care including end of life care. The GP said

they are able to offer continuity of care as many of the residents moving to the home are local people, and the surgery have recommended White Plains.

## 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.

There were sufficient staff available to meet people's assessed care needs.

Risks had been appropriately assessed as part of the care planning process and staff had been provided with clear guidance on the management of identified risks.

### Is the service effective?

Good ●

The service was effective.

Staff were motivated, well trained and effectively supported.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

### Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

Relatives were encouraged to visit on a regular basis.

Staff knew people well and provided support with kindness and compassion.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were met, care plans contained information that was detailed and personalised to enable staff to address identified care needs.

A wide variety of activities were available within the home.

### Is the service well-led?

Good ●

The service was well led.

There were effective quality assurance systems in place to monitor the quality of care provided and address improvements that could be made.

The managers were open and transparent and worked collaboratively with other professionals to ensure high standards of care were maintained.

# White Plains Care Home

## **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 3 and 4 February 2016 and was unannounced.

The inspection team consisted of an inspector and one specialist advisor. A specialist advisor is a person who has experience in a specific area. The specialist advisor had experience in working with people with dementia.

The service was previously inspected on 13/05/2014 when it was found to be fully compliant with the regulations. We did not request a Provider Information Record (PIR). A 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 reviewed the information we held about the service and notifications we had received. A notification is information about events which the service is required to send us by law.

During the inspection we spoke with five people who use the service, seven relatives and visitors, six members of the care team, the registered manager, deputy manager and three health professionals who regularly visit the service. In addition we observed staff supporting people throughout the home and during lunchtime. We also inspected a range of records; these included five care plans, four staff files, two Medication Administration Records, stock of controlled drugs, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

# Is the service safe?

## Our findings

People felt safe living at the home. One person said "It's a big family the staff are marvellous".

Staff knew the people they cared for well; they were able to explain people's care needs and individual personalities. We spoke with professionals during our inspection and they told us "the staff are great and very much on the ball". The people we spoke with said they had confidence in the ability of the manager and staff to meet their needs.

Policies and procedures about the safeguarding of adults accurately reflected local procedures and included relevant contact information. Safeguarding information was displayed throughout the home to ensure people, relatives and visitors could raise issues outside the service if they wished. Staff had the knowledge and confidence to identify safeguarding concerns. Staff we spoke with all said they would not hesitate to report any concerns to the appropriate person.

People's care plans included detailed information and risk assessments. The care plans we looked at were individualised and provided staff with a clear description of any risk identified. Where accidents or incidents had occurred these had been appropriately documented and investigated.

Maintenance of the home was well organised. We saw weekly and monthly safety checks, a fire risk assessment and appropriate emergency procedures in place. The service had a Personal Emergency Evacuation Plan (PEEPS) in place.

People were cared for by suitable staff because the provider followed robust recruitment procedures. Interview records demonstrated prospective staff members' employment histories had been reviewed in detail as part of the recruitment process. Disclosure and barring service checks had been completed before staff were appointed to positions within the home. Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character.

People received their medicines safely, when they needed them. We saw medicines were dispensed to each person directly from the medicine trolley and people were provided with appropriate drinks to aid them to take medicines. The Medication Administration Records (MAR) had been correctly completed. All medicines that require stricter controls by law were stored securely and accurately documented. All staff who dispensed medicines had received appropriate training and there were robust procedures for the investigation of medicines errors within the home.

Medicines were managed in accordance with best practice and where specific advice was sought, this was through consultation with the GP and pharmacist. One person had their medicine administered covertly. A best interest decision for this was based on a capacity assessment and included using the company's covert medicine policy and procedure, a discussion with the GP and family members. This process demonstrated that all practicable steps had been taken by consulting others in the decision making. Covert is the term used when medicines are in a disguised format, for example, in food or drink without the knowledge or consent of the person receiving them.

# Is the service effective?

## Our findings

People and their relatives spoke positively about staff and told us they had the skills needed to meet their needs. Comments included, "they all know what they are doing, and the manager makes sure they are on the ball".

People were cared for by well trained staff. We inspected the homes training matrix and compared the information with the certificates that were available in the staff files. The staff we spoke with were positive about the access to and quality of training provided. They said they had received training that enabled them to meet people's needs effectively. A member of staff said "the dementia training really helped my learning and understanding and gave me confidence".

Staff had completed training in relation to safeguarding of adults, manual handling, infection control and food hygiene. We saw evidence that staff had additional training opportunities and some staff had undertaken various training workshops organised by the local authority. For example, End of Life Care, Nutrition and Hydration, Challenge of Care Giving, Well Being and Management. The provider had introduced a Business Management Pathway to support the development of care staff. The team leader told us that she had commenced the 10 month programme and as a result had successfully applied for a deputy manager's position in another new care home within the organisation. This meant staff were valued and equipped with more in depth knowledge and skills to support the needs of people they cared for.

Staff told us they felt supported to do their job, and had regular formal and informal supervisions from both the deputy and registered manager. Regular staff meetings demonstrated that issues raised by staff had been resolved by the registered manager.

People's consent to care and treatment was sought in line with legislation. Staff we spoke with had a good understanding of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves and DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of care and treatment.

The service was meeting the requirements of the MCA. For example, the nature of some of the people's care needs and care interventions required, indicated that some people were under continuous supervision and control this meant that people may be being deprived of their liberty. However, staff had followed the legal requirements to make sure that any decisions made were done in the person's best interest. The registered manager had submitted applications to the local authority for a range of restrictions such as the use of bed rails, covert medicine and restriction of movement due to people living in an environment that supported their safety by the use of a keypad entry/exit system.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy.



We saw the home had a weekly planned menu. People were offered a choice of meals and particular nutritional and cultural needs such as meeting the needs of a person requiring a kosher diet, special diets low fat and high fibre, and food likes and dislikes were catered for. Mealtimes were relaxed and people told us the food was very good and they had enough to eat. For people requiring an early breakfast the home had introduced an early morning breakfast club. We saw staff assisting people who required support to eat and drink in a sensitive and dignified way. This meant that staff understood people's specific dietary needs and people were protected from the risks of inadequate nutrition.

## Is the service caring?

### Our findings

People and staff appeared were happy in the home. We witnessed numerous examples of staff providing support with compassion and kindness. People were consistently positive about the care they received and the caring nature of the staff. Comments included "they are very caring, it's the best place I've ever come across".

Families and visiting professionals commented positively about the care and treatment provided. We observed many examples of compassionate care that focused on people as individuals, for example, staff reassured people who became anxious during our visit. People told us their privacy and dignity was respected, we observed staff knocking on people's doors and waiting to be invited in. Throughout the inspection it was notable that staff were not rushed in their interactions with people. We saw staff chatting with people individually and supporting them to engage with activities.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated that staff were knowledgeable about things people found difficult and how changes in daily routines affected them.

People in the home appeared smartly dressed and well cared for. The manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were supported. The home was fully staffed with many staff having worked in the home for several years. The home does not use agency staff and have their own bank staff. Care plans recorded discussions in relation to end of life wishes, some staff had attended end of life training.

During lunch time carers sat with people they were supporting to eat, and chatted together throughout the meal. We observed that both the registered manager and the deputy provided people with additional support during the meal. When offering support staff spoke politely and made efforts to ensure they were at the person's eye level. People told us the staff respected their wishes, "I'm treated well with respect". Staff told us, "we have enough time to talk to people and really get to know them".

People were able to personalise their bedrooms with photographs and ornaments that they had brought in from their home. The home was spacious and allowed people to spend time on their own or with relatives if they wished. The service supported people to exercise choice, independence and control, wherever possible. For example, we saw a person being supported to attend an appointment independently. The only support required was for staff to arrange for a taxi to take the person to the appointment; this ensures people were supported to be independent for as long as they were able.

## Is the service responsive?

### Our findings

People's needs were reviewed regularly and as required. When necessary health and social care professionals were involved. An example of this was a visiting physiotherapist who had come to assess a person who was having difficulty mobilising. We also spoke to the GP who visits the home and they commented that they would not hesitate to send someone to the home. Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Care plans were personalised and each file contained information about the person's likes, dislikes and people important to them.

Where people required support with their care they were able to make choices and be as independent as possible. One person told us that they were attending a hospital appointment independently and they only needed support to get organised for the appointment. For example, ensure the time they get up is early enough to enable them to have breakfast first. We saw the person waiting in the front entrance porch for their taxi to arrive to take them to the hospital appointment.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the service. People's views were sought through care reviews and surveys. People told us there were regular meetings and they were encouraged to discuss any aspect of the home. We saw minutes of these meetings any matters raised in previous meetings had been addressed for example, changes to the breakfast menu and more flexibility for the time of breakfast. The home displayed compliments they had received.

During our two day inspection people were supported to take part in of activities provided by staff in the absence of the activity organiser. This meant people continued to lead a stimulating life. People were supported to take part in activities, and the home made excellent use of volunteers, students from the international college, and community projects to support the activities team. The home is a member of National Activity Providers Association (NAPA) and the activity co-ordinator is undertaking additional training to enhance and develop their expertise and skills.

We saw a comprehensive range of activities had been planned for the month. Past events included a visit from Elvis, an Owl show, tea dance, musical movement and garden party singing. Residents enjoyed trips out which included a visit to the Dogs Trust, Tea at Denham Grove Hotel and the local garden centre.

People were consistently positive about the activities one person told us they enjoyed the opportunity to see a Napier vintage car at the garden party. People told us they helped paint the bird tables and enjoyed attending the bird watching group and visiting the homes Avery. The gardening group had produced an abundance of tomatoes, runner beans and herbs of every variety. There was a strong focus on person centred activity planning, for example, the home's cat and visiting dogs offer pet therapy particularly for those people who are unable to be actively involved in activities.

Students from Brunel University Theatre Drama Group facilitated workshops within the home. The

workshops were greatly received by people living in the home; one person commented how they look forward to seeing the 'young people'. The workshops included card making, reminisce theatre and memory box discussions. The home had provided life enrichment activities that improved the quality of life and self-esteem for people.

There was a Chapel within the home where the local vicar carried out services for people who want to attend. The Chapel is not only used for religious services but is also used for people who may want some 'quiet time'.

There was a comments box at the front of the home for people and staff to share their thoughts and comment on any concerns they had. Surveys and questionnaires were sent to relatives, people living in the home and visiting professionals. We saw service users' questionnaires and selected 10 people who use the service. The comments included "the endless thought of kindness of all the staff is unique". "My family like this place and they can visit any time".

None of the people we spoke with had any complaints about the service; people told us they would raise any issues or complaints with staff. The home had a complaints procedure which was included in the welcome pack people were given at the start of their stay. We were not aware of any complaints made about the service.

## Is the service well-led?

### Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. People and their relatives told us they had a lot of confidence in the management and the staff. People said the service was well managed and the managers and senior staff were visible and always accessible. Comments included "the staff are great everyone is kind and helpful".

More than one person said they are glad that they have chosen White Plains. Managers recognised the vital role of well-motivated staff in ensuring people's care needs was met. The staff team was highly motivated and well established. Staff told us they felt valued and the importance of their contribution to the home was recognised.

The service worked in partnership with local health organisations, community groups, and volunteers to ensure peoples' health spiritual and recreational needs were met. People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Residents meetings were held monthly and people's relatives were encouraged to attend where possible and contribute. Minutes of the meeting demonstrated that feedback provided was valued and acted upon so that the service could work to constantly improve.

The homes records were well organised and staff were able to easily access information from within people's care notes. Regular audits designed to monitor the quality of care and identify areas where improvements could be made had been completed. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Each month a formal quality assurance visit was carried out by senior managers to monitor the quality of care and to identify any areas where improvements could be made. People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

Staff described the management team as very supportive and approachable, they felt listened to and valued, one member of staff said they work in a friendly supportive team. Another commented, "I love working here, morale is high". The registered manager had introduced a philosophy to the home which involved a whole team approach and put people at the heart of the service. The service was run by an established management team that promoted an open culture which shared the same vision and demonstrated strong role models with a commitment to providing a good quality service. The atmosphere of the home was very friendly and welcoming with an open and transparent culture.