

Ixora Healthcare Limited

The White House

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	

Overall summary

We undertook an inspection of The White House on 1 December 2015. The inspection was unannounced which meant the provider did not know we were coming.

We last carried out an inspection at The White House in May 2014 where we found the service was meeting legal requirements.

The White House provides residential accommodation with personal care for up to twenty-eight people.

There was a registered manager in post at the time of this inspection. 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the registered manager understood when an application

Summary of findings

should be made and was aware of the principles of the Mental Capacity Act 2005. People who were subject to DoLS had their rights respected and the home had operated within the legal framework of the Act.

Staff were confident in describing the different kinds of abuse and the signs and symptoms that would suggest a person they supported might be at risk of abuse. They knew what action to take to safeguard people from harm.

A robust system was in place to identify and assess the risks associated with providing care and support. A relative told us and care records confirmed, that risks had been discussed with them and actions agreed to keep people safe from accidental harm.

Staff understood the needs of the people they supported. They supported people in making choices and their own decisions as much as possible. The people we spoke with who were using the service, and visiting relatives, told us they were happy with the care provided.

People who used this service received safe care and support from a trained and skilled team of staff. The induction of new staff was robust and they received regular support and mentoring from the registered manager following their appointment. This had been

supplemented by further training to equip staff with specific skills, which enabled them to provide person-centred care to people who used the service in line with current best practice guidance. Staff fully understood their caring responsibilities and they demonstrated respect for the rights of the people they supported.

During our visit we saw examples of staff treating people with respect and dignity. People using the service and their relatives were consulted and involved in assessments, care planning and the development of the service.

The layout of the home supported people who were living with dementia. People were able to walk around the home and the enclosed garden whenever they wanted to. There were no restrictions in place and people were supported to access all areas of their home.

The registered manager had developed an effective system of quality assurance, which measured the outcomes of service provision. We found that staff, people who used the service and relatives had been involved in this process.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff we spoke with knew how to keep people safe from abuse. Staff had access to procedures and supporting documents to guide them on taking the correct action if they suspected a person they supported was at risk of harm.

People who used the service and their representatives had been consulted about risk. Risk management strategies were robust without imposing unnecessary restrictions on people's choices and personal freedom.

Good



Is the service effective?

The service was effective.

People using this service were involved in decisions about how their care and support would be provided.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Applications for DoLS had been made. This meant that appropriate steps had been taken to ensure people's rights were protected.

People who used the service were supported by trained staff who understood their individual needs well.

Good



Is the service caring?

The service was caring.

People who used this service were treated with kindness and compassion and their rights to privacy, dignity and respect were upheld.

Staff listened to the views and preferences of the people they cared for and this was reflected in a person centred approach to the provision of care.

Staff understood the specific care needs and cultural diversity of the people they supported.

Good



Is the service responsive?

The service was responsive.

People were encouraged to express their views on how their care and support would be provided.

People received flexible support and had access to the equipment they needed to maintain their independence.

People using this service could be confident that their concerns would be listened to and dealt with appropriately.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Staff received good support from the registered manager and there was a strong sense of leadership within the home.

The registered manager and staff had a good understanding of their responsibilities and worked well together as a team.

The systems in place for quality assurance were effective in driving continuous improvement in the best interests of people who used the service.

The White 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 inspection took place on 2 December 2015 and was unannounced.

The inspection team consisted of an Adult Care 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. The expert was experienced in residential and dementia care.

We spoke with ten people who used the service, four visiting relatives, two visiting healthcare professionals and five members of staff including the registered manager and the cook.

Some people who used the service were unable to tell us about their care. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who cannot tell us about their care.

We observed care and support in the dining room and also looked at the kitchen, the laundry and several people's bedrooms. We reviewed four people's care records in detail. We looked at staff recruitment, training, supervision and appraisal records. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided by The White House.

Is the service safe?

Our findings

When we spoke with people living at The White House they told us that they felt safe. No one we spoke with raised any concerns about how staff treated them. People made comments such as, "I'm happy here. I feel happier now than I was (at home)." And "I feel safe, yes thank you." And, "Oh yes I feel safe, really and truly."

We looked at the care records for three people who used the service. There were individualised, up-to-date risk assessments and management plans for risks such as using wheelchairs, dementia care, nutritional needs and medication.

The home had effective systems for ensuring concerns about people's safety were managed appropriately. Records showed concerns had been reported promptly to other agencies such as the local authority and The Care Quality Commission (CQC). All of the staff we spoke with demonstrated an understanding of what abuse was and how to report concerns. They also told us and records confirmed they received regular training about how to keep people safe.

On the day of our inspection there were enough staff on duty to meet people's needs. People we spoke with told us there were always enough staff available when they needed help and support. One person told us, "I feel safe here. They have two (carers) on at night who go round to check everyone is ok." We looked at the staff rotas to check the staffing levels were consistent. We saw the home operated a rolling rota programme which meant staff, and the people who used the service, knew which staff were on duty and when months in advance. We found this was an effective way of ensuring the home maintained appropriate staffing levels and that people were supported by a consistent staff team that knew them well.

Plans were in place for responding to emergencies or untoward events, such as outbreaks of infection, fire, flood and the failure of equipment used in the home. Risks of system and equipment failure had been minimised by a programme of servicing and maintenance of equipment. For example, we saw that relevant contracts were in place for gas safety, portable appliance testing, emergency lighting and clinical waste removal.

A system was in place to record accidents and incidents, such as falls. The registered manager told us that the outcomes of accidents and incidents were analysed to see what lessons could be learnt and reduce future risk by taking preventative action.

Care records contained appropriate risk assessments and risk management plans and we saw that risks had been discussed with either the person or their relative. We saw detailed guidance provided for staff to follow in three risk management plans. The written information guided staff on the safe use of hoists and moving and handling. The care records confirmed that a robust risk assessment and management strategy was being followed to keep people safe from accidental harm.

We saw that the service had effective systems in place to ensure the home was safe for people and fit for purpose. We saw that the home's fire system had been checked weekly to ensure it was fully functioning. Systems were in place to identify and manage foreseeable risks.

The organisation had a business continuity plan which set out the alternative arrangements that would be put in place if for example there was a loss of power or the need for evacuation of the building. Each person had a personal emergency evacuation plan (PEEP) which identified the assistance and equipment they would need for safe evacuation.

We observed a medication round. Each resident had a blister pack of medication, a photograph at the front of their medication administration record (MAR) and also a picture of the medicine and what it was for. This meant staff became familiar with each medicine they were administering and were quickly able to spot errors if the wrong medicine had been prescribed. The medication trolley was kept locked when the staff member moved away and medicine was administered safely.

We looked at four staff files and found the provider followed a robust recruitment and selection process to ensure staff recruited had the right skills and experience to meet the needs of people who lived in the home. This included carrying out a Disclosure and Barring Service (DBS) check and obtaining appropriate references for new staff. We found the correct checks had been carried out for existing staff with the Criminal Record Investigation Bureau (CRB). This meant people were supported by staff who were appropriately vetted to work with vulnerable people.

Is the service effective?

Our findings

People at The White House received effective care and support which took account of their wishes and preferences.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the correct assessments in relation to capacity and decisions to restrict someone's liberty had been followed. We saw for one person the home was supporting them to challenge the decision through the use of an Independent Mental Capacity Advocate.

The registered manager had provided training for staff so that they understood the requirements of the Mental Capacity Act in general and the specific requirements of the DoLS for each person who had a DoLS in place. For example we were told about an individual who needed to have their medicine 'covertly' by having it crushed up in their food. Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. We saw staff had liaised with this person's GP to ensure the correct paperwork was in place to support the decision. They had then followed the correct processes in line with the MCA and submitted an application for a DoLS to support this person with their medicine. This meant the home understood how to protect the rights of the people they supported.

People and their families told us that they were consulted with about their care needs. One relative told us staff were very welcoming and if they had any concerns, they felt

confident to talk to the staff and the registered manager. They told us they were kept informed of things they felt they needed to know about. We observed the relationship between the staff and visiting relatives was positive and appropriate.

We spoke with one visiting relative who told us their family member was, "much better here." They told us risks were managed well and they were involved in care planning. One person told us "My [relative] has really come on since [they] came here. They [the home] have taken the stress and anxiety away from [my relative] and made [them] feel safe. I never thought we would ever get my [relative] back to where she is now."

We spoke with four staff who were able to discuss the needs of the people they were supporting and could also describe what they would need to do as their needs change. We saw training opportunities had been identified for the staff team to refresh their knowledge, including diabetes management and six steps to success end of life planning.

We saw from records, and staff confirmed, that they had completed an induction programme at the start of their employment. This meant that staff understood their roles and responsibilities within the home and as part of the team. Staff were given appropriate supervision and support which helped to ensure they were able to provide effective care. Staff told us they felt well supported in their role. We saw records which showed that staff were receiving regular supervision in line with the organisation's supervision policy. We saw supervision covered various aspects of the person's job role including staff goals, performance and whether they were happy in their job. This demonstrated that the home ensured staff had an opportunity to express their concerns and discuss further training and development which meant people who used the service were supported by staff who were happy and competent within their roles.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at The White House. We examined the training records and spoke with two staff. Training records showed that staff were offered on-going training opportunities and all the training in areas such as moving and handling, safeguarding, fire safety, caring for people with dementia, end of life, Mental Capacity Act 2005 and deprivation of liberty safeguards training were up-to-date.

Is the service effective?

The registered manager showed us records which they kept to assess and monitor the competence of the staff in areas such as medicine management. Staff spoken with confirmed they received the training and said they were well supported within the home. Staff told us "I've got a certificate for dementia and end of life. The end of life training was part of the six steps award." And, "I got trained to do the medication. I'm doing first aid training next week. I've always had the training I've asked for." This meant people who used the service could be sure they were supported by competent staff with relevant skills and knowledge.

Each person who lived at the service had a care plan in place which was personal to them.

We looked at three care plans during our inspection. We found that they provided staff with adequate information to enable them to provide people with individualised care. Care records contained risk assessments, preferences, likes and dislikes and the level of support people required. There were also consent forms which had been signed by people who had capacity to do so. This meant the home was following best practice guidance to ensure people were appropriately supported and empowered to make decisions about their own lives.

People we spoke with expressed satisfaction with the food and drink provided in the home. Three people commented, "The food is really, really good. You get a choice." Other comments included, "We get very good food here," and, "[the cook] is brilliant. I have no complaints. The food is homemade and we have lovely things."

We spoke with the cook who told us about people's preferences and any special diets which were needed. We saw information was available for the cook in relation to the consistency of food for people requiring special diets should they need it. People's care records we viewed showed that people's nutritional needs were assessed and monitored to ensure their wellbeing. We observed people being supported to eat appropriately. People who required support to eat were offered privacy and people were able to choose where they wanted to have their meal. We found the mealtime experience was relaxed and friendly. One visiting relative told us, "The food is excellent. It's all homemade. My sister stayed for Christmas dinner last year. She said it was great."

Is the service caring?

Our findings

We found there was lots of positive feedback about the home and the standard of care being delivered at The White House. People who used the service told us, "The [staff] are very, very nice people. They look after [us] very well, " and, "The staff are very good to us. They are really kind."

Family members told us, "I like it because it's small, there's a more personal touch, and the staff are fabulous. They are on the ball with everything."

We spoke to a visiting professional who said, "The staff are very consistent. If I need any help with the residents they are always on hand. They also told us, "I think it's a really good home. All the carers know the people they support well."

We noted throughout our inspection the home was calm and relaxed and felt warm and homely. Staff interacted well with the people they were supporting. Staff addressed people by their preferred names when speaking with them. We saw staff treat people in a kind, caring and compassionate manner and respond promptly to people's need for support. We observed staff engaging in meaningful conversations with people. For example, during lunchtime, a member of staff was sitting with two people and was engaged in conversation. People were treated with respect at all times.

We noted staff knocked on bedroom and bathroom doors before entering and that personal care was provided in private. We saw that care plans provided information about the care and support people needed and how this should be provided.

From the conversations we had with staff it was evident that they understood the specific care needs and cultural diversity of the people they supported. All the people we spoke with during our visit confirmed that their care was provided in a respectful and dignified manner. People were supported by kind and attentive staff. Staff were courteous and people appeared relaxed and comfortable in the presence of the staff team. We observed that staff clearly knew people well and spoke with them about the things

that were meaningful to them. We noted one person specifically asked for a particular member of staff to sit with them. We saw later on in the day that the member of staff who the person had asked for was sitting with them playing dominoes.

We saw staff intervened when needed if people became upset or agitated. On the day of our visit the home was in the midst of putting up the Christmas decorations. We saw some people enjoyed taking part in decorating the home whilst others did not. Staff acted quickly and without fuss to divert people who were showing signs of agitation by offering them a cup of tea and escorting them to a quieter part of the home.

The care plans we looked at contained evidence that people's views, preferences and decisions about how their support would be provided had been listened to and incorporated into the plan of care. The care plans were written in a way which respected the individual and promoted their independence. For example one person wanted to go home to their own flat. We could see how the home had acknowledged this and was supporting them to achieve this. We also saw how involved the home had become as an advocate for this person, working in their best interest and ensuring they had the support in place to enable them to achieve their potential if they were to return to their own home. We found the home understood the importance of promoting independence and choice and respecting the wishes of the people they supported and advocated well for each person.

Through speaking with staff and the people who used the service and from receiving feedback from relatives it was clear that the priority and the focus of the home was one of family and "home from home". There was a strong emphasis on promoting the wellbeing for each person which created a warm and positive environment. One family member told us, "It's like a home from home. I absolutely love it and so does my [relative]". The staff really do care, they are very approachable and friendly. I have no qualms about anything, we are very happy".

We saw staff worked as a team and demonstrated a good attitude to their role. One member of staff told us, "It's nice to work with people who care."

Is the service responsive?

Our findings

People we spoke with told us that there were always things happening in the home and outside in the wider community. They gave us examples of trips to local schools and college, for meals and entertainment and told us that local school children came and sang songs and carols at Christmas time. We saw there was an activities programme in place which outlined activities people could do inside and outside the home. People told us, "Last Christmas was really nice here. We went to the college for a meal. When there is a birthday we have a bit of a do," and, "The vicar comes in from time to time which I like."

On the day of our visit we saw people engaged in one to one activities such as dominoes and having their hair done, as well as group activities such as decorating the house for Christmas and a film afternoon. Throughout the course of the day we saw that activities were done on an individual basis although people could join in with group sessions if they wanted to. There was a daily activity plan in place which people could access if they chose to do so.

The people we spoke with were aware of their rights in relation to complaints. They told us they were very happy living in the home. One of the people we asked about complaints told us, "I have nothing to complain about at all," and, "I can't say anything wrong about it. If you ask the staff to do anything they do it straight away." We saw a copy of the home's complaints policy and noted that the procedure for making complaints was posted in a prominent position within the home. The policy detailed the timescales for investigating and responding to complaints and gave people information on where to take their complaint if they were dissatisfied with the outcome of the investigation. There were no complaints at the time of our visit.

When people came to The White House their needs were assessed and care was planned and delivered in line with their wishes. The registered manager told us that they completed an initial assessment with people before they started to use the service to ensure their care needs could be met. We looked at the care plans for three people who were using the service at the time of our inspection and saw that a comprehensive assessment of needs had been

completed before they had started to use the service. This meant that people were given the appropriate information to reassure them that their individual care needs could be met before they were admitted to the home.

The care plans we looked at showed that people living in the home, or their representatives had participated in their assessments of need. Wherever possible the person had signed to indicate that they agreed with the care and support to be provided by staff.

The care records that we reviewed showed that issues such as falls and changing healthcare needs were responded to. We saw that care plans were always reviewed following a fall or incident to see if any amendments or changes to the person's plan were needed. People's weight and general health was monitored and referrals to a dietician or other professionals were made if there were any concerns.

Suitable equipment had been provided to meet the physical and sensory needs of people living in the home. This included moving and handling equipment and specialised bathing facilities. There was an enclosed garden available for people to access if they wanted to. People who used the service told us they enjoyed spending time in the garden and were encouraged to take part in gardening which they enjoyed.

Some of the people who used the service were living with dementia. Throughout the downstairs area of the home people could access the communal areas and the garden if they wanted to. There were also sensory aids available along the corridors for people to use. This included different hats and hair accessories which had been positioned alongside mirrors. We also noted on bedroom doors pictures of things which were important to the person, including

pets and family members. Staff told us they recognised that people who were living with dementia quite often orientated themselves in a different time and place so pictures of people or things from their past could help orientate them to different parts of the home, including their bedroom. This was one example of the service being responsive to the needs of people who were living with dementia and staff recognising the importance of good dementia care.

We saw a file containing letters and cards which complimented and thanked staff for the quality of care provided in the home. We also saw that relatives who

Is the service responsive?

completed satisfaction surveys rated the home as very good or good. Where comments or suggestions had been made for improvement, the registered manager had responded by making improvements to the service where

appropriate. This provided evidence that feedback was encouraged by the service and that action was taken to make improvements in the best interests of people who used the service.

Is the service well-led?

Our findings

We received positive feedback about the leadership within the home from staff, people who used the service and their relatives. Comments from people who used the service included, "[the manager] is fabulous. She's here all the time. She makes me feel good," and, "I would just tell [the manager] if there was anything wrong." Visiting relatives told us, "This home is absolutely fantastic. I am coming here myself," and, "The manager is really good. She's a good manager and very hands on. She looks after everybody." A visiting healthcare professional told us, "I find it a nice place to come to. I actually look forward to coming here. Everybody is friendly. It's got a good local reputation. People know it."

There was a clear management structure in place and the registered manager had an 'open door' policy and led by example. Staff were encouraged to reflect on practice and supported to change things that weren't working well and try new approaches with people who used the service.

The manager was registered with the Care Quality Commission, had worked at the home since 2007 and had a strong leadership presence within the home.

Through speaking with the staff team, people who used the service, and the registered manager it was clear there was a strong cohesive team. Each person understood their role and how it could support the delivery of care. We saw evidence through team meetings of staff analysing their practice to see what had gone well and what could be improved. This meant people who used the service could be confident the service they received was a good one.

We saw evidence in records that the registered manager monitored the quality of personal care and support by working flexible hours and through staff supervision, team meetings and regular monitoring. Staff described the registered manager as supportive, approachable and open.

In conversation with the registered manager it was evident that they fully understood their responsibilities. They described their plans for the continual development of the service to ensure that the changing needs of people would continue to be met through quality care and support. They told us they received good support and approval for additional resources from the owner of the home that visited regularly and conducted quality monitoring reviews. We saw these reviews included obtaining feedback from people who used the service and staff, as well as monitoring incidents and accidents and health and safety issues. Quality audits were completed frequently which meant well-managed systems were in place in place to monitor the quality of the care..

There was a system in place to monitor accidents, incidents or safeguarding concerns within the home. The registered manager maintained a monthly record about the incidents which had occurred and what had been done in response. Additionally, there was a record of what the outcome was and any 'lessons learned' to help prevent future re-occurrences.

The registered manager and provider were committed to providing all round high quality care. We saw that the service had a number five Food Standards Agency (FSA) hygiene rating. Five is the highest rating awarded by the FSA and shows that the service has demonstrated very good hygiene standards.

Staff told us, "I'm very, very happy here. It's a good place to work. I love it here," and added, "The manager] is one of the best managers I've ever worked for. I can go in to talk to her at any time."