

Healthcare Homes Group 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 ●

Summary of findings

Overall summary

About the service: The White House accommodates up to 32 people in one adapted building. It provides residential care to people over the age of 65. During our visit 28 people were living in the service.

People's experience of using this service:

- People felt safe and were protected from avoidable harm.
- Enough staff were on duty during our inspection.
- Staff were recruited safely and received on-going support and training to be effective in their roles.
- Staff knew people well and risk management plans contained clear instructions for staff to follow.
- The environment was clean and staff followed good infection control practices.
- Medicines were managed safely and were available when required.
- People were supported to access healthcare professionals when needed.
- People's nutritional and hydration needs were met. Staff understood people's dietary needs.
- Staff cared about people and were responsive to their needs. Care plans supported staff to provide personalised care.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People were supported to be independent, their privacy was respected, and their dignity was maintained.
- People's end of life wishes were documented to ensure their wishes would be respected at the end stage of life and following their death.
- People were occupied with meaningful activity and had opportunities to maintain positive links with their community.
- People and relatives were happy with the care they received and spoke positively about the leadership of the service.
- Complaints were managed in line with the provider's procedure.
- Systems to monitor the quality and safety of the service were effective.
- Feedback from people, their relatives and staff was welcomed to drive forward improvement. Action had been taken in response to the feedback.

Rating at last inspection: At our last inspection of 11 and 12 December 2017, which was published 27 February 2018, we rated the service as 'Requires Improvement' overall.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our findings below.

The White House

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:

One Inspector and one expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The White House is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. However, the manager was in the process of applying to register. This means that they and the provider are legally 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:

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission. We also looked at the provider information return (PIR). This 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.

During the inspection visit we met people who used the service and spoke in more detail with four people,

two relatives and two friends of people. We spent time observing staff interacting with people, especially at lunchtime. We also spoke with two professionals supporting people at the service, to gain further information about the service.

We spoke with three care staff, the manager and other managers supporting on the day. We looked at documentation relating to two people who used the service and information relating to the management of the service. We reviewed medicine records and observed medicines storage and audit arrangements and spoke with staff involved in medicines management.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection of 11 and 12 December 2017, the key question for safe was rated requires improvement. There was a breach of Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection of 14 March 2019, improvements had been made in this key question and people were receiving a safe service.

Staffing and recruitment

- Since our previous inspection the service had reviewed the shift pattern for care staff. The manager told us that this had led to greater continuity of care.
- People and staff believed there were generally sufficient staff. One person said, "I think they [staff] can be a bit slow on the bells at times. At night the staff are very good, quick to come." A member of care staff said, "People are safe but it's still tight. Breaks are not always taken."
- There was a system to determine the number of staff needed based on people's dependency levels.
- The manager gave us examples of where dependency levels had changed and staffing had been adjusted.
- Recruitment processes ensured people were protected from the risk of unsuitable staff being employed.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe at the service. One person told us, "Oh yes. I feel very safe. The staff are nice."
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and were safely managed. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified. Appropriate measures had been put in place to mitigate identified risks. For example, the use of alarm mats when people were at risk of falls.
- Environmental risks were managed. For example, water temperatures were monitored regularly to mitigate the risk of legionella infections.

Using medicines safely

- Medicines were managed safely. There were procedures in place to ensure the service did not run out of

people's medicines.

- People said they received their medicines as needed. One person said, "Yes they [staff] bring my tablets in here [room]."
- Staff were trained in medicine administration and their competencies were checked regularly to ensure they followed company policies and procedures.

Preventing and controlling infection

- The service was clean throughout. Toilets and bathrooms were seen to be very clean.
- Staff practiced good hygiene and were provided with aprons and gloves.

Learning lessons when things go wrong

- The manager carried out regular reviews of accidents and incidents in the service to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise future risks. These were also monitored electronically by the provider.

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

Good: 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

- Records confirmed that an assessment of people's needs had been completed.
- Care plans were thorough and contained person-centred information which detailed what was important to the individual. Records were reviewed regularly and when a change in need was identified for the person.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records.

Staff support: induction, training, skills and experience

- People told us that staff had the skills and knowledge to support them. One person said, ""Yes I think the staff know what they're doing." Another person said, "They [staff] have to use the hoist for me and use it very well. I never feel worried when they [staff] move me."
- Staff spoken with said they had good training, support and supervision to do their job effectively. One staff member said, "Training is fine. All up to date, if not dates go up on the board. You have to do it as you are trained."

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

- People told us the food was good. One person said, "The food is good. You get a choice at lunchtime as well as teatime. I had the chicken today which was good. I eat all my meals on here [over-chair table in bedroom]."
- People were given a choice from a menu. The cook told us that they would provide an alternative to what was on the menu if people requested it.
- The meal time experience was relaxed with people being offered choices of where they wished to eat their meal and what to drink. Staff took time to support people at a pace which suited them.
- Advice was sought from appropriate health professionals in relation to nutrition.

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

- People told us they were able to access healthcare services as and when necessary. One person said, "The staff organise for you to see a doctor if you need to. I get my feet seen to and I could do with new glasses. I'll speak to the carers about getting my eyes tested." Another person said, "Yes I see the doctor if I need to. I think they [GP] come to the home every week."
- A visiting health care professional told us that the service followed any guidance provided by them.

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

- The design and layout of the service had been adapted to meet people's needs.
- There were communal areas, such as lounges and a dining room, where people could meet with their friends and family, in private if required.
- People had access to outside space that was well planned and safe.

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 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
 - The manager followed the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
 - Staff ensured that people were involved in day to day decisions about their care. One person told us, "Yes they say, do you want to, or can we do this."
 - Capacity assessments had been completed for people and decisions made in their best interests were recorded.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff treated them with dignity and respect. One person said, "The staff are kind and caring. They [staff] chat, they're really nice." Another person said, "They [staff] are really nice girls."
- Staff spoke about people's individual needs, likes and dislikes. They understood what and who was important to each person.
- People's diversity was celebrated. Staff offered person centred care and wherever possible honoured and respected people's requests. The manager told us that three different religious organisations supported people in the service.
- There was a caring and friendly atmosphere in the home between staff and people using the Service. Staff clearly knew people very well and were able to tell us about individuals and their lives and families. This enabled them to engage well with people, and we observed them chatting, which increased people's sense of wellbeing. It was also reflected in the laughing and joking we observed when an entertainer was performing.

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

- People consistently told us that they were listened to by staff. One person said, "Yes, I really do think the staff listen to me. Yes, the staff would sort stuff out. They're all nice, easy to talk to."
- A relative said, "The staff listen to me and [relative's name]. I can talk with them [staff] easily and we agree if anything needs to change."
- The content of care plans demonstrated that people had been involved in writing them.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be as independent as possible. One person said, "I can't do much but yes, the staff do encourage me to do as much as I can."
- Staff were observed knocking on people's doors before entering and respectful signs were placed on doors when care was being provided to stop others entering.
- When asked if staff respected their privacy one person said, "Massively yes. I like to stay in here [bed] all morning until after lunch. I'm more comfortable in bed and I can doze. The staff know I like to be quiet and left alone in the mornings."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

At our last inspection of 11 and 12 December 2017, the key question for responsive was rated requires improvement. At this inspection of 14 March 2019, improvements had been made in this key question and people were receiving a responsive service.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that the service respected their wishes. One person said, "Oh I do what I want. Stay in here [bedroom] and then go downstairs in the afternoon. I come back to bed when I want to. I eat my breakfast and lunch up here, in my room. I'm well looked after."
- Care plans informed staff how they should support people in a way that met their likes, dislikes and preferences. For example, one person's care plan recorded they preferred a bath to a shower.
- People had opportunities to take part in a range of activities and were encouraged to maintain interests which were important to them to lead meaningful lives. One person told us, "I really enjoy the activities in the afternoon downstairs. We regularly play draughts, different board games and cards. The local school children come in on Wednesday afternoon – we often play draughts then."
- Where people had interests, these were supported. For example, one person who enjoyed looking after indoor plants had several in their room along with various flower pictures placed where they could see them when in bed.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt comfortable to do so.
- Records showed complaints had been managed in line with the provider's procedure.
- A poster entitled 'You Said, We Did' poster was displayed in the service. This gave feedback to people on changes which had been made following staffing concerns.
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.

End of life care and support

- People's end of life wishes were recorded, which assured us people's wishes would be respected at the end stage of life and following their death.
- The manager told us how the service was meeting one person's expressed wishes as they were reaching the end of their life.
- Staff worked in partnership with other healthcare professionals such as, district nurses to ensure people had a comfortable and pain free death.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they create promoted high-quality, person-centred care.

At our last inspection of 11 and 12 December 2017, the key question for well-led was rated requires improvement. There was a breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection of 14 March 2019 improvements had been made in this key question and the service was well-led.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were happy and spoke positively about the leadership of the service. One person said, "Yes I know the manager. She's always bright and cheerful. I often see her downstairs in the afternoon. I think things are managed well, yes."
- All staff spoken with felt well supported in their roles. One staff member said, "The manager is approachable. If I suggested something it would be taken on board."
- The manager kept their knowledge of legislation and best practice up to date. They attended manager's meetings with managers from the providers other services to share good practice.
- The manager understood the requirements of the duty of candour. Documentation we saw confirmed that this had been complied with.

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

- The manager of the service had changed since our previous inspection. The new manager was clear about their role and described actions they had taken to improve the quality of the service provided. This included a daily meeting with all Heads of Department.
- Regular audits were carried out to check the quality of the service. Audit findings and completed actions were shared with the provider who checked required actions had been taken.
- The service also had a Home Development plan which detailed improvements to be made to the service. This included time scales and who was responsible.

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

- Feedback from people, relatives and staff was encouraged through meetings and quality questionnaires. Feedback was used to support continuous improvement.
- The manager and staff team were aware of people's individual needs and fully considered their equality characteristics to ensure they were involved in the service.
- Staff attended regular team meetings which gave them the opportunity to discuss any issues of concern

and ideas for improvement with their managers.

Continuous learning and improving care

- The manager had only recently taken up the post of manager at the service. They told us about changes they had made, such as bringing in a resident of the day system and daily meetings with each head of department.
- They were committed to driving further improvement in the service.

Working in partnership with others

- The management team were committed to working in partnership with other organisations to improve outcomes for people which meant people received good holistic care. During our inspection visit one person had a specialist chair delivered. The manager told us they had worked with the person's advocate and other professionals to obtain the most suitable chair.
- People had opportunities to maintain positive links with their community and people's families and friends and family supported with events and outings.
- Representatives from different faith groups and local school children visited to spend time with people who lived at The White House.