

White Pearl Care Ltd

# White Pearl House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

White Pearl House is a residential care home providing accommodation and personal care to up to 5 people. The service provides support to younger adults with learning disabilities, autism spectrum disorders and mental health. At the time of our inspection there were 3 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

#### Right Support

Risks to people's safety were not always identified or managed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not support this practice as capacity assessments and consent to care forms were not always in place. Reviews were taking place to ensure the design of the service was meeting people's needs. There were enough skilled and experienced staff to safely care for people and recruitment processes were safe. We were assured IPC practices were safe. Staff supported people to maintain relationships, follow their interests and take part in activities.

#### Right Care

Medicines were not always being stored and managed safely. People's needs were assessed prior to them starting to use this service. However, work was needed to ensure support plans were accurate and up to date. We made a recommendation about this. People were treated well and their privacy, dignity and independence was respected.

#### Right Culture

Governance systems were not effective at improving the quality and safety of the service. Audits did not always identify concerns found during the inspection and there was no evidence of provider oversight. There was limited evidence of lessons learnt following on from an incident, we made a recommendation about this. There was a complaints procedure in place and relative feedback was sought. Staff attended regular meetings and supervisions and they felt comfortable raising concerns. People's communication needs were considered.

For more details, please see the full report for White Pearl House which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 January 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

The inspection was prompted in part due to concerns received about the care and treatment people were receiving at this service and to follow up on actions we told the provider to take at the last inspection. A decision was made for us to inspect and examine those risks.

#### Enforcement and Recommendations

We have identified breaches in relation to the health and safety of people living at this service, medicines management, consent and good governance at this inspection. We made recommendations in relation to lessons learnt processes and support plans.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# White Pearl 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

White Pearl House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. White Pearl House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority. We used all this information to plan our inspection.

### During the inspection

We spoke with 1 person who used the service and 3 relatives about their experience of the care provided. We spoke with 7 staff including the team leader, activity co-ordinator, care workers, quality lead and the registered manager. The registered manager is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We had a tour of the building with the registered manager. We reviewed a range of records including records relating to medicines, staff recruitment, building maintenance, cleaning and equipment checks and accidents and incidents. We also looked at a variety of records relating to the management of the service including audits and policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection systems were either not in place or not robust enough to demonstrate risk was safely managed. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- The provider had not taken the necessary action to monitor and reduce risks as needed.
- We found a window above ground level that did not have a window restrictor in place. This meant the window could be opened wide enough for people to climb out.
- Accident and Incident forms were completed following an accident. However, there was no analysis completed to look for trends and themes to prevent such accidents from re-occurring.
- A range of risk assessments including skin care risk assessments, choking risk assessments and individual service user health needs risk assessments were not always in place, despite people being at risk in those areas.
- There were no emergency evacuation plans available for people living at the service and no evidence of fire drills. This meant we could not be assured people would be safe should a fire occur.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Medicines were not always managed and stored safely.
- Protocols were not in place to guide staff on when to administer 'as required' medicines and information was not always available to support the administration of medicines when there was a variable dose, for example an option to give 1 or 2 tablets. Therefore, there was a risk people might not get the correct dose.
- Topical cream charts were not always in place to guide staff and when they were in place, it was not clear where the creams should be applied. Creams/ointments were not always dated when opened.
- The temperature of the medicines room had been monitored daily but was too high according to the medication manufacturers guidelines.

- The provider's systems for auditing medicines at the service were not effective; the audits completed had not identified issues found during the inspection and the medicines policy was not being followed.

The provider had failed to ensure systems and processes were in place and being followed to ensure medicines were managed safely. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

- The provider did not always learn lessons when things had gone wrong.
- When an incident occurred, there was limited evidence of information sharing or measures put in place to help reduce future risks.

We recommended the provider establishes a more robust system for lessons learnt to help reduce future risks.

#### Staffing and recruitment

At our last inspection systems had not been established to operate a safe recruitment process. This placed people at risk of harm. This was a breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19

- There were safe systems of staff recruitment in place. All required checks had been undertaken prior to people commencing employment. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- During our inspection, we observed sufficient staff were deployed to meet people's needs and people received support in an unrushed and timely manner.
- Staff told us there were enough staff deployed to meet people's needs. One said, "We are always fully staffed, we have time to spend with people."

#### Preventing and controlling infection

At our last inspection we recommended the provider consider current guidance on infection and control and take action to update their practice accordingly. The provider had made improvements.

- People were protected from the risk of infection as staff were following safe infection and control practices.
- The home had a good standard of cleanliness and staff completed cleaning schedules. There were plentiful supplies of PPE.

#### Visiting in care homes

- There were no restrictions on relatives visiting their loved ones and this was actively supported.

#### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse, harm and discrimination.



- There were policies in place to guide staff on safeguarding people from abuse and staff were aware of their responsibilities in this area.
- Staff felt confident reporting any concerns of abuse. One staff member said, "I definitely feel people are safe living here, I would raise any concerns to the manager or go above the manager if I needed to."
- Relatives told us they felt their loved ones were safe at White Pearl House. One relative said, "[Person using the service] is definitely safe and well looked after."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always working in line with the Mental Capacity Act.
- Consent to care forms were either not always in place or not always signed. This placed people at risk of receiving care they had not always consented to.
- People's capacity was not always assessed and there was limited evidence of best interest decisions being made.
- Applications had been made to the local authority for authorisations when people needed to be deprived of their liberty to keep them safe. Some of these authorisations included conditions. However, these conditions had not always been met.
- There was no signage to alert people or visitors of the use of CCTV and the provider had not gained consent from those living at the service.

The provider had failed to ensure appropriate consent had always been gained. This put people at risk of abuse. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to ensure appropriate consent was sought and displayed signage indicating the use of CCTV.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had their needs assessed before they started living at the home. However, some records had not been updated to reflect their current care needs.
- Care records included oral health assessments. These were either not updated or not detailed enough to guide staff on how people should be supported.
- Evidence was seen of referrals to healthcare professionals when people's needs changed.

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

- People were supported to eat and drink enough to maintain a balanced diet. However, records in this area were not always accurately completed.
- Staff did not always document what people ate and drank throughout the day and people's weights were not always being monitored. The registered manager rectified this during the inspection process.
- Menus were displayed in the dining room and staff told us if people did not like what was on the menu, an alternative option was offered.

Staff support: induction, training, skills and experience

- Staff received an induction, and training and support so they could carry out their role effectively.
- Various training courses were available to staff, to provide them with the skills and knowledge required to meet people's needs. Training compliance rates were high in most areas.
- Staff spoke positively of the training at White Pearl House. One said, "The training here is better than anywhere else I have worked."

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- Work was in progress to create a sensory garden to enhance people's wellbeing.
- The registered manager told us they're constantly reviewing the design of the service to ensure it was meeting people's needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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 were treated well, and their individuality was respected. The registered manager and staff knew people well.
- Staff spoke positively of the people they supported and of their role. One staff member said, "The residents here are so brilliant, they make me smile every day. We are a family unit, a really good team."
- Relatives spoke highly of the care their loved ones received. One said, "[Person using the service] was depressed before he moved into White Pearl House, I couldn't have a conversation with him. Now he is thriving."

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

- Staff provided people with choice and control in the way care was delivered.
- People were supported to make their own decisions where possible and staff encouraged independence. One staff member said, "Promoting independence is part of any activity we carry out."
- Relatives told us they felt their loved ones had choice and control in the care they received. One relative said, "The staff definitely treat [person using the service] well, they do anything he wants."

Respecting and promoting people's privacy, dignity and independence

- Staff spoke respectfully to people. We observed staff interacting with people with good humour.
- People's privacy, dignity and independence was respected. Policies and procedures showed the service placed importance on protecting people's confidential information and this was stored securely.
- Relatives told us they felt their loved ones were treated with dignity. One relative said, "They know how to treat him and make sure he is okay."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisational and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were not always person centred as they did not include accurate information on how to safely care for people.
- We found information was missing to help guide staff on how to care for people should their health conditions deteriorate and records relating to risk were not always available or up to date.
- We saw evidence of people's likes/dislikes documented in their care plans. However, there was limited evidence of people's goals and ambitions for the future.

We recommended the provider reviews all support plans to ensure they're accurate and up to date.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- Plans were in place to improve the wellbeing of the people living at White Pearl House and staff were trying new activities to see what people liked/disliked.
- Designated activity staff were employed to improve people's quality of life and to prevent boredom for those living at this service.
- Relatives told us how the staff help maintain their relationship with their loved ones. One relative said, "The staff are really good. I live far away; they brought him over to see me for a meal."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were assessed and met, and information was available to people in different formats as required.

Improving care quality in response to complaints or concerns

- There was a system in place for managing and responding to complaints and concerns.

- The provider had not received any complaints but had systems and processes in place should a concern arise.
- Relatives told us they felt assured any complaints would be dealt with. One relative said of the management team, "If I had any concerns, I know they would sort it out for me."

#### End of life care and support

- Nobody using this service was receiving end of life care. However, policies and procedures were in place and staff had training in this area.

# 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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection systems were not robust enough to demonstrate records and governance was well managed. This placed people at risk of harm. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The provider did not have an effective management structure and did not monitor the quality of care provided in order to drive improvement.
- There was a range of audits and monitoring in place. However, they were not sufficiently detailed or robust and had not identified or addressed the issues found during the inspection.
- The auditing system for medicines was not always effective in monitoring the safety of medicines and did not pick up on the concerns found during the inspection.
- A range of policies were in place. However, they were not always followed, meaning the provider was working against their own policies and procedures.
- There was no provider level oversight of the systems and processes taking place at the home. Provider level oversight is important to ensure that quality checks are robust and completed fairly and accurately.

The provider had failed to assess, monitor and improve the quality of the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found 2 incidents which CQC should have been notified about. This was dealt with as part of a separate process. We decided not to take any further action.

Continuous learning and improving care

- The registered manager told us they were working to rectify any shortfalls found during the inspection. A new quality lead had commenced employment to improve the governance systems at this service.
- The registered manager was taking steps to improve the lessons learnt process following on from

incidents that had occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and relatives told us there was a positive and open culture at White Pearl House.
- Staff told us they felt able to approach the registered manager should they have any concerns, and the management team were on hand should they need assistance. One staff member said, "Managers are really helpful, if we are short staffed, they are only a phone call away for advice."
- We saw evidence of staff supervisions and meetings taking place. Staff told us meetings occurred monthly and information was shared amongst the staff team.
- Feedback was sought from relatives to ensure they were happy with the care their loved ones received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked well with people to ensure they received the best possible outcomes. Staff spoke positively of the work they had done to ensure people thrived in their environment.
- Staff told us they would feel confident in their loved ones using this service. One staff member said of the staff team, "They're a brilliant bunch, if my boy ever needed care I would choose here, it is fantastic."
- The registered manager had ensured that people who used the service had input from other agencies and professionals.
- Care records evidenced input from the occupational therapist, dietician and the speech and language therapy team.
- Relatives felt their loved ones were treated with dignity and respect. One relative said, "They treat him like an adult, not like a baby. He has come on leaps and bounds since being at White Pearl House."



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure appropriate consent had always been gained. This put people at risk of abuse.</p> <p>Regulation 11 (1)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm.</p> <p>The provider had failed to ensure systems and processes were in place and being followed to ensure medicines were managed safely.</p> <p>Regulation 12 (2) (a) (b) (g)</p>

### The enforcement action we took:

Served a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality of the service.</p> <p>Regulation 17 (2)</p>

### The enforcement action we took:

Served a warning notice