Accomodating Care (Driffield) Limited

The White House Residential Home

Inspection report

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Date of inspection visit:
25 November 2019

Date of publication:
09 December 2019

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 Residential Home is a residential care home providing personal care for up to 20 older people, some of whom may be living with dementia.

People's experience of using this service and what we found
People living at The White House Residential Home told us they were safe, happy and well cared for. Staff were aware of the importance of keeping people safe and demonstrated a clear understanding of people's diverse needs and how to support their independence.

Staff followed best practice guidance to ensure medicines were managed and administered safely. People received support to take their medicines as prescribed.

The provider completed checks on staff prior to commencing their duties to ensure they were suitable to work in the service. All staff completed an induction to their role and were provided with ongoing training, supervision and appraisal. Staff confirmed they were well supported to have the right skills and knowledge to support people safely in line with best practice guidance.

Staff spoke with enthusiasm about their roles and the people they supported. It was evident from discussions and observations staff had a very clear understanding of people's needs and people were responsive and settled in their company. People had good access to other health professionals to maintain their wellbeing.

Care records were person centred and included information to provide person centred, safe care according to people's individual preferences. Where people were able to, they were fully involved in their care plans. Where assessments confirmed people did not always have capacity to make decisions, staff understood the importance of offering choice.

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

The registered manager and staff were passionate about the service and responsive to any concerns. Staff spoke positively about the way they were managed and the support they received. Everybody told us the management team were approachable and listened to them when they had any concerns. All feedback was used to make continuous improvements to the service.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 27 November 2018) and there were two breaches of regulation. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

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

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 safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

The White House Residential Home

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 Care Act 2014.

Inspection team
This inspection was completed by one 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.

Service and service type
The White House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not ask the provider to submit a provider information return. This is information providers are required to send us with

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with eight people who received personal care, and one visiting relative about their experience of the care provided. We spoke with six members of staff including the registered manager, senior care worker, two care workers, the chef and housekeeper. We spoke with one health professional who regularly visited the service. We reviewed a range of records. This included four people's care records and associated medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and service improvement plans.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

Using medicines safely
- People received their medicines safely as prescribed.
- Staff had received training in medicines management and administration. Medicines were safely stored, managed and administered.
- Staff understood people's needs and knew when they were in pain. People confirmed they received pain relief medicines when required and records confirmed this was administered correctly.
- People were involved in regular reviews about their medicines and the support they required. Where people were able to they were supported to take their medicines independently.

Assessing risk, safety monitoring and management;
- People had received assessments of their care and where risks were evident support plans provided guidance to help provide safe care and support. Regular evaluations ensured this information remained up to date.
- Staff were aware of risks to people's wellbeing and how to manage them in the least restrictive way which promoted their independence. A relative said, "[People] are definitely safe here without a doubt. [Person's name] has been here for two weeks and from start to finish it's been fabulous."
- The environment was safe both inside and outside the home because certified and routine risk assessments and checks were routinely carried out to keep everyone safe. The registered manager was improving checks on window safety and the use of bed rails to ensure they followed best practice guidance for the health and safety of everybody in the home.
- Staff understood what to do in a fire. Care plans included information for staff to follow to safely evacuate people from the home.

Preventing and controlling infection
- At our previous inspection, we found systems and processes in place had failed to maintain adequate infection control practice around the home. At this inspection we were welcomed with a warm, well-furnished home with a very high standard of cleanliness. Carpets and hard surfaces were clean and dust free and there were no lingering unpleasant odours.
- Staff had a clear understanding of their role and responsibilities. A staff member said, "This is an old

building, but we work hard to maintain standards for people."
● Infection control was well managed. Staff had access to and wore protective gloves and aprons to help prevent the spread of infection.
● Clear guidance was available for staff to follow to ensure any known risks with hygiene and infection were well managed. The registered manager told us they were recruiting a full-time maintenance person to further improve the environment.

Staffing and recruitment
● People were supported by enough staff. One staff member said, "We are a fairly small home so we all work as a team, like part of a family, and we support each other when we need to."
● Staff responded to people in a timely way; attending to their personal needs and providing one to one re-assurance where this was required. A relative told us, "People never ring the call bell when we've been here because there's always staff around."
● Staff received appropriate checks to ensure they were suitable for the role.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● People were protected from avoidable harm and abuse. Staff received regular training in safeguarding people and were able to discuss how they reported any concerns.
● Systems and processes were in place to ensure any concerns about people's safety were reported and fully investigated.
● The registered manager had oversight of incidents and accidents. Information was evaluated with actions and outcomes. One staff member said, "We discuss outcomes as they happen. We are reminded of company policy during the staff meetings and have access to information in the office."

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
- Staff had received the required induction, support and training to deliver care and support following the latest legislation and best practice.
- Where training required completing or updating, this was scheduled.
- Staff told us they were routinely supported with an open-door policy from the registered manager. Staff received regular supervisions and appraisals which helped to identify any areas requiring further training or support.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care and support was always provided in the least restrictive way for people which helped to promote any areas of independence. Where restrictive practices were in place staff had applied for these to be legally authorised.
- Staff understood how to support people according to their preferences. Records included input from people's relatives, other professionals, carers and advocates.
- Where people were able to, care plans included their consent to demonstrate their understanding, input and agreement to the care and support they received.
- People's needs were routinely evaluated and where required referrals were made to other health professionals.

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

● People were supported as assessed during meal times. Adaptive cups were available to help people enjoy drinks without assistance. Staff were available to assist help people to cut up their food where this was required and to provide meals to people in their rooms.

● Where people had any dietary needs for their health and wellbeing or for religious purposes this was recorded. The cook confirmed a good understanding of people's meal time requirements and catered to everybody's needs.

● People had a choice at meal times, and drinks and snacks were available throughout the day.

● We observed lunch was a leisurely meal. Everyone ate at their own pace, the food looked and smelt appetising and people cleared their plates with seconds being offered where desired.

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

● The provider had clear systems and processes to ensure where people required support from other health professionals' referrals were made in a timely way. A visiting health professional said, "Staff make any referrals without delay, they are on hand to assist on our visits and are good at putting in place any recommendations to support people with their health and wellbeing. I don't have any concerns."

● Staff ensured key information for example, about people's medicines was available and communicated to other professionals to ensure consistency of care and to promote collaborative working.

● Records confirmed people had appointments with a range of health professionals to support their needs.

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

● The provider was responsive to feedback to help improve the premises and environment.

● People were able to navigate around the home easily. Where required equipment for example, wheelchairs and a lift was provided to help people mobilise.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 supported by staff who had completed training and understood how to support people equally according to their assessed needs. For example, staff discussed how three people were supported to attend a Sunday church service.
● Where people required emotional support and showed signs of distress we observed staff made the time to offer re-assurance and to lend a listening ear.
● Staff cared about people as individuals. They knew people well and held meaningful conversations. A relative said, "All the staff are kind all of the time, they sit and chat with people."

Supporting people to express their views and be involved in making decisions about their care
● Where people were able and choose to, they had signed to their care planning and associated reviews. If people required support, people who knew them well were invited to contribute to decisions about their care; to ensure their preferences and choices were respected.
● People had access to advocacy support. Advocacy is independent support to help people to understand information about decisions they need to make.
● People told us their wishes were recorded and respected. A relative said, "Staff seem to be trying to get to know my relative, they seem interested, they talk to them and listen to them."

Respecting and promoting people's privacy, dignity and independence
● Staff understood the importance of taking measures to protect people's privacy and promote their dignity when supporting them with their personal care.
● We observed staff treating people respectfully providing them with dignified care and support. For example, during meal times and assisting people to mobilise around the home.
● Records included information about outcome-based support for people and how staff should support them and encourage their independence.
● People told us staff were helpful and supportive but did not take over. One person said, "Yes, staff help me if I need any help, but I like to 'do' for myself."

Good

Is the service responsive?

Our findings

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

At our last inspection the provider had failed to ensure staff had access to up to date care records to provide people with personalised care and support. This was a breach of regulation 17 (Good governance) 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 this regulation.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- Everyone had a care plan in place and information had been evaluated to ensure the care and support remained responsive to the persons assessed needs.
- People received an assessment of their initial needs. This information formed the basis of personalised care and the support people required. Relatives or representatives were included in discussions about their care.
- Regular meetings were used to share any changes in people's needs. Staff told us communication was good to ensure people's needs could be met throughout the service.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans were in place, which detailed how best to communicate with people. For example, if they required glasses and hearing aids to ensure they were accessible and operable.
- People's preferred method of communication was followed; information was available to people in large print and easy read.

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

- Staff engaged with people individually and as groups throughout the inspection. A relative told us, "Staff support my relative to be independent, they were very much a loner at home, but this home has proved me wrong; they come downstairs and join in everything."
- Where people required quiet time, they remained in their rooms or in quiet areas of the home.
- People were supported to remain active. During the inspection staff played with balls which improved people's dexterity and co-ordination. People cared about each other's wellbeing. We observed people

encouraging and supporting each other to be actively part of the family home environment.
● People were encouraged to have visitors and links with the community included church services and school visits.

Improving care quality in response to complaints or concerns.
● People understood how to complain and who to speak to. They told us they were happy with the service they received.
● Staff told us they would recognise if people were unhappy and would encourage them to speak up.
● The registered manager told us they had not received any complaints about the service since our last inspection. They told us day to day concerns when raised, were acted on without undue delay to ensure people remained content.
● Guidance to raise complaints was available in a format people could understand to raise any concerns or complaints. A process was in place to ensure any complaints would be recorded and responded to in an open and transparent way with feedback to the individual.

End of life care and support
● Care plans included information which recorded their preferences and choices for their end of life care and support. One care plan recorded the persons wishes to be kept comfortable, pain free and in contact with the family and their wishes regarding resuscitation.
● The provider had a policy and procedure for staff to follow if people required care and support at the end of their lives. A staff member said, "We would always support people here if that's what they want. We would work with the district nurse and seek support from Macmillan nurses if that was required."

Good

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 the provider's systems to assess and manage risks relating to the safety of people who used its service were not effective and had failed to ensure there were accurate, complete and contemporaneous records for all people who used the service. This was a breach of regulation 17 (Good governance) 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 this regulation.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- Governance systems including audits and checks helped to maintain and improve the quality of the service people received. For example, audits were in place to check the administration and management of people's medicines and to ensure care plan records remained up to date.
- Staff were clear about their roles and responsibilities. They understood when to escalate any concerns for higher level investigation and decision making.
- Good communication helped staff plan and coordinate how people's needs would be met.
- Regular checks ensured people were safe and happy with the service they received.
- The registered manager understood the regulatory requirements and reported information appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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.
- The registered manager was committed to providing good quality care.
- The service was open and inclusive. Staff focused on individual. This created a home-form home environment which people enjoyed.
- Staff were happy in their work, they worked as a team to deliver good standards of care and support. They told us they were listened to and felt supported by the registered manager.
- The registered manager had submitted notifications as required by legislation.
- The provider had good systems and procedures to manage incidents and responded with actions. Outcomes were used to help improve the service when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care
- People told us they were happy living at the home and were supported with any personal preferences.

Care records included information to raise awareness and enable support for any diverse needs.

● People, their relatives and staff told us the registered manager held regular meetings. Along with surveys, feedback was routinely collated evaluated with outcomes shared. A staff member told us feedback had been used to change the main meal times. The staff member told us how the change had resulted in a more restful night's sleep for people with less disturbance for staff and others.

● The registered manager was visible around the home and engaged openly with people, their families and staff.

● The service worked effectively with all partner agencies such as the NHS and local authority to coordinate the care and support people needed.

● There were good links with the local community. People were supported to go out on visits and were supported to maintain relations with family, friends and other visitors.