

Teignmouth Care Limited

The White House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

The White House is a care home without nursing and is registered to provide accommodation and support for a maximum of 22 people. At the time of the inspection there were 15 people living at the service. People living at The White House were older people, the majority living with dementia.

The service is set over three floors, with accommodation for people on the ground and first floors; office services are on the second floor. In addition, the service has six registered beds set away from the main accommodation but on site, offering a self-contained bedroom, and bathroom with kitchen area.

Since the last inspection a new manager had been appointed and had made application to be registered. Enforcement

This service was registered for the current providers on 9 May 2018. The service was inspected on 4 and 5 December 2018, because of concerns we had received. At that inspection the service was rated as Inadequate overall and for the key questions of Safe, Responsive and Well Led. Breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the CQC (Registration) Regulations 2009 were found.

Following the inspection in December 2018, the service was placed in 'Special Measures' by the Care Quality Commission (CQC).

The purpose of special measures is to:

- □ Ensure providers found to be providing inadequate care significantly improve
- □ Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made
- □ Provide a clear timeframe within which providers must improve the quality of care they provide, or we will seek to take further action, for example to cancel their registration.

We asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection sufficient improvement had not been made. We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the CQC (Registration) Regulations 2009. Some of these were repeated breaches from the previous inspection, although we found the seriousness and risks associated with the breaches had been reduced.

The overall rating for this service is 'requires improvement' and the service remains in 'Special Measures'. This is because one key question has been rated as 'inadequate'. This means we will keep the service under review and if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

All 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.

People's experience of using this service:

We found risks to people's safety were not always assessed and monitored. We found one person with significant dementia was living in one of the flats external to the main building. Staff were locking the person in at night to maintain their safety, and the person would not have been able to leave their room unaided or use a call bell to seek staff assistance. When staff needed to attend to this person's personal care requiring a hoist, for example when getting up in the morning while the night shift were still on duty, both staff members were needed. This meant instances where both night staff had to leave the main building unattended to support the person. No risk assessments were in place, either to assess the vulnerability of the person or from the lack of staff in the main building. This had left people at risk.

Some other risk assessments, such as for the premises had not been completed, and a notification regarding allegations of unsafe or potentially abusive practice had not been notified to CQC as required by law. Systems for the safe recruitment of staff were not always being implemented properly.

New computerised systems for care planning had been introduced. However, care records could not always be relied upon. One person's records showed they had not received appropriate care to manage their continence needs, including not receiving support for a period of ten hours. However, it was not clear if the person had not received care, or if the records had not been completed to record care given. Care plans were based on up to date assessments of people's needs, and although there were some inconsistencies, contained guidance for staff on people's wishes about their care.

Medicines practice was not always clearly recorded and had left people at risk of potentially poor care outcomes. Staff were not always clearly recording how much 'as required' medicine people had been given or why pain relief had been given at certain times.

We found an instance of a Deprivation of Liberty Safeguard authorisation which was inaccurately completed. This meant the person's rights were not being protected.

Quality assurance and management systems were in place but had not identified all the concerns we found, some of which were issues that had been identified at the last inspection in December 2018.

Since the last inspection the environment of the service had been improved, to make it more dementia friendly. People were calmer and not showing signs of the distressed behaviours we had seen on the last inspection. Relatives and staff told us the home was improving. Staff had received training in positive support for people with dementia, which they told us had helped their understanding and confidence in supporting people. Some new staff had been appointed and further recruitment was taking place.

We saw some good practice when people were supported well, with kindness, effective communication and understanding. The service was working with the local Quality improvement team to embed positive changes. This was backed up by the service developing supervision systems and senior staff modelling good practice. New management systems had been implemented to better monitor care provision.

Risks to people from living with long term health conditions were assessed, along with other risks such as from falls, choking, poor nutrition or pressure ulcers, and actions taken to mitigate risks where possible. The service learned from incidents to prevent a re-occurrence and was taking advantage of opportunities to learn how to develop further, for example by visiting a similar service rated as outstanding.

We have made a recommendation about following best practice about recording pain management for people unable to discuss any pain verbally and to monitor the effectiveness of 'as required' medicines. These include medicines for pain relief.

The service was developing activities and opportunities for people to engage with the local community. Systems were in place for the management of complaints. Systems were in place to support people or their relatives to have a say in the way the service was being run. This included supporting relatives to have a greater understanding of the needs of people living with dementia.

More information is in the full report.

We identified five breaches of legislation as a result of this inspection.

Rating at last inspection: This service was last inspected on 4 and 5 December 2018, when it was rated as inadequate as an overall rating, and for the key questions of Safe, Responsive and Well Led. The service was placed in 'special measures'.

Why we inspected: This inspection was brought forward to allow us to review improvements that we were being told had been made.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, 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?

The service was not safe

Details are in our Safe findings below.

Inadequate 

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.

Requires Improvement 

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement 

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.

The timing of this inspection was to review progress made in relation to concerns identified at the last inspection of The White House on 4 and 5 December 2018.

Inspection team:

The inspection team consisted of two adult social care inspectors and an assistant inspector on the first day, and one adult social care inspector on the second day.

Service and service type: The White House is a care home without nursing. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager, who had made an application to be registered with the Care Quality Commission. This means that if registered, they and the provider will be 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 for the first day and announced on the second day. The inspection visit on the first day started at 07:05am. This was because we wanted to meet the night staff and observe the morning handover between staff shifts to see how duties were allocated for the day.

What we did:

Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about important events, which the service is required by law to send

us. We spoke with the local authority quality improvement team, who sent us a copy of the service's recent improvement plan and confirmed the service was working with them to make improvements. We also contacted two professionals who visited or supported the service.

We spent two periods of time throughout the inspection conducting a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not tell us verbally about their life at The White House.

During the inspection we spoke with five people living at the service, three relatives, the manager, deputy manager, deputy manager from another service, a housekeeper, the chef and six care staff from both day and night duty.

We looked at the care records for three people in detail and sampled other records, such as those for medicines administration, audits and the management of risks. We sampled information from other people's care plans and notes. We looked at staff recruitment files, sampled policies and procedures in use, and reviewed complaints, concerns and notifications sent to us about the service.

Following the inspection, we requested some additional information from the service. The registered provider also sent us information about positive changes they had made.

Is the service safe?

Our findings

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

People were not safe and were at risk of avoidable harm. Some regulations were not met

At the last inspection of the service in December 2018 we had identified risks in relation to people not being kept safe from harm, medicines not being managed safely, gaps in records, a lack of staffing, unsafe recruitment practices and a failure to notify the Care Quality Commission of incidents and events at the service. This key question was rated as Inadequate as a result. Although we identified some improvements had been made, we also identified some examples where people remained at potential significant risk. We have rated the service as Inadequate for this key question.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- ☐ We found risks to people had not always been assessed. During the inspection we identified a concern about a person's wellbeing. The person was living in a flat within the grounds of the service, set across an open courtyard. The person was living with significant dementia and was not able to independently mobilise without the aid of a hoist and two staff members. They would not have been able to ask for staff support or assistance because of their disability. Staff confirmed to us the person was locked in their flat at night, and they 'popped out' to check on them regularly. No assessment had been made of the risks to the person associated with this.
- ☐ The service told us they were planning on moving the person into the main home in the days following the inspection, but the person had been living in this accommodation since prior to 9 January 2019 without assessments of risk having been undertaken. The registered provider and manager told us this was because they had not had a suitable ground floor room available in the main building until now.

The failure to assess or manage the risks to the person was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment). This regulation was also breached at the inspection of December 2018.

On the second day of the inspection the person had been moved, with the agreement of their relatives, into the main building.

- ☐ There were not always enough staff to ensure people had access to the care that met their needs and were protected from risks. During the inspection it was identified the person living in a flat outside of the main building needed two staff to support them to move safely using a hoist. Their care plan indicated they could not make changes to their own position. At night two staff were on duty for the whole service. This meant both staff needed to leave the main building unstaffed while they attended this person to support them with any personal care which needed them to be hoisted, such as getting up from their bed. No risk assessment was in place to assess and mitigate risks associated with this, and the manager showed us other documentation which showed us the service were aware of the risks. The registered persons had failed to

identify and act on risks, despite the person living in this accommodation since prior to 9 January 2019.

The failure to ensure sufficient staffing was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing). This regulation was also breached at the inspection of December 2018.

We asked the manager to urgently review risks to people at night, and they put an additional member of staff on duty on the night of the first inspection day, until the person had moved in to the main building.

- ☐ At other times during the inspection and throughout the day we found staffing levels were sufficient to meet people's needs.
- ☐ Staff and the manager said they were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Staff said they understood how to raise concerns and would feel confident in reporting concerns to the manager. However, on the inspection we identified an instance where whistleblowing concerns over an instance of poor and unsafe practice had not been notified to the local safeguarding team. The service had taken appropriate action to investigate the concerns themselves, but without external oversight.
- ☐ Recruitment practices were not thorough. Systems in place were robust but had not always been followed. For example, we found no risk assessment was in place to assess risks associated with a member of staff with a criminal conviction, references had not always been obtained when people started working and full employment histories were not always recorded, including exploration of any gaps.

The failure to ensure a thorough recruitment process is a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Fit and Proper persons employed.) This regulation was also breached at the inspection of December 2018.

- ☐ At the time of the inspection the service were using agency staff to fill gaps on the rota while new staff were recruited. A staffing tool was being used to assess the numbers and skills of staff needed to support people.

Assessing risk, safety monitoring and management

- ☐ Records needed to reduce risks to people were not always well completed. One person who was at high risk of pressure ulcers, and who relied on staff for all mobility and continence needs, was left for long periods of time without support to change their continence pads according to their care records. This person was unable to ask for assistance and records showed they had not had continence support for periods of up to ten hours. Their care plan and discussions with senior staff showed they should receive this support at least five times in a 24-hour period. We asked the service to investigate this and send us some further information. The service confirmed they believed staff had not recorded the continence support on the electronic care system but could not confirm the person had received appropriate care from the records alone. The failure to ensure records were completed properly meant it was not possible to check if the person had received the care needed to reduce risks. This could have placed the person at risk of skin integrity breakdown or urine infections.
- ☐ Another person's care plan dated 8 May 2019 said the person was not experiencing hallucinations. However, the manager and deputy manager told us the person was experiencing hallucinations that contributed to an increased risk of them falling. The person had recently fallen. This told us their plan was not up to date or accurate. This could have left the person at risk had they been supported by a person who was unfamiliar with their needs.

These examples demonstrate a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance). This regulation was also breached at the inspection of December 2018.

- People were not always being protected from risks within the environment. The manager told us they had not yet carried out a room by room risk assessment of the environment at the service. On the inspection we found a window that did not have a restrictor fitted, a low bannister rail and wardrobes which were not secured and could present risks to people falling against them. The manager took action with the maintenance person to begin to address this, but had not previously done so.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment). This regulation was also breached at the inspection of December 2018.

- On the inspection we identified people living with long-term health conditions such as diabetes had clear care plans on how risks associated with these conditions were being mitigated. These guided staff on what actions were needed to keep people safe, and included evidence of regular long-term health checks, such as eye tests and foot care. Signs of deterioration, i.e. from low blood sugar levels were identified along with actions for staff to take.
- Other risk assessments helped identify people at risk from pressure damage, falls and poor nutrition, and associated plans to mitigate any potential harm. Guidance had been provided from the Speech and Language Therapy service (SALT) to support people with swallowing difficulties.
- Systems were in place to check equipment including bed rails, pressure mattresses and wheelchairs to ensure they were safe, clean and hygienic. Equipment servicing was up to date, and pressure mattresses were set at the correct setting for the person's weight.
- We saw safe moving and handling practices. People were supported to move by staff who had attended training in moving and handling and who were calm and gentle with people.

Using medicines safely

- Medicines practice was not consistently safe. We identified records regarding the use of the administration of PRN or 'as required' medicines were not kept with the medicines administration records (MAR). This could mean unfamiliar staff were not always clear as to how or why some of these medicines should be given. This was addressed during the inspection.
- We identified an instance where a strong pain relief medicine had been given to a person on an 'as required' basis. However, there was no indication on the MAR or in the person's notes as to why this had been given, or whether they had been in pain. The person's care plan said the person would "reliably voice if she is feeling pain when asked." The manager and staff were unable to tell us why the person had been given this medicine on this date.
- Another person had been prescribed a medicine to manage anxiety. The prescription indicated the person should be given 'one or two tablets as required'. This had been given every night for the previous 7 nights before the inspection, but there was no record as to whether one or two tablets had been given. The manager told us they were awaiting the older person's mental health team to assess the person and decide on the suitability of this medicine.
- It was not possible to assess from the MAR records which medicines had been administered covertly.

These examples of unsafe medicines practice show a breach of Regulation 12. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

- ☐ Medicines were stored and disposed of safely. Staff administering medicines told us they had received enough training to do so safely and their competency was regularly assessed. Body maps had been provided to record the safe use of creams and pain-relieving patches.
- ☐ We recommend the service uses a recognised pain assessment tool for people unable to discuss any pain verbally and uses best practice guidance on assessing the effectiveness of pain relief. These tools were embedded within the computerised care planning system but had not yet been used.

Preventing and controlling infection

- ☐ Good infection control practice was in place, and the service did not have any significant malodour. However, we did identify a bath hoist that had an area of rust which could have led to a potential infection risk. This was addressed immediately.
- ☐ Staff had access to personal protective equipment such as aprons and gloves to stop the spread of any potential infection. Laundry areas and housekeeping services had good systems in place to manage any potential infection risks. Housekeeping staff told us they had the cleaning materials they needed to help them carry out their role.
- ☐ Some easy chairs in the dining room still showed evidence of staining, although chairs in other areas were much cleaner. The manager told us they were still to replace some furnishings.
- ☐ Not all staff had received training in managing catheter care. However, discussions with a staff member showed good practice was being followed.

Learning lessons when things go wrong

- ☐ Where incidents had occurred, action had been taken to minimise the risks of reoccurrence. The manager audited incidents and accidents to ensure changes could be implemented to reduce risks and to identify any trends.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At the last inspection in December 2018 this key question was rated as Requires Improvement. There was a breach of legislation identified in relation to the understanding and practice of the Mental Capacity Act 2005 (MCA).

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 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. 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.

- ☐ We found practice in this area was not consistent. We found a deprivation of liberty safeguards application which had the wrong date of birth, name spelling and address for one person. We asked the manager to rectify this and reapply as the authorised DoLS was not valid. They had done this by the end of the first day of inspection.
- ☐ A DoLS application had been made for the person who was being locked in their flat at night. This did not include information about this action, despite the person living in the flat at the time of the application. There had been no capacity assessment or best interests' decision about the person living in the flat. This did not demonstrate a clear understanding of the MCA in practice or demonstrate people's rights were being supported. The person had been moved from the flats by the second day of the inspection.
- ☐ Documents regarding other best interest decisions were in place for particular decisions, for example, when people required the support of bed rails.
- ☐ We saw staff asking for consent before delivering care and talking people through what they were doing. Staff understood the principles of the MCA in practice and had attended training on MCA and DoLS. One staff member described how they would offer care and come back later if a person said no or weren't 'in the mood' for personal care.

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

- ☐ The White House is an older adapted building, with accommodation for people set over two floors. There

is a chair lift to access rooms on the first floor. Four bedrooms (five beds) are set across a courtyard. These flats each have their own shower and kitchen area. People living in these flats would have to cross the courtyard to access the main building.

- Since the last inspection the service had taken professional advice and made changes to the building to meet the needs of people living with dementia in line with best practice. This had included signage, supportive colour schemes and the purchase of new flooring. Additional work was still needed to highlight contrasts for example with coloured toilet seats and rails, and contrast around light switches.
- The service had a large and enclosed garden, areas of which were independently accessible to people living at the home. We saw one person using this area during the day to sit in the sunshine and water flowers.
- Adapted bathrooms, shower rooms and toilet facilities were provided to meet people's needs. The manager told us the service were planning a wet room for the ground floor, to replace a current bathroom. This would make it easier to support people with increasing frailty.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments of people's needs were carried out before they came to live at the service. We discussed one person's needs with the manager. They told us they had wanted to 'give the person a chance' but was reconsidering the person continuing at the service, because their needs were very high. They were able to tell us about other people who they had said they had been referred but would not take in as their needs were too high.
- People or their relatives had been involved in their care planning and assessments where this was possible. People's care files contained information about people's life history prior to moving to the service where this information was available. A staff member told us about one person, their life and family. Understanding this information is important, as it helps staff support the person in the context of the life they have lived.

Staff support: Induction, training, skills and experience.

- The service had a training programme in place to ensure staff had the necessary skills to meet people's individual needs. This included induction training and support, which the manager told us was five days long, followed by some further training of up to 12 weeks. The manager told us this was comparable to the Care Certificate training. The Care Certificate is a nationally recognised course in Induction for care workers.
- Staff told us they received enough training to carry out their role. Some gaps identified included training for team leaders, and other training in specific areas relating to care such as catheter care and end of life care – only four staff had training in these areas, but discussions and practice showed staff had appropriate skills.
- Systems for staff appraisal and supervision were being established but were acknowledged to be 'early days'. Staff told us if they had concerns at any time they could speak with the deputy or manager for support.
- Specialist dementia training had been provided to staff and this had been well received. Staff told us this had been significant training which had impacted directly on their practice and led to an improvement in the way people were supported.

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

- People were not all able to tell us about their dietary choices. However, we observed people being supported to eat two meals and being served drinks and snacks in between. Drinks and fresh fruit were left

out for people to self-select from.

- Preferences were noted in care plans for how people wanted to be supported to eat. We saw these were followed, for example, using a teaspoon instead of a larger spoon when eating.
- Where advised by the speech and language team specialist dietary textures were provided to assist people with swallowing difficulties. We saw this was recorded in people's care plans, in the kitchen and on MAR charts.
- People were weighed regularly, and where people had lost weight appropriate referrals for medical advice were made.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and the manager told us they were working well with other agencies and advisors to support developments in people's care. We saw where concerns had been raised about people's wellbeing the service had taken swift action to seek medical, psychiatric or community nursing support.
- The local authority quality improvement team told us the service had been working with them to support improvements.

Supporting people to live healthier lives, access healthcare services and support

- Files contained evidence of people receiving healthcare services such as dental, optical and podiatry where needed. Physiotherapy support had been sought about equipment to support people, for example one person's room had clear photographic guidance on how best to support the person while in bed to maximise their comfort.
- People's health was under regular review, and where people were at risk, for example of malnutrition, people had been prescribed supplements to boost their calorie intake and overall health. The service had regular deliveries of fresh fruit and vegetables.

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

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

At the last inspection in December 2018 this key question was rated as requires improvement. We saw action had been taken, and improvements had been made. We have rated this key question as good.

Respecting and promoting people's privacy, dignity and independence

- ☐ Most of the people living at The White House were living with dementia and were not always able to communicate verbally about their experiences. On our previous inspection in December 2018 we had seen people were distressed and anxious, but on this inspection, people were calmer. Staff told us this was because people were 'being supported better.'
- ☐ As people were not able to communicate with us verbally about their experience of living at The White House we spent two-hour long periods observing people's care and support in the lounge and dining room. We saw staff responding to people's needs quickly and attentively.
- ☐ On our previous inspection we had seen people who were distressed and agitated. On this inspection people appeared much calmer. A relative told us they felt staff were "lovely" and showed a caring attitude towards their relation. A person living at the service told us "Staff here really are fantastic."
- ☐ Staff knew how to communicate with people and showed they knew people well by following instructions in their communication plans. For example, when drinks were being offered, one person was asked what flavour squash they would like, another person asked if they wanted one of two choices and another person was shown the two different drinks, so they could base their choice on the colour. This showed staff adapted their communication style according to people's needs.
- ☐ People's independence was encouraged. We saw one person being supported to eat a meal, with staff observing them from a distance and stepping in only when the person needed assistance.
- ☐ People's care plans asked people for their choice of gender of carer.

Ensuring people are well treated and supported

- ☐ Staff spoke respectfully about people when discussing their needs and we did not observe staff discussing other people's needs in front of other people. When people were being asked if they needed to go to the toilet this was done discreetly.
- ☐ Where staff had to intervene to ensure people were safe we saw this was done confidently. We saw one person being supported to move with equipment. Staff spoke with the person throughout and supported them gently with a hand on their back for re-assurance.

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

- We saw people being offered choices, such as where they wanted to sit and what food and drinks they wanted. People had individualised communication plans that staff followed. For example, we saw staff ensured one person could see their faces and talked slowly and clearly when addressing them to reduce confusion.
- Care plans included information about people's personal, cultural and religious beliefs. The registered manager told us the service respected people's diversity and was open to people of all faiths and belief systems or none. Statements were in people's documentation on the service's expectations about anti discriminatory practice, and a poster was on display stating the service respected everyone, no matter what their gender, race, sexuality or disability.
- People had been consulted about changes to the environment of the service. For example, the manager told us people had been involved in choosing their own bedroom door colour and some features in the communal areas. Development was still under way in this area.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

At the last inspection this area had been rated as inadequate. We saw some improvements had been made and have rated this key question as requires improvement.

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

- ☐ Since the last inspection the provider had implemented a new phone-based computer system for care planning. This meant information on people's needs could be immediately available to staff throughout the service, for example where people had taken poor amounts of fluid and these needed to be encouraged.
- ☐ Care plans were person centred and captured people's preferences. They were written in the first person and were different for each person. For example, one person liked to have a set routine, with another person there was a reminder in their care plan that every day could be different depending on how the person woke up feeling.
- ☐ We identified some discrepancies that told us people's care plans were not always being followed in practice or did not accurately record their wishes. However, we were told these would be updated quickly. For example, one person did not eat meat but ate fish. Staff and some of their records referred to them as vegetarian rather than pescatarian. This might mean the person did not receive a food they enjoyed.
- ☐ Care plans were being reviewed regularly. We saw evidence where families had been engaged in the care planning process.
- ☐ Staff described for us what support people needed and how they met this. For example, a staff member how they had supported a person to get up that morning. They demonstrated they understood the person and their wishes about their care.
- ☐ Care plans contained information about behaviours people showed when they were unhappy or distressed. Staff could tell us how they supported people if they became confused or agitated. Care plans reflected this information. For example, one person enjoyed engaging with their soft toys which soothed them. We saw they had a toy with them during the day.
- ☐ All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. We looked at how the service shared information with people to support their rights and help them with decisions and choices.
- ☐ The service did not use currently use any technology or other methods to communicate with people. The manager said they were looking into getting talking newspapers from the library as one lady was partially sighted. They had also used an internet service to support people to speak with their families on Mother's Day but had found people had not really been able to engage with or understand this process.
- ☐ Since the last inspection the service had increased the amount of activities available for people to engage

with and we saw photographs of this happening, including baking, gardening projects and games. There was an increase in the number of items of interest in the communal areas, such as toys and games. Links had also been established with a local day service who could take people out in their mini bus.

- ☐ Regular activities sessions were being held. People that were able to join in with these in the communal space had attended, and photographs were available to demonstrate people joining in. The service had developed a 'country of the month' theme which was France for May. People living at the service had decorated flags and other themed items were around the home.

- ☐ There was however, limited activity time for people who were cared for in bed. The manager told us staff have been spending time individually with people, but this was not always recorded.

- ☐ We saw a staff member playing a ball game with people and interacting well. On the second day staff were leading a singing session. We discussed with a relative what their relation enjoyed singing and they confirmed the person's favourite song, which was one staff had been singing with them.

- ☐ Evidence was available of craft sessions and gardening, which people enjoyed. Developments were also being undertaken with a local service to give people more opportunities to engage with the local community.

- ☐ Improving care quality in response to complaints or concerns

- ☐ The service had a complaints policy and procedure available. Relatives said they would feel able to raise concerns if they needed to, however, most of the people living at the service would not have been able to make a formal complaint. Staff told us they were aware of how people would express any unhappiness and would take appropriate actions. We heard for example of how the service had accessed professional advice and a new hoist sling as a person had expressed pain when being moved.

- ☐ Records were kept of investigations and outcomes in response to concerns or complaints.

End of life care and support

- ☐ People's care wishes at the end of their lives were recorded in their care files where these were known.

This covered the person's wishes in case of a sudden deterioration in their health, regarding resuscitation or medical treatment to prolong their life.

- ☐ No-one at the service was receiving end of life care at the time of the inspection.

- ☐ Training in end of life support run by the local hospice was arranged for staff for July.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

□

At the last inspection in December 2018 we rated this key question as Inadequate. On this inspection although we identified some improvements we also identified several concerns, and breaches of legislation. Five of these were enough to lead to a breach of legislation, some repeated from the last inspection. We have therefore rated this key question as requires improvement.

Managers and staff were not clear about their roles and understanding quality performance.

- □ We found there had been some delays in completing identified actions, including actions needed from the last inspection in 2018.
- □ The service had commissioned a report in March 2019, from an independent care consultant to assess their progress on meeting standards. This report highlighted several concerns which the manager told us they were 'working through'. Some of these had been highlighted for urgent action, for example the security of the external courtyard area. The manager and provider told us they had made changes to the fencing and fitted a keypad lock to the gate to keep the area secure. However, a member of the inspection team was able to access this without the key code and walk straight into the service. This showed us actions taken had not always been successful.
- □ We identified concerns over the maintenance and updating of records, from care plans to medicine administration records. There was management oversight of the care planning and risk assessment processes. However, audits on daily records had not picked up these gaps or inconsistencies. We found gaps in relation to the recording of continence management, emotional and repositioning support that had not been highlighted on audits.
- □ Risk assessments had not always been undertaken or risks mitigated to ensure people's safety.
- □ Sufficient action had not been taken to ensure breaches of regulations identified in December 2018 had been rectified.

A lack of robust governance arrangements demonstrated a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance). This regulation was also breached at the inspection of December 2018.

During the inspection we identified the service had not notified the CQC as required by legislation of an allegation of neglect or abuse.

The failure to notify the CQC of significant events was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 (Notification of other incidents). This regulation was also breached at the

inspection of December 2018.

- We saw the providers were visiting the service every week and holding meetings with the senior staff team. We reviewed the minutes kept of these meetings. New management and software systems were in place for example to record improvements, maintenance needs and staffing issues. Trackers were in place to record any trends. The overall service improvement plan was kept up to date, the last review being 7 May 2019.
- Audits were in place to assess the operation of the home. However, some of the audits we were shown were spot checks rather than full audits.
- The service was working with the local authority quality improvement team to achieve a clear plan for improving the culture of the service, practice issues and physical changes to the environment. The plan was being reviewed regularly.

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

- Since the last inspection a new manager had been appointed to the service. They were in the process of being assessed for registration with the Care Quality Commission at the time of the inspection.
- We found notifications of certain events had not been sent to the Care Quality Commission as required by legislation. For example, concerns the service had investigated about potential abusive or neglectful practice by staff. The service confirmed they had also not been reported to the local authority safeguarding team. The failure to do so meant the service's activities had not been subject to external scrutiny. It also meant external agencies might not be aware of patterns of concerns.
- We saw the manager and deputy manager had been working alongside staff to improve the culture of the service since the last inspection. Staff told us they could see improvements had taken place since the last inspection. One staff member told us "It's so much better now" and others confirmed they would be happy for a relation of theirs to be supported at the service. A staff notice board showed evidence of staff being thanked for their work and other supportive messages for individuals. The manager's office was in a central area, which meant they were more immediately accessible; staff told us they could go to them at any time for advice.
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Handovers between shifts were clear and included the sharing of important information with agency staff.
- The service informed relatives of any concerns if an accident or incident had happened and fulfilled their duty of candour.

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

- The manager sought views about the service from people and staff through a series of questionnaires. These were then used to compile overall results which were shared with people to show what changes were being made as a result. Feedback showed people and relatives were pleased with the service's progress.
- Residents and relatives' meetings were being held, the last on 8 May 2019. This showed the service were keen to include relatives more in the running of the service. The minutes of the last meeting contained discussions about decisions about staff not wearing uniforms and opportunities to attend a dementia café, where elements of the dementia training given to staff would be shared with relatives.
- Staff said they felt more supported by the management and had an input into the service.

Continuous learning and improving care and working in partnership with others

- □ The manager could demonstrate they were working towards improvements. The provider and a senior staff member had made arrangements with another care service of a similar size who was rated outstanding to visit them to identify areas of good practice they could develop at The White House. On the second day of the inspection they visited the service and were taking more staff to do so the following week.
- □ The manager said they also used the internet and the CQC website to learn more about positive developments in care.
- □ Learning had also been taken from the Quality improvement team and the audit carried out by an external professional. The manager told us she was to undertake the dementia training staff had completed.
- □ The manager demonstrated they were working with other agencies, such as the older person's mental health team to review and support changes in people's mental health. Visiting professionals confirmed actions being taken at the service were positive.
- □ Work was also being carried out with a specialist local dementia hub service to see how The White House could access their services for people living with dementia.
- □ We were told the service had also been sharing their experience and knowledge about the computerised care system for another local care service who had just implemented this themselves.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified the Care Quality Commission of significant events.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use the service were at risk because there was a lack of robust governance arrangements.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use the service were not protected from risks associated with an unsafe recruitment process.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people using the service were not assessed or managed.

The enforcement action we took:

We imposed a positive condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People who use the service were not protected from risks associated with insufficient staffing levels.

The enforcement action we took:

We imposed a condition on the providers registration.