

Meridian Healthcare Limited

White Rose House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

White Rose House is a care home providing personal care to 45 people at the time of the inspection. The service accommodates up to 64 people in one building.

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

People told us they felt safe. One person said, "There's always someone [staff] with you, the girls are excellent. I'm frightened of slipping, they give you lots of towels, they've been excellent with me, they helped me feel safe. Give [staff name] a gold star, they helped me have the courage to have a bath."

Staff had a good understanding of how to safeguard people from abuse.

Person-centred care was promoted and people told us the staff knew them well and responded to their needs in a person-centred way.

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; the policies and systems in the service supported this practice.

People told us staff were kind and sensitive. One person said, "Staff are kind, caring, they listen to you." A relative added, "The carers are respectful, kind and caring."

Person-centred assessments and care plans had been completed which reflected people's needs, wishes and preferences. Staff knew people well and told us how they identified if people's needs changed or if they needed additional support.

Systems and processes had been reviewed to ensure the service was compliant with regulations. Although governance systems had improved we still noted room for further improvement as audit systems were not always robust enough.

Staff said they were happy working at the service. They said it had improved considerably over the last few months since the registered manager had been in place who was bringing stability and organisation to the service and support for them.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 October 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

White Rose 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 Care Act 2014.

Inspection team

Two inspectors and an Expert by Experience carried out the site inspection on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector continued with the inspection on day two.

Service and service type

White Rose House 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. The registered manager was on leave during the time of the inspection. The inspection was supported by a turnaround manager who was managing the service in the registered manager's absence, as well as an area director and an area quality director.

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 professionals who work with the service. We used the information the provider sent us in the 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 15 people who used the service and three relatives about their experience of the care provided. We spoke with 11 members of staff including the turnaround manager, area director, area quality director, deputy manager, senior care workers, care workers, well-being co-ordinator and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three 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.

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.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to adequately support people in the proper and safe management of their medicines and failed to sufficiently manage risks to 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.

- Medicines systems were reviewed and changed to ensure medicines were managed safely for individual people. Staff had to undertake training before they could administer medicines and staff received regular competency checks to ensure they administered medicines safely.
- During the inspection we did note one person's care plan contained varying information about what type of drink the person had their medicines administered in. The service clarified the information immediately and altered the person's care plan accordingly.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Risk assessments were updated regularly.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. One person said, "I feel safer here than ever before, everyone seems to be so involved in each other. We're more of a family." A relative told us, "[Name of person] is definitely safe living here. They were not safe at home."
- Staff received appropriate safeguarding training and had a good understanding of how to safeguard people. One member of staff told us, "I have had safeguarding training. I would tell the senior on shift or the manager if I suspected any abuse. If I was concerned about a manager I would go to the head office."

Preventing and controlling infection

- The service was clean throughout and we observed housekeeping staff cleaning communal areas and people's rooms. Designated washing and laundry areas were available to ensure soiled clothing and bedding were washed separately and reduce the risk of the spread of infection.
- Staff were provided with training relating to infection prevention and control. Staff told us they were provided with personal protective equipment (PPE) and we saw PPE available for staff to use throughout the

service.

- The service retained a rating of 'five' (the highest rating) from the Food Standard's Agency (FSA), who are regulators for food safety and food hygiene.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- During the inspection we observed appropriate levels of staffing to support the people who used the service. The provider had systems in place to monitor staffing levels. A person told us, "I've always been able to find someone [staff] if I needed to." A staff member said, "There is enough of us [staff] on."

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. The provider had a system in place for analysing accidents and incidents. A root cause analysis was carried out for any serious injuries to inform future risk planning.
- Evidence was available to show when something had gone wrong the service responded appropriately and learning was shared with the team. For example, management discussed incidents with staff.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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.

- Principles of the Mental Capacity Act (2005) were being followed. MCA assessments were decision specific and best interest decisions were in place where required. Staff described their understanding of MCA and DoLS and were able to identify their responsibilities to comply with the legislation. One staff member told us, "If a person cannot make a decision for themselves, we need to act in their best interest, therefore assess their capacity and make a best interest decision."
- Appropriate DoLS applications had been made and staff were aware of the importance of complying with any conditions that were imposed.

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

- People's needs were assessed before they moved into the service through pre-admission assessments. The information gathered during the assessment was used to develop care plans and risk assessments. People's care plans described the support required and were up to date. Staff said care plans were updated and changes communicated at handover. They said this supported them to care for people effectively.
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included food preferences and preferences with daily routines.

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

- We observed mealtimes were a social and relaxed occasion. People chatted to each other and staff, within pleasant and spacious areas. People took as much time as they liked to eat their meal and staff were

available to provide any assistance to people who needed support.

- People's comments were generally complimentary about the food, however some people stated they did not enjoy the food. During our observations we saw one person request a meal which was not on the menu and staff provided this which meant the service was flexible to meet people's food preferences. The provider regularly took feedback from people about their meal experiences and involved them in menu planning and taster sessions.
- The service had hydration stations in communal areas, so people had access to drinks and snacks throughout the day.
- People's care plans held information to ensure they received consistent support with their nutrition. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.

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

- People's care plans contained information about their health needs. People had access to a range of health professionals and we saw their advice was recorded to aid staff to provide appropriate care. We saw evidence the service had contacted services including the district nurses and dieticians appropriately.
- Where people required support from other professionals' staff followed any guidance provided. We spoke with a visiting healthcare professional who told us, "I have never had any problems. The carers are always happy to help, if you ask them, they will help with anything."

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

- There was sufficient space inside and outside the service for people to make use of. We saw communal areas were decorated with artwork created by people who lived there. We observed a relaxed atmosphere throughout the service and saw people making use of all the communal areas. We saw people's bedrooms reflected their taste and preferences.
- Equipment and fittings had been adapted to make them suitable for the needs of people who used the service. Dementia friendly activity areas were available within communal areas. For example, there was an area set up as a nursery. This included an old-fashioned pram, baby dolls and clothing. We observed people were relaxed and interactive when they used this area.

Staff support: induction, training, skills and experience

- Staff we spoke with were knowledgeable and skilled. They told us they received a range of face to face training and e-learning. New staff received a comprehensive induction including shadow shifts. One staff member said, "I have done the induction process which was supportive and enough to start the job. I felt confident starting."
- We reviewed the training matrix for the service which showed mandatory training was up to date or planned. People and their relatives told us staff had the right skills to meet people's needs. One person said, "Staff are skilled for my care needs."
- The management team conducted regular supervision with staff which included checking their competence and identifying any further learning and development needs. Regular appraisals were also undertaken. A staff member said, "We have regular supervisions, and they are done monthly, I have had quite a few. I find them [supervisions] helpful and supportive."

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 requires improvement. At this inspection this key question has now improved to 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

- Staff spoke enthusiastically about their roles and were dedicated and caring. They knew people's history and preferences and used this knowledge to support them in the way they wanted. People told us staff were kind, courteous and sensitive. One person said, "The staff are certainly kind and caring. They [staff] give you a big smile."
- We saw staff taking time to sit with people and provide companionship. It was clear people and staff knew each other well and enjoyed each other's company. There was a relaxed and inclusive atmosphere with people and staff getting on well together.
- Staff promoted a positive and inclusive culture. Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities. One staff member told us, "We have people of different cultural backgrounds here. We treat everyone equally."

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

- People's views and decisions about care were incorporated during their initial assessments and in their care plans. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. One staff member told us, "We always offer people choices. For example, for some people with Dementia, we need to show them the meal on a plate for them to make a choice."
- We saw care plan reviews which showed people and their relatives had been involved in making decisions about their care. A person told us, "They [staff] always ask me about my care and care planning."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. We observed staff knocking on doors before entering people's bedrooms. One person told us, "They [staff] help me with a bath, they ask before they do anything, they give me lots of towels [to cover up]." A relative commented, "They [staff] treat [name of person] with dignity and respect. If they need to do anything [in relation to personal care] to their legs, they [staff] take [name of person] to their room."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "We always take people into their rooms to carry out personal care. We knock on the door and speak privately with people."
- The service promoted people to live as independently as possible. A staff member said, "We always encourage independency. For example, in the morning we give people cloths and ask them to do their own hands and face and encourage them to do what they can on their own." A relative added, "They [staff] encourage [name of person] to do things on their own which is good."

Is the service responsive?

Our findings

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

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

- Person-centred assessments and care plans had been completed which reflected people's needs, wishes and preferences. Cultural and religious preferences had been recorded together with information about how people preferred to be supported in relation to these. It was evident people had been involved in the development of their care plans and their reviews. One person said, "I've seen my care plan, they ask me before changing anything."
- Staff knew people well and told us how they identified if people's needs changed or if they needed additional support. Care plans contained personalised information and gave direction to staff that was specific to each individual. For example, this included information about how staff should support people to maintain their oral health.
- People had varying levels of understanding and abilities to communicate due to their complex needs. Therefore, people and their families were involved in reviews of their care, to ensure decisions were made in people's best interests.

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.

- The service was aware of the AIS and each person's specific communication needs were detailed in their care records. At the time of the inspection, there was no-one using the service who required their information in an alternative way.

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 had access to a range of activities. The service employed well-being coordinators and provided people with a choice of person-centred activities and social opportunities. There were weekly trips out into the community and one to one activities took place to avoid social isolation.
- We found people had a say in the type of activities and trips planned, and observed some people engaging in the activities they enjoyed. A relative told us, "There is always something going on when I visit. I am talking dad into baking."
- We read a relative's feedback regarding activities, which said, "I visit my [family member] regularly and the staff are always very helpful and cheerful. Whilst my [family member] has resided in the White Rose I have

joined in with quiz afternoons, activities with the local school children, nostalgia afternoons (listening and dancing to the older styles of music), and Harvest Festivals lead by our local vicar. Our family were invited for Christmas lunch and we had a great time."

End of life care and support

- There was a policy which outlined how people at the end of their lives could be supported to consider their wishes and needs. Staff had received end of life training and the service worked closely with healthcare professionals to deliver end of life care. We saw people's end of life wishes incorporated in their care planning.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with were aware of how to make a complaint. One person said, "I've never made a complaint, I would tell staff and complain to them." A relative commented, "We haven't needed to make a complaint but know how to."
- The provider had an electronic display with touch screen technology in a communal area of the service which people, relatives and other visitors were able to use to provide feedback about the service.
- Processes, forms and policies were in place for recording and investigating complaints. There was a satisfactory complaints policy. We reviewed the complaints log and found the service had responded to formal complaints in line with the provider's policy.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, 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.

Continuous learning and improving care; Working in partnership with others

At our last inspection the provider had failed to remedy breaches of regulation found at the previous inspection and the systems in place were not supporting continuous improvement. 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 regulation 17.

- The provider submitted an action plan to address the issues found on the last inspection. During this inspection we found the provider had made the necessary changes as detailed in their action plan.
- Systems and processes had been reviewed to ensure the service was compliant with regulations. For example, the medication process and care plan review system had changed to make them more robust.
- Relationships and communication between the service and other professionals had improved. One visiting professional told us, "I have not had any issues [with the service]." The service worked in partnership with the local community, other services and organisations such as the local authority. This showed a multi-disciplinary approach had been taken to support the care of people receiving the service.
- Daily 'flash' meetings took place with the heads of department to discuss people and their needs. This information was shared between colleagues to ensure people's needs were met on a day to day basis.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Although governance systems had improved and the service was no longer in breach of regulations, we still noted some room for further improvement. Audit systems were not always robust enough. For example, as discussed in the 'safe' domain, we found one person's care plan contained varying information, which was not flagged on the provider's quality processes prior to our inspection.
- We found a recording issue with medicines that needed to be administered within a specific timeframe before or after food, e.g. medicines which directed 'take 30 minutes after food'. The staff ensured people ate their food in accordance to people's medicine directions, however there was no recorded evidence of this. The provider responded during the inspection and devised a process to record the time. Nevertheless, this

was not was not flagged on the provider's quality processes prior to our inspection.

- We had a mixed response from people regarding how soon staff responded to a call bell after it was pressed. Some people felt staff responded very quickly, whilst other people thought staff took too much time. The provider had introduced a system to manually check a random selection of call bells daily, however there was no analysis process in place for this. The management told us they would start analysing the times to spot any trends.
- Staff and people's relatives' views had been sought through surveys and quality monitoring. The provider was in the process of analysing the responses and creating a 'you said, we did' feedback sheet. During the inspection we requested the responses from people's surveys, however management were unable to locate these and informed us they had been lost in the post. The area quality director told us they will be re-issued to 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

- We saw the service had let people and their relatives know if something went wrong under their duty of candour. Necessary statutory notifications were made to the CQC as required.
- At this inspection we saw the rating from our last inspection was displayed in the building and on the provider's website.

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

- The service promoted best practice principles in person-centred care. There was a clear culture based on achieving positive outcomes for people. A relative told us, "[Name of person] is well looked after here. I feel happy about it."
- Staff said they were happy working at the service. They said it had improved considerably over the last few months since the registered manager had been in place who was bringing stability and organisation to the service and support for them.
- Staff praised the registered manager and said they were approachable. Comments included, "[Name of registered manager] is a very good leader and supportive. If I went with an issue they would act upon it immediately" and "Last year the home was not well-led, but things have changed for the better. The registered manager is approachable."
- Regular resident's meetings took place which considered people's wishes and requests. Staff felt team meetings were useful, and they could openly discuss any issues or areas for improvement.