

Medical Resources Worldwide Limited

The White House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection was carried out on 1 September 2015 and was unannounced.

When we last inspected the service on 18 June 2015 we found they were not be meeting the required standards and due to the concerns found the service was put into special measures. The breaches of regulation related to person centred care, safe care and treatment, safeguarding people from abuse, consent and restraint,

governance, recruitment practices and the service had not displayed their rating. At this inspection we found that there were significant improvements made in relation to people's safety, welfare and the quality of the service. Governance systems were being implemented and the management team gave daily oversight and guidance in the home.

Summary of findings

The White House Nursing Home provides accommodation and personal care including nursing care for up to 67 older people. The registered manager was not working in the home at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of the inspection, the home was being managed by an interim manager.

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service and were pending an outcome. Staff were aware of their role in relation to MCA and DoLS and how people were at risk of being deprived of their liberty. People were offered choice and their wishes were respected.

People had their individual needs met and were positive about the staff supporting them. Staff knew people well and provided support in a timely manner. There was sufficient food and drink available and people were assisted to eat and drink where needed.

People had regular access to visiting health and social care professionals. Staff responded to people's changing health needs and sought the appropriate guidance or care by healthcare professionals. Medicines were managed safely to ensure people received them in accordance with their needs.

Staff were clear on how to identify and report any concerns relating to a person's safety and welfare. There were systems in place to maintain people's safety and raise awareness of individual risks. The manager and deputy manager were experienced in their roles as safeguarding leads and were guiding the staff appropriately. Staff had all recently undergone training updates in key subjects and people had benefitted from this. Recruitment files were being reviewed and updates to documentation was being carried out where needed.

Summary of findings

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 consistently safe.

People had their individual risks reviewed and staff were aware of how to support them.

Staff were able to identify and to respond to the possibility of abuse appropriately.

Reviews of recruitment practice, staffing and management of medicines had been carried out and improvements were being made.

Requires improvement



Is the service effective?

The service was not consistently effective.

People were supported by staff who had received appropriate training and supervision.

People were in the process of having their ability to make decisions assessed and the correct systems were now in place.

Meals were varied and support was given to ensure people received sufficient amounts of food and drink.

There was regular access to health and social care professionals.

Requires improvement



Is the service caring?

The service was caring.

People were treated with dignity and respect.

Staff responded to people with patience and kindness.

People were involved in decisions about their care.

Good



Is the service responsive?

The service was not consistently responsive.

Care plans were in the process of being updated. There was a system in place to give guidance to staff in the interim period.

People had access to activities and the community.

Complaints were taken seriously and there were systems in place to gain people's feedback.

Requires improvement



Is the service well-led?

The service was not consistently well-led.

Requires improvement



Summary of findings

There was a new management structure in the home which people, relatives and staff were positive about.

Quality assurance systems were being developed and all areas of the service were being reviewed.

The action plan developed by the providers was being worked through and there had been good progress made.

The White House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We were also looking at whether improvements had been made to the service following concerns found at our previous inspection 18 June 2015.

This visit took place on 1 September 2015 and was carried out by an inspection team which was formed of two inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. The visit

was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the action plan that the provider had developed which outlined how they would work in accordance with regulations. .

During the inspection we spoke with nine people who lived at the service, two relatives, nine members of staff, the interim manager, the deputy manager and the two providers. We received feedback from two social care professionals. We viewed four people's support plans and reviewed three staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Is the service safe?

Our findings

When we inspected the service on 18 June 2015 we found that the service was not meeting the standards in relation to people's safety and welfare. This included management of medicines, protecting people from the risk of abuse, moving and handling, the use of equipment such as bedrails, falls management and there were no assessments in place to reduce the risk to people's safety.

At this inspection we found that although there were still areas that required improvement, steps had been taken to help ensure people's safety and welfare.

People told us they felt safe living at The White House Nursing Home. One person told us, "I am safe here, at home I could fall but there is always someone here to help." Relatives also told us that they were confident that the appropriate steps had been taken to ensure people's safety.

Staff were aware of how to recognise and respond to any concerns about a person's safety and welfare. One staff member said, "We all know how and what to report now. We do body maps every day." Training had been provided and the newly appointed deputy was working with the staff team to raise awareness of abuse and what must be reported. They had introduced a daily body map so that staff were able to document all bruises and skin marks. This was used to identify any potential abuse where unexplained bruises occurred. We saw that since the interim manager and deputy manager had started working at the service in August, they had responded appropriately to any concerns and reported these concerns to the local safeguarding authority. We noted that they were yet to send the reports to the CQC and reminded them to do so.

People's individual risks had been identified and these were communicated daily through the staff team. One person told us, "They've [staff] just started coming to check on us at night, they come and push the door open a little and now we have notes as well (pointing to a body map). It is better now I think." We saw that although formal risk assessments were still a work in progress, the deputy manager had introduced a daily handover form that listed individual risks and monitored for any changes. The deputy manager told us, "This is what I am using until the care plans are accurate and I am familiar with everyone's needs." They went on to tell us this was used to ensure staff

were reminded of individual risks, such as falls, pressure ulcers and poor fluid intake, at every shift. We spoke with staff who were able to tell us about risks to individual's health and welfare. One staff member said, "It is so much better, we have a chart at handover where it is listed who and why they have a food and fluid chart. For example we had somebody on a food and fluid chart and then taken off as they were eating better. However later on they were put back on it as they were not eating as well once again. We know straight away [if people's needs have changed,] even if we were on holiday, we are informed on handovers [when we return.]" We saw that the daily care notes reflected that staff were providing care in a way that reduced risks to people. For example, regular repositioning, fluid intake monitoring and fall observations.

There was a new accident, incident and event analysis system being introduced in September. The provider told us this will help them to monitor the service and identify themes and trends. The information input through September was to be analysed in October 2015.

Systems in place to manage people's medicines had improved. Arrangements had been made to change to a new pharmacy in September 2015. The pharmacy was providing training and new stock for everyone. We found that medication records were completed consistently and a newly introduced record sheet for variable dose medicines had been introduced to reduce the risk of an error. Handwritten entries were countersigned and boxed and bottled medicines were dated on opening. Quantities of medicines carried forward from the previous month were recorded and the medicines room was more organised. The deputy manager told us that formal internal audits will commence following the new system commencing. Prior to this nurses were required to count all boxed medicines daily. We saw this was happening in most cases and most of the medicines we counted were accurate. However, we did notice that two of the eight boxes we checked did not contain the correct amount of tablets. We brought this to the deputy manager's attention who was immediately following this up.

People were supported to transfer safely and appropriately. We observed staff supporting people to transfer using the appropriate techniques and equipment. Staff offered guidance and time to people enabling them to be

Is the service safe?

supported at a pace that suited them. Staff told us that the training they had received since our last inspection was very beneficial and they had not realised that they were previously using unsafe techniques.

Bedrails that were in use had the appropriate protective bumpers in place. There was a safety check chart in place which staff recorded visual checks they completed while the bedrails were in use. Where air mattresses and cushions were in place, these were checked daily to ensure they were set correctly. In most cases we saw that these were set correctly. However, one person's air cushion was set to 95kg and they weighed just 52.4kg. We brought this to the management's attention and they immediately corrected it and stated they would ensure staff were clear on what they were checking when signing the checklist each day.

People were supported by sufficient numbers of staff and told us that staff responded to their requests for assistance promptly. One person told us, "When I press the bell they come quite quickly." The person proceeded to demonstrate this and indeed the staff were arrived within three minutes.

We noted that people were not walking round anxious or looking for assistance as we had seen at our previous inspection as staff reacted to a request straight away. Staff told us that organisation on the floors had helped with the, "Busyness," but also, if a staff member was called in sick, then the provider had approved the use of agency staff. One staff member told us, "Seems less hectic now and more organised." We saw that there was an agency staff member on duty on the day of inspecting with the sole purpose of providing 1-1 care for a person who was at high risk of falls.

The administrator was in the process of reviewing all personnel files. They had developed an audit form to enable them to audit all of the staff files to ensure they had relevant pre-employment checks and any required updates had been carried out. For example, work visas. We saw that this form covered all required areas. The provider was also in the process of arranging for all criminal record checks to be updated. The PIN numbers for the nurses had been reviewed and this was recorded. This helped to ensure that people were supported by staff who were fit to do so.

Is the service effective?

Our findings

When we inspected the service on 18 June 2015 we found that the service were not meeting the standards in relation to consent, assessing people's capacity to make decisions and depriving people of their liberty. At this inspection we found that although there were still areas that required improvement, steps had been taken to ensure people's human rights were protected.

People told us that staff asked them prior to supporting them with a task. One person said, "They always ask, "When you are ready I will help you to wash. Is that alright?" and so on." We saw that staff respected people's choices. For example, when a person said that they had finished their meal and a short time later requested another meal, this was accommodated without question.

When we inspected the service on 18 June 2015 we found that people were being unlawfully restrained. For example, with the use of lap belts, reclining chairs, restricted access to outside of the home and stairgates on bedroom doors. At this inspection we found that this was no longer current practice and methods of restraint had ceased. Where it was necessary to use some forms of restraint to keep people safe, the appropriate processes had been followed and DoLS applications had been made to the local authority. Staff were able to tell us what restraint was and in what circumstance they can and can't use it. They had received training on the Mental Capacity Act and DoLS and the management team were reviewing practice regularly.

People, where needed, were in the process of having their ability to make decisions independently assessed. The manager had arranged for these assessments to be completed and was working through best interest meetings and decisions. The deputy manager was in the process of reviewing all, 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) records to ensure these had been completed appropriately. This included checking that the person had been involved in the decision or that if they were unable, an advocate had been consulted.

Staff had received an update to their knowledge and skills. The provider showed us the record of all training that had been carried out since our last inspection. Staff were very positive about the training and guidance they had received. One staff member said, "I was amazed how much I learned from the Manual Handling training. We are more confident now; I could not imagine how much we didn't know until we had the training." Another staff member said, "We are happy and interested in the training we are getting." We were also told, "I feel better and more positive now because we feel we are learning more. It was frustrating before but now we feel uplifted that we are finally doing things right."

People were supported to eat and drink sufficient amounts. We saw that where people needed assistance to eat, this was done in a calm and patient way. Staff didn't move around, they sat with the same person for the duration of the meal and did not rush them. Encouragement to drink was also regularly given. When people were assessed as being at risk of not eating or drinking enough, what they consumed was monitored on food and fluid intake charts, and when needed, a medical professional was consulted. Staff were tallying the amount of fluid a person had drunk and this was checked against the amount they needed. The deputy manager was checking people's intake charts each day and ensured that the staff knew how to assess people's daily required intake in accordance with their weight, size and health needs.

People had access to health and social care professionals. We saw that there was regular contact from health care professionals. This included GP's mental health professionals and Occupational health therapists. There were also referrals to the falls clinic when people had suffered frequent falls. This helped to ensure that people's health care needs were promoted and their welfare maintained.

Is the service caring?

Our findings

When we inspected the service on 18 June 2015 we found that the service were not meeting the standards in relation to promoting privacy, dignity and involving people in their care.

At this inspection we found that although there were still areas that required improvement, people's privacy and dignity was promoted. Privacy was respected at all times, staff knocked on doors and asked permission to enter. We heard staff asking, "Is it ok if I come in and make your bed for you now?" We also noted that access to rooms was restricted when care was taking place with notices on the doors stating, "Please do not enter. Personal care is taking place." This helped to promote people's dignity while receiving support with care tasks.

People were treated with respect and actively listened to. People were positive about the staff. One person said, "The staff are lovely, they really care." Another person told us, "The staff are very kind to me." Relatives were also positive about the staff and commented on how caring they were.

Staff took time to stop and respond appropriately. We saw staff respond with patience and ask people for their choices, even when this took longer than expected and they needed to repeat themselves. We saw one staff member had a long and patient interaction with a person who insisted they needed more cream on their face and they returned to their bedroom room for the staff member

to do this. When they reappeared we heard the person then asked for something else and said, "Oh I'm being such a nuisance," and the staff member replied, "Of course you're not, we can just go and get that, it isn't a problem."

Our observations showed that the staff knew people well and that cared about how they felt. We saw that when a person had become anxious, every staff member who passed them, stopped and spent some time speaking with them and offered comfort. We noted that the provider also knew this person and also offered them reassurance. We also saw that staff were more vigilant and therefore more aware of how people were feeling. For example, as soon they realized that some of people may be feeling the cold, they quickly brought some small blankets and made people feel comfortable. Staff told us how recent changes at the service had benefited people they were supporting. They told us that there was time now to be treat people as individuals and they had time to reflect on their practice and how this impacted on people when they rushed around.

People were involved the choices of how they spent their day and were given opportunity to express their choices. Care plans were a work in progress and there were plans to ensure this included life history, preferences and up to date likes and dislikes. People's family and friends were encouraged to visit and made to feel welcome. People told us that they were regularly visited by grandchildren and great-grandchildren and the home facilitated this.

Is the service responsive?

Our findings

When we inspected the service on 18 June 2015 we found that the service was not meeting the standards in relation to people not receiving care that was responsive to their needs. At this inspection we found that although there were still areas that required improvement, people received care that met their needs.

People told us that they got everything that they needed and praised the staff. One person said, "I need a lot of personal care and they are excellent." Relatives were also complimentary about how staff supported people. One relative said, "The care is amazing." At our last inspection people were not receiving assistance with washing in the evening. At this inspection people and staff told us that they were now providing this care. Care notes seen confirmed that this was happen regularly. One person told us, "If I want a wash at night I can have one now."

People were receiving care in accordance with the records we viewed. One person told us, "The carers [staff] know my routine now, they know I like to go to bed early and get up about 8am to get ready for breakfast and that is what they do." The deputy manager had developed a daily handover form that listed people's individual needs. This was in-depth due to people's care plans not yet being up to date. For example, in relation to falls, pressure care and nutrition. Guidance for these areas was given at each handover to ensure staff were clear on what care and support to provide to people.

Care plans had been audited by the deputy manager and a list of actions for the staff had been developed. They were working through them to ensure each plan was person

centred and gave staff clear guidance on how to meet people's needs. Staff were able to describe people's needs and told us that improved communication in the home had contributed to this. One staff member said, "We have the care tailored to people`s needs and they are safe."

People in the communal areas were engaged in activities. This ranged from board games, reading and an entertainer. Some people chose to stay in their rooms and this was respected. However, some people did say that they chose to stay in their rooms as they did not feel there were people they could engage with in the communal areas. We raised this with the management team who stated that they would discuss this with the activities organisers. There was a monthly activities plan which included group activities, one to one sessions and visiting entertainers. People also had the opportunity to go to the local shop and were supported to maintain relationships with family and friends. One person told us, "I do go to my Over 60s club still, they come and pick me up and take me."

People who lived at the home and their relatives knew how to make a complaint and were confident to do so. Complaints that had been raised with the new management team had been appropriately investigated and documented. There was also a communication dairy available in reception for relatives and visitors to leave suggestions and requests for the home. We saw a record that these suggestions had been actioned. For example, new name badges for staff and adding a person to the hairdressers list. We noted however that some relatives were including information about people that may impact on their confidentiality. The provider addressed this immediately with a notice requesting that information of this nature is given directly to the office or a staff member.

Is the service well-led?

Our findings

When we inspected the service on 18 June 2015 we found that the service were not meeting the standards in relation to the management of the service, quality assurance and addressing shortfalls which had been identified. At this inspection we found that although there were still areas that required improvement, steps had been taken to address areas of concern and plans were in place to continually monitor and improve the service.

Following our last inspection there were changes to the management team. There was an interim manager in post who was supported by an experienced deputy manager, with a second deputy manager due to start in September. In addition, a consultant was overseeing the service and providing support and guidance. The providers were at the home daily to provide additional oversight and support.

The provider sent us an action plan outlining how they would ensure the service improved and how they would sustain these improvements. We saw that many of the actions on this plan had been completed, for example a new management structure, staff training and quality assurance systems implemented. Other actions, such as updating all care plans and ensuring that everyone has an up to date capacity assessment, were still ongoing but there was a plan in place addressing these to ensure they were completed in an appropriate timescale. There had been systems put in place to ensure standards were improved and maintained and people were safe during this period where work was still being completed. For example, improved communication throughout the home. As a result we found that the breaches of regulation from our inspection on 18 June 2015 had been met and they provider was confident that areas which required improvement would be completed in the timescale they had set.

Staff were positive about the recent changes to the management structure and improved leadership in the home. They told us that there was support and guidance from the manager, deputy manager, consultant and providers on a daily basis and they were all approachable. One staff member said, “Everybody [staff] now knows

where we stand and we are 100% committed to do the right thing. I feel the care really improved and the documentation is improving every day.” Another staff member told us, “It is more organised and we have clear guidance on what is expected from us.” We were also told, “It’s a massive improvement, we are doing things right now, after such a long time.” We noted that staff members had been allocated specific roles, for example the implementation of an electronic care plan system. The management team hoped this would help them take ownership, develop their skills and contribute to the improvement of the home.

The providers and consultant had met with people who lived at the home, their relatives and staff to keep them informed of the recent issues and changes to management. We saw notes to these meetings which demonstrated transparency and honesty about where there had been shortfalls and how they would improve. There was a record of lessons learned and actions to address these. This was to include supervision of care and nursing staff practice at every opportunity. There notes contained references to observations in the home and clear instruction listed as how this was to be improved. We noted that one action was for staff to always be visible to people and their relatives in case they were needed. Nurses were made accountable for this and the management was to oversee it to ensure it occurred. This had improved as we saw staff around throughout the inspection and meant they were able to respond to people quickly to help prevent an incident, anxiety or a delay in support from happening.

The home had displayed the inspection report in the reception area. However, we reminded the provider that the ratings poster must be displayed and they obtaining the ratings pack form the commission on the day of inspection so to adhere to the regulation completely.

The management and staff were clear on what they wanted to achieve and how they would do this. The provider told us they wanted to be a centre for excellence and were keen to work with external professionals to ensure they had the right tools for this. Staff shared this view and were excited about the improvements to people’s lives.