

Evans Care Limited

The Whitehouse

Inspection report

1 Chichester Drive West
Saltdean
Brighton
East Sussex
BN2 8SH

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01 April 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

The Whitehouse is a care home registered to provide care and accommodation for 14 older persons. There were 11 people living at the service on the day of our inspection.

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

People's experience of using this service:

- People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were sufficient staff to care for them.
- Our own observations supported this and we saw friendly relationships had developed between people and staff. One person told us, "They can't do enough for me, they are so kind".
- People enjoyed an independent lifestyle and told us their needs were met. They enjoyed the food, drink and activities that took place daily. One person told us, "There's plenty going on". Another person said, "I'm always happy with the food".
- People felt the service was homely and welcoming to both them and their visitors. One person told us, "My son visits me and he always gets a cup of tea".
- Staff had received essential training and it was clear from observing the care delivered and the feedback people and staff gave us, that they knew the best way to care for people in line with their needs and preferences. A member of staff told us, "We get regular training and we know the residents really well".
- The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person centred way and that the provider learned from any mistakes.
- People told us they thought the service was well managed and they enjoyed living there. One person told us, "I can't fault it here, I'm happy".
- Our own observations and the feedback we received supported this. People received high quality care that met their needs and improved their wellbeing from dedicated and enthusiastic staff.

Rating at last inspection: Good (report published 17 August 2016).

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

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

The Whitehouse

Detailed findings

Background to this inspection

The 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert at this inspection had experience of caring for older people.

Service and service type:

The Whitehouse 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced inspection, which meant the provider and staff were not aware that we were coming.

What we did:

- Before the inspection we used information, the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements

they intend to make. This information helps us support our inspections.

- We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as incidents and abuse; and we sought feedback from the local authority and professionals who work with the service.

During the inspection:

- We observed the support that people received, spoke with people and staff and gathered information relating to the management of the service.
- We used the short observational framework for inspection (SOFI), which 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 four staff recruitment files, training, records relating to the management of the home and a variety of policies and procedures and quality assurance processes developed and implemented by the provider.
- We reviewed four people's care records.
- We spoke with nine people living at the service.
- We spoke with six members of staff, including the registered manager, the manager, the deputy manager, a maintenance worker, the chef and care staff.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risks associated with the safety of the environment and equipment were identified and managed appropriately.
- Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans which informed staff of how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained to ensure that people were supported to use equipment that was safe.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. For example, one person chose to live on the top floor of the service and their safety in using the stairs and stairlifts had been assessed.
- The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. One person told us, "I am safe because there is always someone around to care for me".
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.

Using medicines safely

- Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate.
- Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
- We observed a member of staff giving medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were

disposed of safely.

- Nobody we spoke with expressed any concerns around their medicines. One person told us about their medicines and said, "They are usually on time".

Staffing and recruitment

- Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
- Feedback from people and staff was they felt the service had enough staff and our own observations supported this. One person told us, "They watch over you all the time, there is always a carer nearby, so you never feel alone. They answer bells very quickly".
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Preventing and controlling infection

- The service and its equipment were clean and well maintained. One person told us, "The Whitehouse is a very clean place, if a carer sees something that needs doing they just do it. My room is cleaned every day. They change the water in my flowers, so they don't smell".
- There was an infection control policy and other related policies in place. Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control.
- The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, ensuring that people always had access to mobility aids.
- We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Is the service effective?

Our findings

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

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one.

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

- Staff undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. One person told us, "My family wrote down all my likes and dislikes and we came to look around before I came in, I cannot fault them".
- Documentation confirmed people were involved, where possible, in the formation of an initial care plan.

Supporting people to eat and drink enough with choice in a balanced diet

- The provider met people's nutrition and hydration needs.
- There was a varied menu, specialist diets were catered for and people were complimentary about the meals served. One person told us, "It's the sort of food you would make for yourself in your own home".
- The chef told us that any specialist or culturally appropriate diets would be available should they be needed or requested.

Staff support: induction, training, skills and experience

- Staff had received training in looking after people, including safeguarding, food hygiene, fire evacuation,

health and safety, equality and diversity. They were knowledgeable of relevant best practice and regulations, and we saw staff supporting people with confidence and professionalism. One person told us, "I think they are very well trained, they can handle most situations".

- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.
- Staff had a good understanding of equality and diversity, which was reinforced through training.

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

- People's individual needs around their mobility were met by the adaptation of the premises.
- Hand rails were fitted throughout the service and other parts of the service were accessible via stair lifts. There were adapted bathrooms and toilets.

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

- Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. One person told us, "I have never needed a GP since I came here, but they would send for one if needed".
- We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals.

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

- People told us they received effective care and their individual needs were met. One person told us, "They know everyone's name and will listen and show an interest. It's like a big happy family around me".
- Access was also provided to more specialist services, such as opticians and podiatrists if required.
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

Is the service caring?

Our findings

Caring – this means 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.

Ensuring people are well treated and supported; equality and diversity

- People were attended to in a timely manner and were supported with kindness and compassion.
- We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people.
- Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted.
- One person told us, "They will do extra things for you. I needed an anniversary card for my daughter and the carer went to the shop, in her own time and bought one. It wasn't just the card, it was the fact that she wanted to do something special for me".
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors were able to come to the service at any reasonable time, and could stay as long as they wanted.
- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

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

- Staff provided people with choice and control in the way their care was delivered.
- Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. One person told us, "I was on the 2nd floor, but I did not like the stair lifts, so they put me on the ground floor. They really care and treat everyone so very well".
- People were empowered to make their own decisions. People told us they were free to do what they wanted throughout the day. They said they could choose what time they got up and went to bed and how and where they spent their day.
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible.
- We saw that some people went out of the home independently and care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One

person told us, "They never make me feel that I am a nuisance, they want me to be independent and I take my time, but they are never impatient or try to rush me in any way".

- People's privacy and dignity was protected and we saw staff knocking on doors before entering and talking with people in a respectful manner. One person told us, "They treat me with dignity and respect-they cover me with a towel and are very discreet".
- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

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

- People told us that the service responded well to their care and recreational needs.
- We saw a varied range of activities on offer which included, music, arts and crafts, exercise and visits from external entertainers. If requested, representatives of churches visited, so that people could observe their faith.
- One person told us, "They take us out to lunch alternate Fridays. It amuses me because every Friday we have fish and chips in the Whitehouse and yet everyone orders fish and chips at the restaurant. You would think they would want a change! We play lots of card games and dominoes and bingo and we have quizzes as well".
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.
- People's communication needs were identified, recorded and highlighted and in care plans. These needs were shared appropriately with others. For example, staff knew the best way to communicate with a person who was visually impaired.
- We saw evidence that the identified information and communication needs were met for individuals. Staff ensured that the communication needs of others who required it were assessed and met.
- We saw that where required, people's care plans contained details of the best way to communicate with them and staff were aware of these.
- Technology was used to support people to receive timely care and support. The service had a call bell system which enabled people to alert staff that they were needed.
- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included, people's choices around what they enjoyed doing during the day and their preferences around clothes and personal grooming.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.
- People's preferences were met, for example, one person told us, "I am very happy living here. I don't sleep very long, I wake up about 2:00am, but get into my chair and rest".
- We saw that people were given the opportunity to observe their faith and any religious or cultural

requirements were recorded in their care plans.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed.
- The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required. One person told us, "I would tell the carer or manager if I was unhappy".

End of life care and support

- Peoples' end of life care was discussed and planned and their wishes were respected if they had refused to discuss this.
- People could remain at the service and were supported until the end of their lives.
- Observations and documentation showed that peoples' wishes, about their end of life care, had been respected.

Is the service well-led?

Our findings

At the last inspection, we identified areas of improvement required in relation to policies and procedures and actions being taken following medicines audits. We saw that improvements had been made.

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

- The provider undertook quality assurance audits to ensure a good level of quality was maintained.
- We saw audit activity which included health and safety, infection control and medication. The results of which were analysed in order to determine trends and introduce preventative measures. For example, health and safety audits highlighted any concerns with the environment of the service.
- Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles.
- People, relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. The registered manager and staff told us that the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality, care.
- Our own observations supported this and one person told us, "I know the owner he often talks to me and others. He makes sure everything is in good repair. They are all very approachable, very good and caring, and they work very hard".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- 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.
- Day to day management of the service was carried out by the manager and deputy manager, with support from the registered manager.
- We received positive feedback in relation to how the service was run and our own observation supported this. One person told us, "I think all the staff are happy to work here, I have never heard them moan about the managers or owner. They all work together helping each other".

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

- People and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. One person told us, "I went to a resident's meeting last week. We spoke about food and menus".

- There was a suggestions box, meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided. Feedback received included suggestions around food choices.

Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "There is massive support here and we communicate really well. We have regular handover and team meetings. I love working here, everything about it is challenging and different, but in a good way".
- There was also a clear written set of values that staff were aware of, displayed in the service, so that people would know what to expect from the care delivered.
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority, Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery. For example, the provider had implemented ideas around meaningful activities and updates of training available for staff.
- Local schools, nurseries and churches visited the service and the staff also held events to raise money for local charities. One person told us, "My son and grandson are both singers and they come in and sing. My son brings in his dog".

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

- Up to date sector specific information was made available for staff including details of managing specific health conditions, such as sepsis and diabetes to ensure they understood and had knowledge of people's needs.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.