

Mrs Helen Judith Walsh

The White House Falmouth

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The White House Falmouth is registered to provide care and support for up to 17 older people. At the time of the inspection the service was supporting 14 people.

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

Disclosure and barring service checks had been completed for all staff employed since our last inspection. However, recruitment records remained disorganised and the required information necessary to demonstrate prospective staff were suitable for employment in the care sector, was absent.

Additional night staff had been recruited and recruitment of day staff was ongoing. This increase in staffing and the appropriate use of regular agency staff, had enabled the dedicated staff team to have more time off. Staff who had previously been working excessive hours were now enabled to have a reasonable work life balance.

People's care plans and risk assessments had been reviewed and updated since our last inspection. These documents now accurately reflected people's current needs and gave staff with guidance on how to manage identified risks.

Environmental safety had improved. Fire doors were no longer tied open and cleaning materials were stored safely when not in use. Personal emergency evacuation plans were now available for people detailing the level of support they would need in an emergency. A fire risk assessment had been completed and an action plan was being developed to resolve issues identified by the risk assessment.

People were supported to access their medicines as prescribed and additional guidance had been provided to staff on when 'as required' medicines should be used. Additional appropriate storage facilities for medicines that required stricter controls had been installed.

The provider and deputy manager now had an understanding of the requirement of the Mental Capacity Act. Appropriate applications had been made to the local authority for the authorisation where people lacked capacity to make specific decisions their care plans were potentially restrictive. 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.

Effective quality assurance systems had not yet been introduced and daily care records were not been consistently completed.

People were comfortable in the service and relatives were complimentary of the care provided. Staff told us, "I think people are 100% safe and they are happy which is also important".

The provider had taken action in response to the findings of our previous inspection. A deputy manager had

been appointed and the service was accessing additional managerial support facilitated by the local authority.

Staff were complimentary of the deputy manager and recognised the service's performance was improving. The current responsibilities of the deputy manager were understood by the staff team.

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 the service was requires improvement overall but inadequate in well led. (Published 17 February 2023). At this focused inspection we found both warning notices had been complied with and the service's rating was changed to requires improvement. Ongoing breaches of the regulations were identified.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

Although we have recognised significant improvements in the service's performance, ongoing breaches of the regulations in relation to Good governance and the fitness of staff employed were identified at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-Led.

Details are in our safe findings below

Requires Improvement ●

The White House Falmouth

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector.

Service and service type

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

This provider is not required to have a registered manager to oversee the delivery of regulated activities at this location. The provider is an individual and is legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a deputy manager in post who was responsible for the day to day leadership of the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection as part of the

planning process.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We met and spoke with 5 people who lived at the service and 1 relative who visited regularly. We also spoke with 4 care staff, the deputy manager and the provider about the service's current performance.

We looked at records relating to people's care. This included 3 care plans, medicine administration records (MARs), 3 staff files and records relating to the management of the service including staffing rotas, quality assurance audits and safety documentation.

Is the service safe?

Our findings

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

The purpose of this inspection was to check if the provider had met the requirements of the warning notices we previously served.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At the last inspection staff had not been recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements in the safety of recruitment practices had been made. However, all necessary pre-employment checks had not been completed and the service remains in breach of this regulation.

- The service's recruitment practices had improved but remained unsafe. Disclosure and barring service (DBS) checks had been completed for all 3 staff recruited since our last inspection. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Recruitment records remained disorganised and required information necessary to demonstrate staff were suitable for employment in the care sector was missing. One new staff member's previous employment history information was unavailable, and references had not been sought from previous employers in the care sector. Photographic identification documents were not available for all staff recently employed.

The provider had failed to complete all necessary pre-employment checks for all staff. This was a continued breach of the requirements of regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found staff were regularly working excessive hours each week and the provider had failed to ensure there were enough staff available to safely meet people's needs. This contributed to a breach of the requirements of regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the staffing situation had improved, and additional staff had been recruited. Agency staff were also being used appropriately to ensure people's needs were met. This meant the provider was no longer in breach of this part of the regulation.

- The service had successfully recruited two additional night staff since the last inspection and agency staff were being booked in advance to cover night shifts. This meant the service was being supported by a consistent group of agency staff who were developing a good understanding of people's needs. Staff told us, "We have had [2 new staff] who have started night shift and we have someone else coming for one night. Slowly, slowly we are getting more staff".
- The provider had also attempted to recruit additional day staff, but this had been unsuccessful. However, the recruitment of additional night staff had meant day staff were less frequently being asked to cover these shifts.
- Rotas showed some reduction in staff working excessive hours and staff reported they were now regularly able to have time off each week. One staff member said, "I have 2 days off every week which is good. Once more staff are recruited, I will be able to have more time off".
- Recruitment was ongoing, and the deputy manager told us, "We do need more staff to be able to run well. We are recruiting for 24 hours a week, so we have enough staff to be able to cover holiday and things like that".
- People told us, "[The staff] are very good" and we saw staff responded quickly to requests for support.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to manage risks both in relation to people's care needs and the environment of the service. This had exposed people to risk of harm and contributed to a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made to environmental safety and risks in relation to people's needs were now better understood. This meant the service was no longer in breach of this regulation.

- Care plans had been updated since the last inspection and now accurately reflected people's care needs and associated risks. These documents provided staff with accurate guidance on how to meet people's current mobility needs safely. One person had requested additional support to enable them to regain some independence with their mobility, appropriate guidance on how to meet this need had not yet been developed.
- Staff recognised people's updated care plans and risk assessments were accurate and informative. Staff comments included, "They have put more detail in the care plans" and "The care plan have got a lot better, everything has improved".
- Staff worked collaboratively with external professionals to ensure people were protected from risks to their skin integrity. We found all necessary pressure relieving equipment was used appropriately and air mattresses were set correctly to reduce the risk of skin damage.
- Staff had an improved understanding of risks in relation to nutrition and weight loss. People's dietary needs and preferences were now better understood, and kitchen staff had been provided with information about people's allergies and diabetic care needs.
- The storage of cleaning materials had improved and were now stored securely when not in use. The hole and a bedroom floor had been repaired and no longer represented a trip hazard to staff while providing care.
- Improvements to fire safety procedures had taken place. Fire doors were no longer tied open. Where fire doors were held open, appropriate devices were used, that would automatically release these doors in the event a fire was detected.
- The service's fire risk assessments had been reviewed by an external contractor. A number of fire safety issues had been identified and the provider was developing an action plan to address and resolve these issues.

- Personal emergency evacuation plans (PEEPs) had been developed for each person living at the service. These documents identified how much support each person would require in the event an evacuation was necessary. This information was now stored in grab bags and fire exits and was available to staff and rescuers when required.
- All lifting equipment and the services utilities were checked regularly to ensure they were safe to use and remained in good working order.

Learning lessons when things go wrong

- Since the last inspection additional systems had been introduced to ensure accidents and incidents were appropriately documented. The deputy manager was developing new system to ensure all incidents were reviewed to identify areas of learning or where improvement could be made to ensure people's safety.

Using medicines safely

At the last inspection we found risks related to people's medicines had not been managed safely. This contributed to the breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found medicines were now safely managed. And this no longer contributed to a breach of the regulations.

- Staff supported people with their medicines as prescribed. People told us, "I get my tablets when I need them".
- People's medicine administration records (MAR) had been accurately completed and now included photographs to help reduce the risk of medicines errors.
- Additional protocols had been introduced to help staff understand how and when to support people to access 'as required' pain relief.
- Appropriate storage facilities for medicines that require stricter controls had been installed and records for these medicines had been accurately completed.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and were comfortable requesting support from staff when needed. People's comments included, "The staff are fine, look after me. I would not like to go anywhere else" and "They look after me all right".
- Staff were focused on ensuring people's safety and knew how to report safety concerns outside the service should this be necessary. Staff told us, "I think people are 100% safe and they are happy which is also important" and "People are safe".
- The provider's safeguarding processes were effective and safety concerns had been appropriately reported to the local authority.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection the provider did not fully understand this legislation and necessary DoLS applications had not always been made. This was a breach of regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found these issues had been resolved and the service was no longer in breach of this regulation.

- The deputy manager now had a better understanding of this legislation and had correctly identified that some people lacked the capacity to make some decisions.
- Appropriate applications had been made to the local authority for the authorisation where the care plans of people who lacked capacity to consent were restrictive.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely and staff were continuing to wear masks due to the current high levels of infection locally.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Mobility aids in toilets had been upgraded and replaced since the last inspection to make them easier to clean.

Visiting in care homes

- Relative and friends were able to visit when they wished and there were no restrictions in relation to visiting. One person's relative told us, "I can come [to visit] when I want".

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.

The purpose of this inspection was to check if the provider had met the requirements of the warning notices we previously served.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has changed to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we found there was a lack of effective leadership and oversight at the service. This was a breach of the requirements of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the deputy manager was providing effective leadership to the staff team. However, issues remained with the accuracy of record keeping and the effectiveness of quality assurance systems. This meant the service remains in breach of this regulation.

- The service was not required to have a registered manager as the provider is a named individual in day to day control of the service. Since the last inspection the provider had employed a deputy manager and had accessed additional support arrangements, facilitated by the local authority. The provider was grateful for the advice and support they had received and told us, "[The external management support] has been helpful. They've been here every week or every couple of weeks".
- The deputy manager was responsible for the management of the staff team, care planning and operation of the service. The provider oversaw staff recruitment, finances and managed issues in relation to the environment of the service. Staff understood this division of roles and responsibilities which was designed to enable the deputy manager to improve the service's performance.
- The deputy manager was now normally supernumerary to their care role and able to focus on their leadership role. The provider told us, "I have taken [the deputy manager] off the floor". The deputy manager had begun a diploma qualification in management and was accessing available external management support. This helped them gain the additional knowledge and skills needed in their new role.
- Staff were complimentary of the deputy manager and recognised improvements had been made since the last inspection. Staff comments included, "[The deputy manager] is doing really well [they] have been amazing" and, "It is more organised, there is a routine and you know what you are doing. I think everything is getting better".
- The deputy manager had initially focused on reviewing and updating people's care plans and risk

assessments. Risk assessments now accurately reflected people's current support needs.

- Overall, the service systems for managing and storing information had improved. Records were generally better organised and were accessible to staff when needed. However, daily care records had not been consistently completed and there were occasions where no details had been recorded of the support people had received on specific days.
- As noted in the safe section of this report, all necessary pre-employment checks had not been completed for recently appointed staff. Some information was missing, and the records were disorganised. Files for established staff were now more organised and the deputy manager had begun to develop a training matrix to enable them to identify and monitor staff training needs.
- The provider's quality assurance systems remained ineffective. The deputy manager was aware of this issue and was working with the external management support team to identify and introduce appropriate tools to monitor the service's performance.
- The provider and deputy manager demonstrated they understood the need to submit notifications to the commission when significant events occurred. They reported they had recently attempted to complete a notification but had struggled with the electronic system for the submission of notifications and had been unsuccessful. Additional guidance on how to seek support with notifications was provided during feedback with the managers.

The provider's quality assurance system remained ineffective and accurate daily care records had not been maintained. This was an ongoing breach of the requirements of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The staff team were dedicated and focused on meeting people's needs. They recognised improvements made since the last inspection continued to provide support with kindness and compassion. Relatives told us, "[My relative] loves it here".
- The provider had invested in the service following the last inspection in order to make improvements. New dining room and lounge furniture had been purchased and upgrades made to toilet facilities and medicine storage arrangements. External entertainers were arranged 5 days a week and which people enjoyed and looked forward to.
- The deputy manager and provider were open and transparent. They were committed to further improving the services performance.
- Staff and the deputy manager respected the people they cared for and protected people from all forms of discrimination.

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; Working in partnership with others

- The deputy manager understood the duty of candour requirements and ensured information was shared promptly with relatives when significant events occurred.
- The managers and staff team worked positively with involved health professionals and supported people to access health services when needed.

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 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems remained ineffective and accurate daily care records had not been maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to complete all necessary pre-employment checks for all staff employed since the last inspection.