

Mrs Anita Larkin

White Hill House Residential Care 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 

Summary of findings

Overall summary

About the service

White Hill House Residential Home for the Elderly is a residential care home which accommodates up to 10 older people. It does not provide nursing care. At the time of our inspection there were nine people living in one adapted building.

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

People told us they felt safe living in the service, but we found concerns which demonstrated they weren't safe. Risk assessments had not been carried out in relation to the environment, people's health, medicines and staffing levels at night. The environment was not safe as risks had not been managed. This placed people at risk of falls, trips and objects falling from height. Advice from the fire and rescue service had not been actioned, fire drills had not been carried out regularly and exits were not always free of obstruction. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Authorisation had not been applied for to restrict people's exit out of the building. Access to the kitchen was restricted. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Employment checks were not always thorough and did not protect people from the risk of unsuitable staff. This meant the provider had failed to protect people against the risk of inappropriate or unsafe care. Staff were not always supported to carry out their roles, there was a lack of supervision taking place and no team meetings. Staff told us they would like these to happen. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The lack of management oversight and documentation to show improvements were being made to the service, meant there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider has a legal requirement to inform us of certain events that occur in the service. We found the service was not always doing this. We have made a recommendation about notifications being sent when appropriate to do so.

People appeared well cared for, and they told us they were happy in the service. People's appearance was clean, and they were dressed appropriately for the weather. One person told us People told us they were happy with the care, one person told us "I truly haven't got any complaints."

People were generally able to communicate verbally about their care, and to discuss if they were happy. Where people were unable to do this their relatives were consulted. People told us "I can assure you I won't be neglected." Another said "Staff know us and what we need. ...They [staff] listen to you and are prepared to discuss things. We are very happy to just plod along." There was a lack of activities being offered to people, we have made a recommendation about the provider offering person centred care to people.

People told us they were treated well, and staff showed them respect.

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

Rating at last inspection:

The last rating for this service was good. (published 10 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Is the service safe, is the service effective, is the service responsive and is the service well led sections of this full report.

Following the inspection, the provider sent us an action plan which detailed how they were to address the shortfalls we found.

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

Please see the action we have told the provider to take at the end of this report.

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.

We will request an action plan for 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 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

White Hill House Residential Care Home

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

This inspection was carried out by an Inspector.

Service and service type

White Hill House Residential Home for the Elderly 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.

White Hill House Residential Home for the Elderly are not required to have a registered manager in place because they are the sole provider. The registered provider has overall responsibility for the day to day management of the service. Registered persons have been registered with the Care Quality Commission and have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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 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 three people about their experience of the care provided, three staff members including the deputy manager. We observed the care provided and examined documents related to the employment of two staff members, their supervision records and policies and procedures. We asked the deputy manager to send us a copy of the training matrix and other documents which weren't all readily available at the time of our visit. We reviewed documents related to six people's care and multiple medication records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a fire officer who had previously visited the service.

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 Good. At this inspection this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management

- Risks were not always assessed or mitigated. For example, there were no risk assessments in place for the care provided at night. We were told there were two sometimes three staff who slept on the premises at night and on a Saturday night there was an awake night staff. However, the deputy manager failed to give a reasonable explanation about how staff would know if a person was in distress or unwell during the night.
- There were no risk assessments or care plans in place in relation to some people's health needs, for example two people had permanent health conditions, there was no person-centred documentation in place to assist staff to understand what care was needed to help each individual with their specific health needs. Risks related to some medicines had not been noted and therefore the risk had not been mitigated. We asked to see up to date fire and gas certificates, these were not made available to us. Following the inspection, a copy of the gas certificate was sent to us. The electricity certificate could not be found, and a contractor was going to have to be employed to carry out the work again.
- We observed several environmental risks such as interior steps from room to room. There were no distinctive marks to ensure people who had visual impairments could distinguish between the floor levels. The pantry was narrow with shelving from the floor to ceiling. Food stuff in packaging and jars covered the shelving. There was a risk of injury from falling objects. Bottles of alcohol were on the floor, this was a trip hazard.
- Advice from the fire service in 2016 to update the fire alarm system to a compliant system had not been heeded. The deputy manager told us this was because of the price. We found a fire exit route had been blocked which posed a risk to people in the event of a fire.
- Fire drills had not been carried out regularly, the provider's policy stated they should be carried out every three months. Only three fire drills had been carried out since October 2018. We discussed our findings with the fire and rescue service. They told us they would follow up these concerns with the provider.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Systems were in place to ensure staff were suitable to work with people. However, records showed the deputy manager and the provider had failed to ensure the information they sourced about a staff member's previous employment was up to date. For example, the most recent employers had not been requested to provide a reference. This was because the staff member did not wish for the provider to contact them. The

deputy manager told us they would follow up on these references after the inspection. This did not ensure safe practices were being followed.

- Checks that were completed included, DBS (disclosure and Barring Service) checks, health checks, and interviews were carried out. The Disclosure and Barring service keeps a record of people who have been barred from working in care services.

Using medicines safely

- Medicines were administered by trained staff. However, we found risk assessments were not in place for flammable creams and lotions. PRN protocols were not in place. These are protocols which inform staff on when and how to use medicines that are prescribed as "when required." For example, pain killers.

- Where people required assistance with medicines these were administered by trained staff. Medicines were stored securely, and only appropriately trained staff had access to them. We undertook checks to ensure the storage, administration and records related to medicines were safe. The Medication Administration Record (MAR) charts were up to date and properly maintained.

Preventing and controlling infection

- People and staff were protected from infections through regular cleaning. Staff received training and understood the requirement to use personal protective equipment such as gloves and aprons when supporting people with personal care.

Systems and processes to safeguard people from the risk of abuse

- People were protected by staff who had completed training in how to protect people from abuse. Through discussion they demonstrated their knowledge about indicators of abuse and what action they needed to take should they have any concerns. There had been no substantiated safeguarding concerns since the last inspection in July 2017.

Learning lessons when things go wrong

- Accidents and incidents were clearly recorded, and enquiries were undertaken to ensure the risk of repetition was minimised.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- During our previous inspection in July 2017 we had concerns as a person was being deprived of their liberty, but the provider had not applied to the supervisory body for authorisation under the DoLS as required. They told us this would be dealt with.
- However, during this inspection, we found people were restricted from leaving the building due to a key pad being in place to lock the door. There was no documentary evidence people had consented to the key pad. There was no evidence of mental capacity assessments being completed, or DoLS being authorised. We were also told by staff people were not allowed into the kitchen area.
- Staff were not confident they knew and understood the Mental Capacity Act 2005 and the related Deprivation of Liberty Safeguards. We saw no mental capacity assessments had been completed or evidence of best interest decision making. The deputy manager told us most of the people living in the service lacked capacity in one area or another.

This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We were told people's needs were assessed prior to them moving into the service. However, when we

examined the assessment for one person, we could see that the assessment did not take place until after they had moved into the service. The assessment stated, "It is vital for White Hill House to ensure that we have all the relevant information to ensure that we can care and protect all staff, visitors and residents in our care, the following information is necessary." We found not all the necessary information had been completed.

- We were informed the person did not visit the service prior to their arrival neither did staff visit them in their home. This meant the provider could not be assured they could meet the person's needs. We were told by the deputy manager the person was offered a "Trial period, on the understanding that if we could not meet their needs alternative accommodation would be needed." This meant there was a risk of disruption to a person's life because a thorough assessment had not been completed, to ensure the service could provide appropriate care and meet their needs.
- Care plans and risk assessments were in place to guide staff. Care plans reflected people's physical and psychological needs, however, we found care plans and risk assessment were missing for people's health needs. This placed people at risk of receiving inappropriate or unsafe care.

This was a breach of Regulation of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff were not always supported to carry out their role effectively. Staff received training as part of their induction. Staff completed the Care Certificate, however we read one staff member had started the training for the Care Certificate in December 2018, but the observation part of the training had not been completed by the senior staff. Staff told us they felt they had received sufficient training to carry out their role.
- Supervision records were not always completed, one staff member who commenced employment in January 2019 had no records of supervision, another staff member who had commenced work in the service in November 2018 had no record of supervision. We asked another staff member who told us they received it once a year.
- We asked the deputy manager whether there were staff meetings held, we were told they were "informal" staff meetings. There were no records to demonstrate these took place. We asked staff who said although they would welcome staff meetings they did not happen.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We were told by staff one person had a soft diet, this made it easier for them to swallow the food. Staff told us the deputy manager designed the menu and feedback was obtained from people on whether they liked the dishes and whether they should continue or be removed from the menu.
 - People told us the food was "Good it is well cooked." "The food is delicious."
- From our observations on both days, the food looked appetising and people enjoyed their lunch. Records were maintained of what people had eaten, if their appetite was affected for three days, a food and fluid chart would be introduced to monitor closely how people's diet was being affected.
- Oral health training was booked for staff in March 2020. We were told two staff had already completed this training. This would provide the remainder of the staff team with the skills to assist people to maintain or develop good oral health skills.

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

- Specialist professionals and agencies were involved, where required, in the lives and care of some of the people living in the service. For example, some people were funded by the local authority.
- The providers PIR stated people had support from mental health professionals, the GP, podiatrist and opticians. This was to ensure people's needs were met. Records verified this. The provider had recently been offered and received support from the local CCG to ensure their medicines were stored and administered properly. Improvements had been made as a result of their visit.

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

- The steps around the house did not have any distinguishing features to make it evident that it was a step. For people with visual problems this could present a risk of falling.
- People's rooms were of varying sizes; a couple shared a room which along with other bedrooms had been personalised with their own belongings.
- The patio was being renovated at the time of our visit. The gardens look well maintained.
- The building was old and had a staircase from the ground floor to the first floor. A stair lift had been fitted to enable people with mobility problems to access the first floor.

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 good. At this inspection this key question has remained the same. 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 had received training in equality and diversity awareness. There did not appear to be any overt discrimination towards people by staff. We discussed with the deputy manager if they would provide care to people with protected characteristics for example a gay couple or transgender person. They said they would if they could meet their needs.
- The provider's PIR stated " Staff are expected to give residents privacy i.e. asking for consent before care is commenced, ensuring dignity is respected when carrying out personal care by knocking on doors, drawing curtains, maintaining modesty with towels." We observed people were treated with respect by staff and regarded as equals.

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

- We were told by the deputy manager people's care was reviewed each month with them. People were asked if their care was still appropriate and if any changes were needed. Any alterations that were needed were made to the care plan and risk assessments. Care plans reflected people's preferences in areas such as food and drinks.
- People were generally able to communicate verbally about their care, and to discuss if they were happy. Where people were unable to do this their relatives were consulted where appropriate. People told us "I can assure you I won't be neglected." Another said "Staff know us and what we need. ...They [staff] listen to you and are prepared to discuss things. We are very happy to just plod along."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated well, and staff showed them respect. We observed staff knocking on people's doors before entering. People's consent was obtained prior to us being invited into their bedrooms.
- Staff told us they treated people with respect by respecting their wishes. People could spend time in their rooms or in the communal areas. People told us they were happy to be waited on by staff. People told us they felt as independent as they wanted to be.

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 good. At this inspection this key question has now requires improvement. This meant people's needs were not always met.

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 told us there weren't many activities happening in the service. One person told us about a volunteer who took the "ladies out in a vehicle, and then they go for tea somewhere, it is very nice." Another person told us there were occasional quizzes, but apart from that people said there weren't any activities.
- We didn't observe any activities but were told a music and movement session had taken place whilst we were visiting. Most people spent time in their rooms and came together at mealtimes. Staff said activities was an area that could be improved upon. They told us because they had to spend so much time carrying out domestic chores, they were not free to sit and talk with people or carry out activities. Another staff member told us they were worried because it meant people could be losing skills.

We recommend the provider seeks advice from a reputable source about how to consider people's personal histories, individual preferences, interests and aspirations to ensure their needs are fully met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People told us they felt as though their needs were being met. Care plans and risk assessments were in place for some aspects of care. Both electronic and paper records were kept. Each person had an everyday care plan and an everyday risk assessment. These were tailored to each person's needs.
- We found these records were basic, more detailed documents were available if needed. For example, records were kept of what people ate and drank if there were concerns about people's health or weight. This gave staff a broader awareness of people's needs.
- We were told two people had end of life care plans in place. Because the service does not provide nursing care, the community palliative care team would be involved in any end of life care that was carried out at the service.

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 meeting the requirements of the AIS. People who had sensory losses such as a hearing loss or sight loss, had equipment to assist them to communicate with others. For example, one person who had a sight loss told us how they enjoyed reading. They could manage to read ordinary size print books only if the light was sufficient to see. They had a bright light next to their bed to allow this to happen.

- The provider's PIR told us there was a "Residents guide (also available in large print) available for residents. Large range of information leaflets available by front door for residents, visitors and staff to access."
- One person did not speak English as their first language, a staff member spoke the same language and was able to help the person communicate. The provider's PIR stated they had created "Fire pictorial prompts" to explain to the person if there was a fire alarm test, or they were needed to evacuate the service.
- People's relatives were welcome in the service at any time. We observed one person whose friend visited and joined them for lunch.

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 good. At this inspection this key question has now deteriorated 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

- During the inspection we checked whether the provider had notified us of all relevant incidents and concerns. We found this not to be the case. Between 12 January 2019 and 6 February 2020, 2 incidents had occurred, involving injuries to people. The provider had failed to notify us on these occasions.

We recommend the provider has systems in place to ensure the commission is notified when it is necessary to do so.

- Although quality assurance audits had been completed, they had failed to identify the shortfalls we found. People told us they felt safe living in the service, however they weren't safe, as there were no awake staff available at night to respond to their needs or to react to an emergency. There was a lack of risk assessments for some people's health needs.
- There were no PRN protocols for as required medicines. Risks related to some medicines had not been assessed.
- There were risks within the building, the pantry was not safe due to the risk of falling objects and trip hazards, and steps were not clearly identified to assist people with visual impairments. The fire escape routes were not all clear and the alarm system had not been upgraded in line with the fire service recommendations. Fire drills had not been carried out regularly.
- Staff were not receiving support through regular supervision or staff meetings. DoLS applications had not been sent to the local authority for approval when restrictions were in place. This was unlawful.
- Employment checks were not always thorough and did not protect people from the risk of unsuitable staff. This meant the provider had failed to protect people against the risk of inappropriate or unsafe care.

This was a breach of Regulation 17 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

- People told us they were happy with the care, one person told us "I truly haven't got any complaints." Another told us "It feels like it is well managed." People's preferences were documented so staff could provide care in a way people wanted and approved of.

- People and their relatives were able to feedback to the staff and management at any time about the care being provided. Individual meetings had been held with people to review their care.

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

- The deputy manager understood the legal responsibilities of the duty of candour. To date there had not been any incident that had required them to carry this out. Staff had not received any training in this area, but the deputy manager told us they would provide this in a staff meeting.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from people had been received via questionnaires, these were mostly positive. Due to the size of the service, people could engage with the staff daily to discuss how the service was operating and the care they were receiving. People appeared comfortable to do so.
- We were aware the service has worked with the CCG pharmacy team, to drive forward improvement to the service. Where advice had been given this had been taken on board.
- Records provided evidence of joint working with speech and language therapist, and dietitians. This ensured people's health was maintained and where possible improved upon.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to assess and provide guidance to staff on people's health needs. 12 (1) (a) (b) (c) (2) (3) (a)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Authorisation had not been applied for or granted by the supervisory body for restrictions imposed on people. 11 (1) (3) (4)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with unsafe premises or care.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the services provided. 17 (1) (2) (a) (b)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to support staff to carry out their roles.

18 (1) (2) (a)