

B & M Investments Limited

# White Plains Care Home

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

About the service: White Plains Care Home is a purpose built home for older people situated just outside the village of Denham. The home is set within eight acres of landscaped grounds overlooking the private Denham air field. The service provides accommodation and personal care for up to 38 older people. The service does not provide nursing care. At the time of our inspection there were 37 people using the service.

People's experience of using this service: The service was extremely caring and placed considerable importance upon staff taking time to build and maintain compassionate relationships with people, their relatives and friends. People and their relatives were very positive about and caring culture of the service and felt highly valued and involved in the development of the service.

People were supported by a staff team who understood their needs exceptionally well. Care planning documentation was extremely thorough and clearly identified people's diverse needs, preferences and choices.

The service worked hard to arrange creative activities and events to meet people's individual interests. People at the end of their life were supported in accordance with their wishes and with great sensitivity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Healthcare professionals told us the service was very effective at co-ordinating people's health and wellbeing with positive outcomes. Staff received appropriate training and support to ensure they could carry out their roles effectively.

The service had systems in place to promote safety and prevent avoidable harm. Medicines were administered in accordance with people's agreed care plans and management protocols were understood and followed by staff. People's risk assessments addressed their needs and clearly identified hazards, level of risk and safe measure.

The service provided strong leadership to a motivated staff team who felt valued by the registered manager. The service had effective quality assurance processes to measure, document, improve and evaluate the quality of care. There was evidence of continuous learning and improvement to develop dementia strategies to meet people's needs.

Rating at last inspection: At the last inspection the service was rated "good" (16 April 2016).

Why we inspected: This was a planned inspection to check that this service remained "good".

Follow up: We will continue to monitor the service to ensure that people receive safe, high quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally 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.

# White Plains 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by one inspector and one 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.

#### Service and service type:

White Plains Care Home 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 Plains Care Home accommodates up to 38 older people in one adapted building.

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:

The inspection was unannounced on 4 March 2019. We informed the registered manager we would return on 5 March 2019.

#### What we did:

- Our inspection was informed by evidence we already held about the service. We checked for feedback we received from members of the public, local authorities, records held by Companies House and the Information Commissioner's Office (ICO).
- The provider completed the required Provider Information Return. This is information providers must send us to give us key information about the service, what it does well and improvements they plan to make.
- We spoke with 10 people who used the service and eight relatives. We observed staff supporting people at

lunch time in the dementia suite and in the main dining room. We observed staff interactions with people throughout our visit and during structured activities. We spoke with the registered manager, three care workers, a team leader, a senior night member of staff, the assistant manager and the activities coordinator. We spoke with three healthcare providers and received email feedback from the safeguarding local authority.

- We reviewed parts of seven people's care records including care plans, risk assessments and medicines administration records and other records about the management of the service. After our inspection, we asked the registered manager to send us further documents which we received promptly and reviewed as part of our inspection.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and relatives consistently told us they felt safe with comments such as, "I couldn't feel safer... The building is safe; we have fire alarm tests every now and then... It's so calm but you know if you pull your [alarm bell] someone will come straight away" and "We walk away without any fear that [our relative] is being mistreated or harmed... the attitude of the staff is 1st class. They treat the residents as if they were their own family. When I am with [my relative] in his room I hear how they talk to other residents."
- Staff knew how to recognise abuse and protect people from the risk of abuse. Staff told us if they had any concerns about staff practice they would report this to management.
- Information about how to report safeguarding concerns was displayed on notice boards accessible to residents, visitors and staff. Local authority safeguarding contact details were displayed next to each 'public' phone on every floor.
- The registered manager and assistant manager were both booked on to local authority safeguarding training proportionate to their roles in April 2019.

Assessing risk, safety monitoring and management

- The service had up-to-date risk assessments which addressed people's specific needs including mobility and the prevention of falls, skin integrity, and diabetes.
- Risk assessments identified and documented hazards and the likelihood and severity of risks. Safe measures to mitigate risk were proportionate and followed the least restrictive principle which meant that people's safety was balanced with their rights and wishes. For example, staff told us and we saw documentation which stated that "when required" mood-stabilising medicines should only be used as a last resort if other proactive strategies were not successful in supporting the person's emotional wellbeing.
- The service had up to date risk assessments and checks in place to monitor the safety of the premises and equipment such as gas and electric compliance certificates and legionella checks.
- There was an up-to-date fire procedure, risk assessment and personal emergency evacuation plans (PEEP) for every person using the service. A fire safety assessment and report had been completed by the fire service, October 2018. However, a copy of this was not held on file and the registered manager was not able to tell us if any actions had been identified. This was rectified during our visit and we saw that actions were met.

Staffing and recruitment

- People were supported by a stable staff team who were familiar with people's needs. One person commented that staff seemed to stay with the home for a long time.
- The service used a dependency tool based on people's needs which was regularly reviewed and interpreted into rostered staffing levels.
- We observed that staff were deployed appropriately and staff told us they felt there were enough staff to

meet people's needs safely.

- The registered manager said they continued to follow robust recruitment processes to ensure safe and suitable staff. We did not view records on this occasion due to this being satisfied at our last inspection visit (16 April 2016) and systems had not changed.

#### Using medicines safely

- Medicines systems were organised and people received their medicines when they should. We observed a member of staff follow the correct medicine administration and recording procedure during a medicine round. They took time to stay and observe people until it was evident medicine had been taken.
- The service had addressed minor recommendations identified in a pharmacy audit, dated November 2018. The assistant manager had good oversight of this and was able to talk through and show us completed actions. They had detailed knowledge of medicines regulations and requirements. For example, they sought advice and showed us a GP authorisation letter for a person to take their tablet with yogurt, as they found this easier to swallow.
- The medicines administration records (MAR) we looked at included printed specific directions and were signed by staff to confirm medicines administration. There were specific protocols in place for "when required medicines" and body charts were completed to indicate the location of topical medicines.
- The assistant manager explained the service encouraged people to self-medicate to avoid disabling them. We saw medicines assessments were regularly reviewed alongside care plans.

#### Preventing and controlling infection

- We observed the premises to be clean and hygienic throughout and there were no offensive odours. We saw housekeeping staff completed cleaning duties in accordance with a planned schedule. One person fed-back, "The standard of cleanliness is perfect. The place is spotless."
- Staff received infection control training and had access to personal protective equipment (PPE) such as gloves and aprons.
- The service had a detailed infection control policy and procedure in line with current national guidance and regulations.
- The service received a food hygiene rating of 5 (9 May 2016) which meant hygiene standards were very good. The service followed procedures in accordance with food standards guidance and this was thoroughly checked as part of the provider's periodic quality assurance audits.

#### Learning lessons when things go wrong

- Accidents and incidents were documented in detail and included antecedents (potential causes) and identified actions to meet people's needs and avoid reoccurrence. Staff told us they reflected upon incidents and safeguarding events in team meetings.
- The service completed monthly reviews of accidents and incidents. For example, we saw monthly thematic analysis of individual's falls which was used to update care plans and risk assessments. The service did not analyse data over time or classify types of falls, injuries, or time of day and so on. We discussed with the registered manager that this would help to identify themes from month to month and could help to inform falls prevention policies and procedure and practice.
- The provider had a system monitor daily notifications via the person-centred software. The compliance manager fed-back that if trends were highlighted this would trigger a 'Themed Audit' or unannounced 'Compliance visit' to identify timely actions by key individuals.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 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.

Ensuring consent to care and treatment in line with law and guidance

- Staff we spoke with demonstrated a sound understanding of the MCA and DoLS. Staff told us they always sought people's permission and involved people to make their own decisions by presenting simple choices such as items of clothes to wear.
- Some people required continuous supervision and control to meet their needs and were restricted using a keypad entry/exit system. We observed staff provide 1:1 support to enable people to access other areas of the home and the garden. People who did not require continuous supervision used the keypad code to come and go freely. We observed that staff were vigilant of other people 'tailgating' and managed this risk well to keep people safe.
- The MCA and DoLS require providers to submit applications to a 'supervisory body' for authority to restrict people's liberty in this way. The provider's applications under the DoLS had been authorised and the service followed the requirements in the DoLS.
- Mental capacity assessments and best interest decisions were documented in accordance with the code of practice.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Training was in place to meet people's specific needs such as dementia, pressure (ulcer) care, nutrition and fluid and behaviours that challenge.
- New staff received induction training which followed the care certificate standards and managers assessed and documented staff competencies.
- We viewed the supervision matrix, beginning 1 January 2019, which showed progress against planned dates. Staff confirmed they received regular supervision and feedback from management and felt confident in performing their roles.
- New and experienced staff told us they felt the team had the right mix of skills and experience to meet people's needs. Two care workers reflected on the benefit of dementia training and commented, "We have a

greater understanding of people's perspective. When people are confused we use our training to help orientate them."

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

- The service gathered as much information as possible about people and completed a detailed needs assessment before people moved in. People's emotional needs and support strategies associated with diagnosed anxiety and/or mental health conditions were included in care records. The service used national assessment tools such as 'The Cornell Scale for Depression in Dementia' (CSDD), to assess signs and symptoms of major depression in people with dementia. People's skin integrity was assessed using the 'Waterlow' pressure ulcer prevention tool.
- Pre-admission assessments identified people's protected characteristics in line with the Equality Act 2010, such as religion and sexual orientation. A Church of England Vicar visited regularly, which met the needs of the demographic of people using the service.
- People's weight was monitored monthly along with malnutrition scores to indicate nutritional risks and track any weight gain or loss over time. We saw evidence of referrals made to dietitians where there were concerns and advice and recommendations were noted in care records.

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

- People told us they were happy with meals with comments such as, "The food is fantastic", "The food is good...The choice is good...On Sunday you get a choice of roasts" and "The food is OK...The manager is really hot on making sure we don't get dehydrated; there's always water in the lounges and rooms."
- People's food and fluid intake was monitored and documented in 'real time'. There was an alert system in place if staff did not complete this, which was monitored and followed-up immediately by senior staff.
- We observed lunch in the dementia suite and in the main dining room. Staff plated-up food and showed it to people who chose what they wanted based on the appearance and their preference. People were provided with support and appropriate equipment to assist with eating and drinking. We observed there was less interaction between people and staff compared to other times and we noted condiments were not provided in the dementia suite. We raised these points with the registered manager who told us they would follow this up. After our visit we received documented meal time observations by the registered manager, which included actions to improve people's dining experience.
- The service completed separate needs assessments for 'eating and drinking' and 'dining experiences'. Eating and drinking care records detailed special dietary requirements such as a diabetic diet, need for pureed or fortified food and any risks such as difficulty with swallowing. Dining experience care records included preferences and routines, food likes and dislikes, religious and cultural requirements and preference about the use of clothes protectors. The chef and received a weekly update of people's dietary requirements, allergies and preferences and demonstrated detailed up-to-date knowledge of people's needs.

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

- The service worked with other agencies effectively and supported people to access healthcare services in a timely manner. People and relatives told us the service arranged regular visits from the optician, GP, nurse, audiologist, dentist, podiatrist and physiotherapist. We saw healthcare referrals, regular medical appointments and outcomes were recorded in people's care records.
- We observed staff communicate with each other about people's needs and there were systems in place to support this including handovers, which meant people received consistent care. One relative commented, "The carers have a wonderful way of communicating with each other; they all know what is happening with each resident."
- Healthcare professionals who were extremely positively about the service and told us that all staff kept up-

to-date with changes to people's needs and shared relevant information with them. They said information held in care records was reliable, accessible and assisted them with clinical assessments.

- One healthcare professional said, "There is very good continuity of staff, they pick up on early warning signs and refer quickly." They stated that staff were quick to respond to medicines changes to ensure people received them in a timely manner.
- Another healthcare professional told us that staff encouraged people to follow clinical advice, which maintained their mobility. They provided an example where one person had improved their mobility and felt more confident, which they believed was a result of staff input. The healthcare professional had reviewed another person's condition and suggested the service referred them to the GP; they had absolute confidence this would be acted upon immediately and that staff would provide them with accurate feedback at their next visit.
- Staff were trained to deliver seated exercise classes to people, which occurred twice a week. It was reported this was very well attended and we saw compliments about the benefits of these classes; "My stress and anxiety go away" and "[member of staff] is a passionate and an effective teacher. I can't speak highly enough of her."

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

- It was evident the service gave a great deal of consideration to the atmosphere of the service to promote people's wellbeing. The home was well-appointed with comfortable furnishings inside and out and included reminiscence decorations such as vintage-style lamps and an old-style carriage in the garden. One person using the service told us, "When you walk in, immediately it feels relaxed and comfortable. There are no smells...The place is spotlessly clean."
- There were open communal areas to promote social opportunities and smaller, cosy spaces for people who preferred quiet time or somewhere private to meet with relatives. The service provided a safe and hazard free environment and there was enough space in corridors and communal areas for those with walking aids and wheelchairs to move about safely.
- People's bedrooms were personalised with individual possessions and pictures. There were memory boxes with personal items such as photographs and other memorabilia outside rooms on dementia units.
- The 'Sunshine' dementia unit was designed to help people feel orientated by the use of signage for bedrooms, toilet facilities and bathrooms. The day, date and season were pictorially displayed in a communal area. Relatives and staff reported that where people had moved from the main home into the smaller Sunshine dementia unit they were able to navigate the space more easily, which had a positive impact on their wellbeing.
- There was access to an impeccably maintained garden with points of interest and raised vegetable plots. We saw photos of people enjoying the garden, growing vegetables and various social events in warmer months. Work was underway to provide an extended accessible woodland walk and to build a cottage-style garden house, where people could socialise and enjoy 'afternoon tea'.

# 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

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; respecting equality and diversity

- The service placed considerable importance upon staff taking time to build and maintain compassionate relationships with people, their relatives and friends. People appeared to be relaxed in the company of staff and enjoyed their interaction, chit-chat and light banter; their smiles and laughter were constantly apparent throughout our visit. This demonstrated that people had developed positive relationships with the staff team.
- People and relatives consistently told us they felt at ease due to the open atmosphere and the trust and confidence established with staff. We received comments such as, "The level of care is 1st class... I don't think they could do any more than they do. From day one they have bent over backwards to make [my relative's] life more comfortable", "They are looking after me very well. The staff are very friendly and you feel welcome...The staff seem very happy", "I have 100% confidence. Staff are kind and understanding, they are amazing", and "The carers couldn't be kinder. They go out of their way to help you in any way."
- All staff we spoke with demonstrated exceptional knowledge about people's needs, background and preferences and went out of their way to value their diverse backgrounds and what was important to people. For example, staff had thanked a person in the presence of their family for their religious contribution to the service and we saw the relative's written compliment praised staff for their insight and endeavours to respect and value the person; "I really appreciated this as it told me that the staff had been supportive...[due to advanced dementia] it is not always easy to find ways to value what [the person] can offer so it means a great deal to me that you (registered manager) and staff are still looking for ways to engage with [the person] and the things they value and the parts of [the person] that are still accessible." We were made aware that staff spent their own time and thought into purchasing personalised Christmas gifts for everyone using the service. Gifts were based upon staffs knowledge of people's interests and preferences with the aim to make people feel valued. We saw a note from a person which stated; "Thank you so very much for the beautiful gift I received today. The thought given to what I would like was absolutely spot-on...wow!"
- Staff talked with us about people with great respect, concern and empathy and demonstrated anti-discrimination values. Staff told us that people's age or disability did not prevent them from achieving their wishes; we saw a great deal of thought and planning to create purpose which enhanced people's emotional wellbeing. For example, a helicopter ride was arranged for one person and extended to other people who were interested, which people still talked about as a wonderful shared experience. One person's goal was to go for a hot air balloon which was already planned and booked with the support of staff.

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

- The service ensured that people and their relatives were actively involved in day-to-day operations of the

service. We observed that people were consulted on all matters throughout the day such as opening windows, the level of lighting and the TV channel. One person told us they were involved in staff recruitment. We were advised that two people were nominated to represent people using the service and asked questions at staff interviews.

- We were made aware of an example where the service listened to, respected and acted upon the wishes of a person and their family and so they intervened and prevented a visitor from gaining access to the person. This was achieved with sensitivity and discretion and a strategy was in place for the senior team and registered manager to be on-call to manage the situation and provide the person with reassurance at any time of the day. We were told over time this resulted in the reduction of the person's anxiety and gradual integration and enjoyment of social opportunities in the home and wider community.
- There were regular residents' and relatives' meetings and we saw in response to a suggestion, work was already underway to landscape and extend the garden area to include an accessible woodland walk. A relative told us, "I feel listened to and included, I can voice anything at all and it's acted upon."
- Throughout our visit we observed the management team, care staff and administrator prioritised time to listen and talk with people. We noticed in these exchanges staff would repeat back what the person had said to make sure they had understood. Where one person was notably distressed about a family situation, the registered manager showed empathy, held their hand and gently distracted them on to another topic of engagement which appeared to lift their mood. We received feedback from a relative which stated; "The staff are all so kind and patient with all the residents...Not only are they amazing with [family member] but with me too...they have always spotted me when feeling low and taken me aside and been so supportive. I can honestly say I am so thankful to everyone."
- Communication was adapted according to people's needs. For example, staff described small white boards were used to communicate with two people via writing, and text was enlarged for other people. We observed staff positioned themselves in front of people, at eye level and spoke clearly to enhance expressed and received communication. Technology had been introduced to the dementia suite to provide accessible information. We saw this being used by staff and people and it appeared to enhance communication, interaction and engagement successfully. For example, people were able to say the topic they wanted to know about, or a song they wanted to be played without being dependent upon staff, although we noted that staff were vigilant and responsive if people did require assistance with the technology.

#### Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was highly valued, protected and promoted. Staff described the methods they used to respect this such as ensuring people were covered-up as far as possible during personal care and always knocking on people's bedroom doors. One person told us, "They always knock before they come in your room...I can get up when I want and have a shower when I want to...If you want washing at a different time they say they don't mind if you ring the bell [and ask]."
- A senior care worker explained they inducted newer staff to be mindful of their voice levels and to close doors quietly when supporting people with personal care to maintain privacy and to avoid disturbing others. Staff competency assessments included observations that staff practiced privacy and dignity in all aspects of care and support. We saw that care workers were very discreet when they offered to support people to access toilet facilities.
- People appeared to be very well dressed and groomed and staff demonstrated detailed knowledge of people's personal tastes and preferences. We saw that people's laundry was meticulously cared for and this was commented upon by people using the service as being important to them; "The laundry service is absolutely wonderful. The lady brings it back to your room the same day" and "The laundry service is excellent; it comes back probably the same day...It's rare that anything goes missing and if it does it's only temporarily."
- Confidential information about people who used the service and staff was protected. We found the service complied with the relevant legislative requirements for record keeping. Filing cabinets were kept locked and

keys were held on authorised staffs' person. There was a secure log-in and password protected system to access people's records online.

# Is the service responsive?

## Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Without exception, service assessments gathered very detailed information about people's backgrounds, protected characteristics, interests and preferences to meet their needs. It was evident the service approached people and their relatives with sensitivity to find out as much as possible about people to accommodate their needs. For example, one relative told us the service took time to understand how their family member's past traumas affected them in the present day. Staff reflected upon how the service could adapt their support to balance the person's safety and wishes to ensure their emotional needs were met. This resulted in discreet methods to monitor the person, which maximised their feeling of autonomy and prevented distress. This information was documented in detail within the person's care plans and staff we spoke to demonstrated knowledge of their history and personalised support strategies.
- We viewed positive written feedback from a relative about the activity coordinator, who had requested an additional meeting with them to find out more about their family member's background. Staff were concerned that due to changes in the person's dementia diagnosis and their abilities they were less engaged and wanted to explore alternative approaches and activities to improve their quality of life. The relative stated, "I was so pleased to have this opportunity...we had a constructive talk together about ways of continuing to develop care for residents with dementia. It was so helpful for me for my opinion to be valued and I think our joint thinking was useful." The service used community links with a Reverend to widen the person's social opportunities based on their religious background. This demonstrated the service was proactive in reviewing people's changing needs and continued to tailor personalised support to benefit people.
- All three healthcare professionals we spoke with were extremely positive about the service due to staff knowing and responding to people's individual needs with very positive results. One commented, "[The home is the] best out of 50 care homes I visit. The registered manager is in control and has people's trust. Staff follow treatment plans and contact me promptly. Care workers are kind, professional and caring and continuity of care is good. Every person tells me they like being here."
- Another healthcare professional told us that since living at the service one of their patients no longer required the level of input from the GP practice previously required in the community. They said this was because staff understood the level of reassurance the person needed and the high level of input from the service to build the person's trust. Staff responded to health concerns and sought their medical advice appropriately, but more importantly they took time and listened to the person's concerns, provided comfort and engaged them in other activities. Over time this resulted in the reduction of the person's anxiety and concerns about health issues and they now appeared generally more relaxed and content.
- The activities coordinator worked extremely hard to provide activities to meet people's interests and opportunities to widen social networks. We observed a variety of activities throughout our visit which included quizzes, reminiscence sing-a-longs and an external entertainer who performed songs. Activities

were very well attended and people appeared to be engaged and gained enjoyment. There were regular trips out to the community, such as garden and shopping centres and the Dog's Trust. We saw evidence of numerous themed events based on relevant eras as well as celebrations of people's birthdays.

- Activities were adapted according to people's abilities; there were group activities provided in the Sunshine dementia unit at a pace to meet people's needs which focused on long term memory and reminiscence, as well as activities in the main home based around people's interests. For example, during our visit the activities co-ordinator led a challenging quiz about types of flowers. We observed people were engaged and appeared to enjoy some of the more challenging questions and the light friendly banter this created amongst people. We noted that people from the Sunshine dementia unit were supported to attend either of the group activities as they wished and staff knew what activities interested people.
- People and relatives were complimentary about the variety of activity provision with comments such as, "[The activity coordinator] is amazing with them. She is always upbeat which keeps them upbeat...[staff] get them outside on a sunny day..." and "There are plenty of activities to keep you occupied. I like Knit and Natter; it's done by the daughter of a resident and some friends." We asked what they "natter" about; "They want to get the viewpoint of what [people] would want from someone coming into your home..."
- There were creative inter-generational projects with three different local educational establishments. These included a visit to a college where people sampled students cooking and menus. We saw photos of children who performed gymnastics and cheerleading in the home and of people using the service when they visited a school and provided a talk about war-time rationing. We saw a number of photos where people were smiling and participating in activities with children.
- Staff used their knowledge of people's history and preferences to provide meaningful interaction and engagement. We observed staff looking through photo albums and birthday cards with one person and held another person's hand and talked to them gently. Care staff were attentive and careful when they assisted people to move around the service and promptly attended to call bells or other requests for assistance.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals and one person told us, "The office manager's a treasure. Nothing's too much trouble for her; she blew up (enlarged) some pictures my daughter sent me, so I could see them properly...she sorted out my phone [when it wasn't working]."

#### End of life care and support

- At the time of our visit no-one was being supported at the end of their life. However, the service was experienced in supporting people at the end of their life and staff demonstrated exceptional compassion and insight into people's needs at this time.
- The service had an end of life champion whose role it was to ensure people's and their relative's wishes, emotional and practical needs were met at the end of the person's life. They attended end of life training every three years with palliative care nurses and demonstrated the skills and empathy needed to support people and those around them with sensitivity. Staff described that they had arranged for a scent diffuser, the touch of linen and opera music to be played for one person, which "took them back" and provided comfort. Another person was supported to have their pets visit their bedside.
- The service worked in partnership with the hospital and community team to support people to die at home where this was their wish. Care plans included detailed information about people's wishes at the end of their life and the community palliative nurses were able to access records to assist them with their role.
- We saw several compliments about people's end of life care, such as, "...thanks to all the staff for their kindness and outstanding care of [family member] ...I particularly want to thank you for getting [family member] out of hospital and back to White Plains. The staff took such good care of [them] in her final days and went out of their way to ensure she had everything she needed. [They] just wanted to be 'home' and you helped make that possible... It not only made [the person] more comfortable but it also gave [them] peace

of mind knowing they would be well looked after and surrounded by people who genuinely cared for her" and "[Family member's] care has been just what anyone would wish for, and [their] end of life care so comforting for me too...almost like I was part of a big family. All this took away the worry I had for [family member's] safety and wellbeing."

#### Improving care quality in response to complaints or concerns

- The service provided clear guidance and contact details for how to make a complaint. People told us there was literature in their rooms about how to complain. This was also displayed in communal areas.
- The complaints procedure was in line with regulations and we saw that complaints were responded to promptly and investigated. Where relevant, people's complaints were escalated to the provider; responses included apologies for occasions when the service had fallen below the expected standard in line with the duty of candour regulation.
- People and relatives we spoke with said they had no reason to complain as the service listened to and acted upon any concerns before they became an issue.
- The service kept a log of compliments and from people and their relatives, which were fed-back to staff. Compliments were plentiful and praised staff for their commitment. For example, one relative thanked for their, "dedication and professionalism that is shown by everyone at White Plains. I feel fortunate that mum is cared for in such an amazing care home." During our visit a relative presented the registered manager with flowers for the service as a token of their appreciation for the service going over and above regarding the provision of appropriate mobility equipment.

# 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

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

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

- The registered manager talked about their aims for the service with passion. They demonstrated high standards and attention to detail to ensure people's care needs were met and the home's environment was well presented. Members of staff spoke about the service with a sense of pride and told us they felt that all staff maintained standards when the registered manager was absent.
- The registered manager had close oversight of the service; they received a verbal and recorded handover about any changes to people's needs and the shift plan every morning. They completed regular 'walk-arounds' of the service to check upon people's and staff wellbeing. It was evident they knew everyone very well and were respected by all.
- We saw the registered manager had an open-door policy to encourage people and staff to provide feedback or to drop-in for chat about how they are. Staff told us the registered manager was committed, visible and accessible and would regularly arrive early and stay late.
- The registered manager understood their duty of candour. They were quick to inform the Care Quality Commission of notifiable events and what actions had been taken to keep people, relatives and professionals updated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear service structure to meet people's needs and staff were clear about service expectations and their roles. One member of staff said "[The registered manager] observes us all continually and gives feedback...we know our job roles and are valued equally."
- An assistant manager had been appointed in the absence of the deputy manager as a development opportunity. The assistant manager had good knowledge of regulatory requirements and provided the staff team with regular feedback about their performance. One area included the quality of people's daily records which we were told had improved and we saw provided meaningful information regarding people's physical and emotional wellbeing.
- Provider audits covered areas comprehensively and were effective in identifying quality and compliance issues. For example, we saw a provider audit, dated October 2018, identified the service had not notified CQC of an authorised deprivation of liberty safeguard (DoLS) application. This was followed-up by the provider in November 2018 and January 2019 to check and document this action had been completed and was on-going. We cross referenced with our records and confirmed that DoLS notifications had been submitted. The registered manager and assistant manager completed checks and audits. However, records demonstrated and the registered manager stated they were behind with their own schedule. This meant

that it was not always possible for the registered manager to identify and respond to potential trends. We saw this had been discussed with the registered manager's line manager and an action plan was in place to catch-up. We were provided with recorded actions in response to people's individual falls and we were told there was a system in place whereby the provider monitored daily notifications and if trends were highlighted this would trigger a themed audit. However, there was not a recorded system in place for comparative, thematic analysis of falls across time, which could provide valuable information to evaluate and evidence the effectiveness of falls prevention strategies, or to develop strategies further to meet people's needs.

- The service had reviewed their business contingency plan regarding recruitment and the supply of medicines and goods in relation to the government's guidance about a potential 'no deal' EU Exit. We saw that information was displayed about the "EU Settlement Scheme" for EU nationals in line with the government's draft "Withdrawal" agreement.

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

- People, relatives and staff we spoke with said they felt included in the running of the service. During our inspection people received many visitors who appeared at ease and staff greeted them warmly. There were regular residents and relatives meetings and numerous events open to relatives and friends throughout the year which celebrated people's landmarks.
- Team meeting dates were planned regularly throughout 2019 with notices displayed for staff. Staff told us there was an expectation for them to attend every meeting which was generally achieved; the staff we spoke with said they wanted to be involved. Staff were positive about the registered manager with comments such as, "[the registered manager works above and beyond. She knows every resident's likes and dislikes. Door always opened and doesn't stay behind the desk. [They are] more than a boss. I think very highly of [them]" and "I feel valued and listened to. If we have idea [the registered manager] acts upon them and gets things done." For example, the member of staff suggested the service created a memorial book to be kept in the chapel for people who had passed away, which was in progress. Another member of staff said, "When I came for my interview there was a warm feeling about the atmosphere. Homely feeling...and we have team outings. Relatives are very appreciative, we have good rapports, and welcome them...make them tea and biscuits.
- The registered manager valued the staff team and we saw profiles of staff members and their achievements were publicly displayed.

Continuous learning and improving care

- The service was keen to develop and keep abreast of best practice to meet people's needs. The registered manager and assistant manager had begun 'Rose Model of Dementia Care' training with the provider which was in line with the national dementia strategy. The aim of this was to drive innovation for dementia environments and staff practice to achieve high quality of person-centre care.
- The assistant manager had attended a 'train the trainer' course and it was planned for them to deliver further dementia training to the staff team.
- The service was a member of the national association for provider of activities for older people (NAPA). Two staff had received training to become NAPA 'chair based exercise' trainers, which was delivered to people in the service twice a week.

Working in partnership with others

- The service had built strong and reliable connections with the local community and multidisciplinary healthcare professionals.
- Healthcare professionals reported they had effective working relationships with the service which benefitted people's wellbeing.

- Links with the local church facilitated regular communions at the service which met the needs of the demographic and people were supported to attend the church.
- There were established links with a number of educational institutions which enhanced activities and social interaction opportunities at the service as well as external community events.