

Meridian Healthcare Limited

White Rose House

Inspection report

165 Huddersfield Road
Thongsbridge, Huddersfield
West Yorkshire
HD9 3TQ

Tel: 01484690100

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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

This inspection took place on 16 May 2017 and was unannounced. We carried out an inspection in March 2016, when we found the provider was not meeting all the regulations we inspected. We found the provider had not consistently applied the correct mental capacity assessment or obtained consent from the relevant individual where a person lacked capacity, contemporaneous care notes were not kept for people nutritionally at risk or in receipt of pressure care and there was a lack of quality oversight due to minimal use of audit tools and the provider had not ensured all staff received an induction, ongoing support or the necessary training to be a skilled workforce. We told the provider they needed to take action; we received an action plan telling us what they were going to do to ensure they were meeting the regulations. At this inspection we found the home had not fully met all the regulations.

White Rose House Care Home provides nursing and personal care for up to 64 older people. All the bedrooms have an en-suite facility. There is a coffee lounge, library, hairdressing salon as well as landscaped gardens. Car parking is also available.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). However, they were no longer in day to day control of the service. A new manager had been appointed in January 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since our last inspection a new manager and area director had been appointed. During our inspection we were able to see improvements had been made in this period of time. However, the management team need to review the records kept in the home as the home was not keeping contemporaneous care records and there was a lack of provider quality oversight. People had opportunity to comment on the quality of service and influence service delivery. Effective systems were in place which ensured people received safe, quality care. We saw complaints were appropriately managed.

We found medicines were well managed; although, the administration process and recording for the application of creams needed reviewing. People attended regular healthcare appointments. However, the process for people's weight management needed strengthening.

Although the provider was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS), further work was needed to ensure, where needed, mental capacity assessments had been completed.

There were no activities available on a day to day basis. A new activity coordinator was due to start in mid-June 2017. A contingency was needed for the provision of activities when the activity coordinator was not available. People's care plans contained sufficient and relevant information to provide consistent support;

however, the management team needed to make sure all the care plans contained the most up to date information.

We found people were well cared for and supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work. Staff received the training and support required to meet people's needs. Staff were aware and knew how to respect people's privacy and dignity.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. Staff had a good understanding of safeguarding and knew what to do to keep people safe. People's mealtime experience was good and their nutritional needs were met. People's equality, diversity and human rights were respected.

You can see what action we told the provider to take at the back of the full version of the report.

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.

We found medicines were well managed; however, the administration process and recording for the application of creams needed reviewing.

People told us they felt safe and staff knew what to do if abuse or harm happened or if they witnessed it. Risks to people's safety were assessed and acted on.

Staff were recruited safely and there were enough staff to meet people's needs and to keep them safe.

Requires Improvement ●

Is the service effective?

The service was not always effective in meeting people's needs.

Although the home was meeting the legal requirements relating to DoLS, further work was needed to ensure, where needed, mental capacity assessments had been completed.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

People's nutritional needs were met and they attended regular healthcare appointments. However, the process for people's weight management needed strengthening.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us staff were caring and they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

People's equality, diversity and human rights were respected.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive to people needs.

People's care plans contained sufficient and relevant information to provide consistent support; however, the management team needed to make sure all the care plans contained the most up-to-date information.

There were no activities available on a day to day basis. A new activity coordinator was due to start in mid-June 2017. A contingency was needed for the provision of activities when the activity coordinator was not available.

Complaints were responded to appropriately.

Is the service well-led?

The service was not always well-led.

Since our last inspection a new manager and area director had been appointed. During our inspection we were able to see improvements had been made in this period of time. However, the management team need to review the records kept in the home as the home was not keeping contemporaneous care records and there was a lack of provider quality oversight.

Staff, relatives and people who used the service spoke positively about the management team and said this was improving.

We saw there were systems and procedures in place to monitor and assess the quality of the service.

Requires Improvement ●

White Rose House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 May 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of inspection there were 50 people living at White Rose House. We spoke with 11 people who used the service, two relatives, one visitor, six members of staff, the administrator, the registered manager and the area director. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at six people's care plans.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At the last inspection we rated this key question as requires improvement. We concluded at the inspection in March 2016 that risk assessments were not always focused on the specific risk to the person as some were generic. At this inspection improvements had been made in this area.

People we spoke with had no medication concerns. Most people were aware of what medication they were taking and some people were self-administering. Comments included, "Staff are responsible for my medication, haven't had any problems, they always give it on time", "I do my own medication, I used to deal with pharmacy, I don't anymore, because my daughter deals with it now" and "I take five pills in the morning, some for my heart and maybe my old age. Staff give it to me."

We looked at how medicines were managed in the home. One staff member told us, "I am happy the medication process is safe." The room in which the medicines were stored was clean and tidy. Daily records were kept for the medication room and fridge temperatures. We saw medicines were kept safely and the drug refrigerator provided appropriate storage for the amount and type of items in use. The medication room was locked when not in use. There were arrangements in place for obtaining medicines and adequate stocks of medicines were maintained to allow continuity of treatment.

Most medication was administered via a monitored dosage system supplied directly from a pharmacy. This meant the medicines for each person for each time of day had been dispensed by the pharmacist into individual trays in separate compartments. Appropriate arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. The MARs showed staff were signing for the medication they were giving. The MAR contained a photographic record for each person; any allergy information and personal preferences were noted of how they wished to take their medicine. For example, 'likes to take with water or juice'.

We saw one person had covert medication (hidden in food or drinks) protocols in place, which included instructions from the GP. The care plan contained covert medication documents which demonstrated a clear treatment aim of covert medication along with the required benefits to the person's health. We saw one person took responsibility for taking their own medication. We saw the person had signed an agreement which included the storage and re-ordering of their medicines. We also saw a risk assessment in place for self-administration of medications.

Arrangements for the administration of 'as and when required' medicines, also known as PRN, protected people from the unnecessary use of medicines. We saw records which demonstrated under what circumstances PRN medicines should be given.

Controlled drugs (medicines liable to misuse) were locked securely in a cupboard. The MAR and controlled drugs records were completed and no gaps were noted.

We saw staff had received training in medicine management prior to them administering medication and a

competency assessment had been carried out on most staff members in 2017. We noted further senior care staff mandatory medication training was scheduled to take place in May 2017.

We looked at how staff administered prescribed creams. Topical medication administration records (TMAR) were used to record the administration of creams and ointments. However, we were unable to locate a TMAR for one person's Cavilon cream and the tube of cream did not contain a prescription label. Zerobase cream for the same person stated 'use on legs once or twice a day' and the TMAR stated 'apply as required to the affected area'. A staff member agreed it was not clearly recorded when this cream needed to be applied. We also noted the last recorded application of the Zerobase cream was on 7 May 2017. We saw another person's TMAR for Derma-s cream stated 'apply to affected areas as required'. We were unable to locate the actual cream and there was no body map to show which part(s) of the body the cream should be applied. A staff member agreed the administration of creams and ointments needed reviewing. We also fed this back to the management team.

People told us they felt safe living at White Rose House. Comments included, "I didn't like being on my own, I had lots of falls in my flat, but in here, I am a lot safer", "I am in a home that is specially built to have people look after older people, I feel safe", "When you need help, you only need to press the buzzer" and "Other residents have dementia and they often wander, staff are always around to redirect them away from my bedroom."

Relatives told us, "My mum comes here for respite, I am confident the home is safe for her, otherwise I won't bother bringing her here" and "It is quite safe for my wife, one of our children is a nurse. She feel very good about the home, she said she would recommend it to anyone." One staff member told us, "People are safe."

Staff we spoke with were able to identify different types of abuse and could describe the signs they would look for which might indicate a person was being abused. Staff told us they would report any concerns about abuse to the manager. They felt confident their concerns would be listened to. The staff training records we saw showed staff had received safeguarding training or were due to complete the training. Staff were familiar with the company whistleblowing policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

Before our inspection, we looked at the notifications submitted to us by the registered provider. We reviewed safeguarding records in the home and found we had been notified in response to each reportable event. We discussed safeguarding with the registered manager as the investigation outcomes to safeguarding events were not recorded. They said this would be addressed immediately.

We saw a range of risk assessments in people's care plans which covered areas such as; unlocked bedrooms, falls, isolation, pressure care and choking. We saw these assessments were reviewed on a regular basis to ensure they were up-to-date.

The manager had arranged to meet with the falls team in April 2017 and told us a further meeting had been scheduled for May 2017. We saw the minutes from the April 2017 meeting which looked at actions needed to reduce the number of falls in the home, such as medication reviews and looking for obstacles in the home. The manager told us they had identified some falls had occurred because people were using mobility aids incorrectly and in some cases people had fallen during the night. Where people had experienced regular falls they had been referred to the falls team for advice. A visiting health professional told us a GP had visited the home the day before our inspection to discuss reducing the number of falls.

During the morning of our inspection we heard beeping noises continually sounding on both floors which

staff told us were coming from air fresheners running on low battery power. The manager told us they were awaiting contactors to come and replace these batteries. One member of staff told us this had been the case for two weeks and one person had made a point of asking them to take action to stop the noise. During our inspection, action was taken to remove all batteries which were on low power.

We saw records of personal emergency evacuation plans (PEEPs) in people's care records and in a central log. The manager had reviewed this file and identified gaps where PEEPs needed to be completed. A fire risk assessment had been completed in August 2016. We saw evidence of weekly fire alarm testing from different points in the home, emergency lighting testing, door guard and means of escape checks. Fire safety equipment testing had been carried out every quarter. We saw equipment had been regularly tested and all the certificates were in date. For example, the gas inspection certificate was dated January 2017.

We saw an external contractor had carried out a visit to the home at the end of March 2017. Their report identified a number of actions, for example, the batteries in the fire alarm panel required replacement. On the day of our inspection these works took place.

We shared concerns with the management team about the security of the building as the inside of the main entrance had a switch in place which meant people may have been able to push this to leave the premises unaccompanied. The manager had already identified this and on the day of our inspection external contractors fitted a keypad to rectify this.

Whilst most people felt there was generally enough staff during the week, some people did say they thought some nights and weekends were not as well staffed. Comments included, "Staff are impressive, they would come if I press the buzzer, five to 15 minutes", "It varies, but they are short staffed, especially when regular staff don't come in as planned, especially at weekends, which cause us to wait a little bit longer to get help from staff" and "You can shout or press the buzzer, when I need them some nights, it takes a while before they come." One relative we spoke with said "Every time I am here visiting, there is always staff about."

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our inspection the home's occupancy was 50. The manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff.

One staff member told us, "Staffing levels have got better. There's more bank staff and less agency." Another staff member told us, "The staffing level is generally alright. I would not have been here this long if I wasn't happy." A third staff member said, "Sometimes we only have two care staff on." A fourth staff member said, "Staffing is a lot better, I cannot fault it."

People's level of dependency was assessed and recorded in their care plans. The registered provider used this information to inform their dependency tool which calculated the number of staffing hours required based on people's assessed needs. We saw feedback from the June 2016 relatives survey which showed people and relatives were dissatisfied with the number of agency staff being used. In the May 2017 resident meeting minutes stated one person was recorded as having said; 'sometimes at the weekend staff phone in sick which puts pressure on the seniors to find a replacement' The manager provided reassurance they were monitoring this situation.

The manager explained how staff were allocated on each shift. They said there was one senior staff member and three care staff for each floor during the day and they had just recruited another staff member who would 'float' between both floors. The night staffing complement was two senior staff members and three care staff across both floors. The manager also told us a new staff member had just started to support with

breakfast and lunch time meals. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours or agency staff were used. Staff we spoke with confirmed this but also said the use of agency staff had reduced.

The manager said they were in the process of recruiting for four new care staff members, a deputy manager and a new activity co-ordinator.

We reviewed the recruitment process to ensure appropriate checks had been made to establish the suitability of each candidate. We found recruitment practices were safe and the service had clear policies and procedures to follow. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records.

The provider stated in the PIR, 'We have robust recruitment and induction processes and we ensure that the relevant checks and documentation are in date and stored securely. Staffing levels are consistently maintained with the appropriate skill mix. The staffing levels are reviewed regularly when the area director visit. A recruitment drive is currently in process to eliminate agency use to promote continuity in the home'.

Is the service effective?

Our findings

At the last inspection we rated this key question as requires improvement. We concluded at the inspection in March 2016 the provider had not taken appropriate steps to ensure staff had received the necessary induction, ongoing support or training to ensure they were appropriately skilled. Mental capacity assessments were contradictory and did not always reflect people's presentation and there was a lack of accurate and contemporaneous record keeping for people nutritionally at risk and for those requiring pressure relief. At this inspection improvements had been made but some concerns remained with the completion of mental capacity assessments and records for people nutritionally at risk.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where it had been agreed one person should receive their medicines covertly, we saw this had been recorded as a best interest decision by the GP who had involved the person's family members in this decision. Staff we spoke with had a satisfactory understanding of MCA and DoLS and one staff member was able to identify each of the three people who have had an authorised DoLS in place.

Throughout our inspection we overheard and saw staff members offering people choices. For example, one staff member was responsible for telling people about the options on the menu and recording their choice. Staff told us they always offered people choice. One staff member said, "I always give people choice, I never assume." Another staff member said, "People have choice and I still ask people what they would like." A third staff member said, "I always give them choice."

People we spoke with told us, "Staff offer you a choice, in my opinion, staff are always listening to our views" and "I do everything for myself but staff still ask me what I do want."

At our last inspection, we found a breach of the regulations as people's mental capacity had not been appropriately assessed and recorded. The registered provider submitted an action plan which stated they would assess people's mental capacity and ensure this was correctly recorded by June 2016. At this inspection, we looked at three care plans for people who had an approved DoLS in place. We saw they did not have mental capacity assessments in place and the only reference to capacity was generic information in communication care plans. We discussed this with the management team who agreed that mental capacity assessments had not been completed for these people. They told us mental capacity assessments had been completed for people who had a DoLS application in place and although we saw evidence of this during our inspection and found the mental capacity assessment did state some information in regards to the decisions people were able to make, however, was not overly decision specific and required further

strengthening. Another person's mental capacity assessment stated, '[name of person] is able to make simple day to day decisions such as what to eat and what to wear'. Following our inspection the manager told us the three people who had an authorised DoLS now had a MCA in place.

We concluded the registered provider had not fully completed their action plan. We saw DoLS applications had been submitted to the local authority and where needed, action had been taken to renew DoLS authorisations.

Following our inspection, the area director sent an action plan which stated the process for the completion of mental capacity assessments would be reviewed by the end of July 2017. They also sent information on how they were going to record what decisions people were able and unable to make.

The three care plans for people who had an approved DoLS in place did not have mental capacity assessments in place and the only reference to capacity was generic information in communication care plans. Other people care plans looked at were not overly decision specific and required further strengthening. This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

People had confidence in the care and support they received, especially from regular staff. Comments included. "Staff are very efficient, I am very pleased with the care they provide me", "It's been alright, staff ask me what I like" and "We are fortunate to have good staff, great cleaners and good cook."

We looked at staff training records which showed staff had completed a range of training sessions in 2016/2017. These included food safety in care, infection control and health and safety. Staff we spoke with told us they had completed several training course and these were by e-learning. One staff member said, "I have done lots of online training including Dementia awareness and safeguarding. The quality of the training is good and it helps me." Another staff member said, "The training is comprehensive." A member of staff was responsible for the monitoring of training, what training had been completed and what still needed to be completed. We could see future training dates had been identified.

The registered provider's PIR stated 'our mandatory training is done through a blend of e-learning and classroom/off line assignments and is aligned with the Care Certificate'.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. The supervision record showed all but two staff had received supervision in March 2017. The manager told us all staff will have received supervision before the end of May 2017. We saw staff were in the process of receiving annual appraisals.

The manager told us all new staff completed an induction programme which included policies and procedure, training and the completion of a workbook. We saw staff worked through the induction workbook during their first 12 weekly at the home and areas included; safeguarding, infection control, dignity, nutrition and mental capacity.

The registered provider's PIR stated, 'all colleagues including the home manager have completed their induction training and new team members are fully supported when they first join. Each of our care colleagues will receive at least two formal supervisions per year'.

We looked at how people's nutritional needs were met and whether they had enough to drink. During the

morning, we saw a member of staff going around placing fresh jugs of water in people's rooms. We saw people were able to select hot and cold breakfasts and at other meal times they had alternatives to the main option.

We observed the lunchtime meal experience and observed people were given choice about what they wanted to eat. The main meal was a fish dish which one person asked for without parsley sauce. We saw their personal preference was acknowledged and they were provided with the meal the way they had requested. Where people had not eaten much, staff gently encouraged them to have more. The food was plentiful and everyone was offered second helpings. One staff member told us, "I think the food's really good. We get a varied selection." Another staff member said, "The food is nice, well presented. The menu is varied. I am proud to take the meal to the table." A third staff member said, "Food is lovely, hot and people like it." We saw the registered provider had completed dignity in dining audits.

At the beginning of lunch on the ground floor, we overheard music playing on the radio which was not suited to creating a relaxing and pleasant lunchtime atmosphere. This was subsequently changed by staff to classical music without them being prompted.

We spoke with the chef who was able to fully explain people's dietary requirements, for example, people that required a diabetic or vegetarian diet. They told us they always had enough food and the food was good quality. They said people who used the service were encouraged to say what their food likes and dislikes were so they could add these dishes to the menu, they always went to speak with the 'resident of the day' to obtain their views on the food and menu. We saw the food was well presented, freshly cooked and looked appetising. We saw where people were on a 'soft' diet the food retained individual distinct original food colours. One person said, "I can see what I am eating, and it tastes fresh, very tasty." We saw snacks and drinks were available throughout the day.

People we spoke with told us they were happy with the food. Comments included, "We take our time to eat, it does not take too long waiting for food, staff are on the ball", "The chef is very accommodating, come dinner time, there is a choice", "They used to serve some smoked mackerel, now we have haddock, but I fancied a lamb stew which was delicious", "There is always a choice, they come around offering you biscuits, tea or coffee in-between meals" and "Food is alright, staff ask you what you want to eat."

People we spoke with were happy they were looked after very well, both day and night. They said they had access to healthcare services such as a GP, chiropody and optician. Comments included, "You have to tell staff if you are not well, they will get somebody to come see you. Two or three weeks ago staff called the GP for me, because I was under the weather", "Staff are really looking after you, I was not feeling well recently, I was faint and shivering and had chest pains, they took me to hospital", "I saw my GP last Sunday, staff called him for me, he gave me a cream and some antibiotics" and "Staff often come in and out to check if I am ok, I regularly see my doctor for my legs."

Relatives we spoke with said, "I am always informed when my mum is not well" and "I know everything that's happening to my wife."

Staff we spoke with told us people health care needs were met well. One staff member said, "I have seen the doctors come in and people have been to the optician and dentist." Another staff member said, "The district nurse comes in." The care plans we looked at showed people had been seen by a range of health care professionals.

We saw the majority of people were recorded as having a stable weight, whilst a small number of people

had either gained or lost weight.

The area director and another member of staff of told us people who experienced weight loss in consecutive months would be referred to the dietician. We identified one person who had consecutive weight losses in March, April and May 2017. This person had not been referred to the dietician. We looked at another person's malnutrition universal screen tool which showed they weighed 54.8kg at the end of January 2017, no entry was recorded in February 2017 and they had refused to be weighed since. The 'weight loss/gain data' for February 2017 showed this person had gone from weighing 41.3kg to 35.6kg. Another person was recorded as having lost 8.2kg in the 'key clinical indicators home level report pack' for April 2017. The registered manager told us they had asked a member of staff to refer this person to a dietician. The member of staff confirmed this had not happened.

We reviewed food and fluid charts for people whose intake needed to be monitored. These records showed people were eating and drinking regularly, although we fed back to the manager and area director that daily fluid totals and associated actions on these forms were not completed or signed off.

The registered provider was not accurately monitoring people's fluid intake and acting people's requirements to mitigate risks. This is a breach of regulation 17 (2)(b); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The visiting health professional told us people's pressure care was well managed by staff.

Is the service caring?

Our findings

The June 2016 residents survey showed 80% of people who completed this survey were 'very satisfied' that staff were friendly, helpful and supportive. The remaining 20% of people were recorded as satisfied in this area.

People we spoke with praised the staff for the care and compassion they received. Comments included, "They have a number of very good carers", "Staff know what they know and they are doing a great job looking after us", "Staff know I like my bath in the evening, go to bed between 8 and 9pm" and "Staff are good, they let me be independent."

Staff we spoke with told us people were well cared for. One staff member told us, "People are well looked after." Another staff member said, "Care is good. I would be happy for a member of my family to live here. It is a nice home." Other comments included, "They're absolutely pampered" and "People are well cared for." One staff member commented, "I love it. I enjoy coming to work." The same staff member said they wanted people to be cared for as if they were a family member. They said, "I always say, 'imagine that's your mum'."

A visiting healthcare professional told us, "Staff try their best to ensure people are cared for."

People were very comfortable in their home and decided where to spend their time. The premises were spacious with lots of separate areas which allowed people to spend time on their own if they wished. We saw some people sitting in one lounge watching television and some people were spending time in their bedroom.

We observed positive interaction between staff and people who used the service. It was evident from the discussions with staff and manager they knew the people they supported very well. Staff we spoke with had a clear understanding about people's care needs and their preferences. For example, one staff member identified that a person needed assistance with cutting up their food. This was recorded in their care plan. We noted all staff were cheerful whilst carrying out their work and there was no sense of rushing people. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed caring for people.

People's care was tailored to meet their individual preferences and needs. For example, one person's care plan stated '[name of person] has a milky drink and a biscuit either before bed or in bed. [Name of person] likes two pillows a duvet and a blanket'. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care.

The home had 'resident of the day' which, included a review of their care plan, a review of their medication, discussion regarding the menu and staff contacted the family. The provider stated in the PIR, 'On each day of the month one of our residents is 'Resident of the Day' and on this day they have a review of their care with key members of the team'.

We saw positive compliments had been recorded from family members about the care provided to their

relative. For example, 'we would like to thank all at the White Rose for all the loving care and attention you gave to [name of relative]. Another example, was dated January 2017 and stated 'visiting most days I was always greeted with a smile, given an update and as my mother's health deteriorated further, I was confident she was always cared for by professionals and was encouraged by all the staff who always said 'hello' had a little chat to her as they passed'.

Staff treated people with dignity and respect and gave examples of how they maintained this. We saw staff knocking on bedroom doors and asking permission before entering bedrooms. One staff member said, "I always knock on the door and say who I am. I call people by their name and I always close the bathroom door." Another staff member said, "If you're hoisting them up, you make sure the door is closed."

The June 2016 residents survey showed every person who completed this was satisfied their privacy and dignity was respected. People we spoke with told us, "I like to do things for myself, getting up and about, staff know that" and "One thing about staff is that they know how to treat senior citizens, they don't patronise you, always encourage you to try to do things yourself." A relative told us, "Staff treat my mum the way I would like her to be treated, they know her very well by now."

When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people's belongings.

Staff and the manager we spoke with were able to identify how they helped maintain people's equality, diversity and human rights. We noted people were asked if there preferred a male or female member of staff to carry out personal care and this was recorded in their care plan.

The manager told us they were in the process of appointing champions and these would include sight loss, hearing loss and dignity champions. The June 2016 residents survey showed every person who completed this was satisfied their religious and cultural needs were being met.

Is the service responsive?

Our findings

At the last inspection we rated this key question as requires improvement. We concluded at the inspection in March 2016 we found care records were difficult to negotiate due to the volume of information they contained meaning that care staff were at risk of missing key facts. At this inspection some improvements had been made.

Care plans contained admission assessments which covered falls awareness, communication, mental capacity, skin condition, eating and drinking, personal care and mobility. Care plans contained information needed for staff to follow. We found care plans mostly contained sufficient detail; although, we identified some areas where information was not consistently recorded. For example, one person's care plan dated March 2017 referred to their 'do not attempt cardio-pulmonary resuscitation' (DNACPR) wishes. This stated 'no DNACPR in place'. At the front of this person's care plan we found a valid DNACPR which recorded the person should not be resuscitated. This meant there was a risk that resuscitation would be attempted when it had been agreed this should not happen. We communicated this to the area director and ask them to take urgent action.

The 'bladder and bowel' care plan dated August 2016 for one person asked 'any bladder/bowel function difficulties'? The response was recorded as 'no'. On the same form against 'direct care and support' the following was stated; 'support going to the toilet. [Name of person] is doubly incontinent'. This had been reviewed in February 2017 and no changes were recorded as needed. The same care plan stated '[name of person] needs regular toilet visits and regular pad changes. It did not state how often this should happen or what kind of pads the person needed.

One staff member told us, "The care plans tell you enough about the person and how to look after them."

Some people we spoke with remembered being involved in their care planning process. Comments included, "I know I have care plans, I can't read, my daughter looks after that side of my care", "My family, they are looking into my care plans" and "You must be having a laugh! Who thinks about care plans when you are in your 80's. There are a lot of people in my family who take an interest in that."

Relatives we spoke with said, "Our son and daughter are well involved in care meetings" and "Mum's been only a few weeks, I have spoken to staff about my mum's care, and I was informed I can have access to my mum's file anytime I want."

The registered provider's PIR stated 'we provide a meaningful activities programme and encourage residents to participate. The activities are varied and cater for all tastes'. On the day of our inspection, we observed people visiting the on-site hairdresser. We spoke with one person who confirmed they enjoyed this as it made them feel better about their appearance. We saw evidence of regular 'discussion group' meetings with people which looked at topical issues, such as what was happening in the news, the weather and activities including a fruit tasting session'.

We observed a number of older items in the home which were there to help stimulate people's memories through reminiscence. For example, old fashioned cameras, a Hoover, typewriter and telephone were on display and available for people to interact with and generate discussion.

The manager told us they were in the process of recruiting a new activity coordinator. The coordinator was expected to start in mid-June 2017 and the previous activity staff member had moved to work as part of the care staff team two to three weeks ago.

Staff told us, "There is not much happening at the moment; people did exercise last week with a person that comes into the home." Another staff member said, "At the moment there is a lack of activities for people as the activity person moved to care about two weeks ago. We do have singers and exercise people who come into the home." A third staff member said, "We have a new activity person starting next month."

People told us activities were limited during the day since a member of staff who used to do activities was no longer carrying out this role. Comments included, "We don't do much, since the staff member that used to do activities disappeared on us, we could do with some social intervention, it would give us something to do", "There is a pianist every two weeks and tai chi is very popular, but that's about it", "Sometimes I go out with my family but when they are away, I get bored", "I stay in my room, watch telly or do some cross words, sometimes staff take me to church" and "Used to do some crocheting, we could do with some stimulation."

The activity record for one person showed they had participated in nine activities since the end of November 2016. These activities included; Thai Chi, ukulele group, music sessions, laughing yoga and exercise classes. The activity record for another person showed they had enjoyed the activities that were offered, however, nothing had been recorded since mid-April 2017.

We discussed activities with the management team. We recommend the registered provider and the homes management team review the process of providing activities when no activities staff member is in place or when the activities staff member is away from the home.

People told us they would speak to staff, the manager or tell their relative if they were concerned about something. Comments included, "If I want to grumble, I will tell the manager, she normally pops in and out", "Yes, I did raise a concern when one of the residents was being unkind to another resident, I couldn't take it, I spoke to the manager about it, she had a word" and "I don't need to make a complaint if I can have it sorted quickly, which normally happens."

Relatives we spoke with said, "I never had any concerns, if I had, and it is serious, I won't be bringing my mum here for respite anymore, if it is trivial, which it often is, I will grab any member of staff" and "If I am worried about something, I always speak to someone, mostly staff always listen to our concerns and view and all of us think White Rose House is a suitable place for my wife, we don't want to be moving her to a new place after so many years here."

There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We looked at records of complaints and concerns and saw two formal complaints had been received. We saw details of those concerns and records showed feedback had been listened to and acted upon.

The manager held a weekly 'surgery' which was an open forum for people and relatives to discuss aspects of care and any concerns. We saw notes of these discussions including action taken in response. The registered provider's PIR stated, 'we are to implement a 'niggles book' to ensure all minor concerns are acted upon

promptly'.

Is the service well-led?

Our findings

At the last inspection we rated this key question as requires improvement. We concluded at the inspection in March 2016 there was a lack of consistent management which meant audits had been missed.

Since our last inspection a new manager and area director had been appointed. During our inspection we were able to see improvements had been made in this period of time, however, as noted in the whole report, some areas still needed to be reviewed and actioned. For example, accurately recording for people's weight management, review if the information in care plans was relevant and the process for the administration of topical medications to be reviewed. The manager told us a deputy manager was due to start and they would support further changes and ongoing improvements in the home. Following our inspection the area director sent an action plan with achievable timescales, showing how they were going to make improvements in the identified areas.

The management team need to review the records kept in the home as the home was not keeping contemporaneous care records and there was a lack of provider quality oversight. This was a continued breach of Regulation 17 (2)(c); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

People spoke very highly of White Rose House. Comments included, "Everyone is very kind, the place is good, five years I lived here, I think it speaks for itself", "The atmosphere is like a home" and "I live in a lovely home, that's what I tell everyone." Relatives we spoke with said, "It is quiet and friendly here, that's why I keep on bringing my mum for respite" and "The home is brilliant, you can have a laugh with most staff, I would recommend it to anyone."

People told us they knew who the manager was and said they were approachable and friendly; however, people were concerned that different managers had come and gone. Comments included, "The new boss came to see me, she seems better than the last one, very caring", "[Name of manager] is the new manager, she falls over backwards to do things for you, she approaches you with care", "She pops her head in every day and she knows everybody's names" and "She is always there when you need her." Relatives we spoke with said, "The new manager is approachable and very accessible" and "The new manager is good, very supportive."

Staff we spoke with said the manager was visible and spoke with them. Staff spoke very positively about the manager. Comments included; "She's good. You can talk to her. The morale has gone up. Staff can talk to her [manager] and go with a problem. She does what she can to sort it. It's a two way conversation", "[Name of manager]'s door is always open. "She's the best manager I've ever had by far. It's not 'you do this, I'm going to sit in the office'", "I cannot fault the manager in any way, shape or form, she is brilliant, she never judges and is always supportive. She is moving things forward", "Things are improving and the management team are very approachable" and "I enjoy coming here, it is a great team. You are encouraged to question things and the manager is always supportive when needed. Standards here are improving."

A visiting healthcare professional told us, "They are trying really hard to turn this into a nice place to live. The management have always supported me."

The registered provider's PIR stated 'our quality assurance framework, Cornerstone consists of daily, weekly and monthly tasks and audits to help us assure good quality care'.

We saw there were systems and procedures in place to monitor and assess the quality of the service. For example, we saw records of medications, catering, health and safety and care plan audits. The audits were detailed and we saw evidence which showed any actions resulting from the audits were acted upon but we found some actions had not been dated once they had been completed. The manager told us they would address this immediately. We saw the area director home visit report for April 2017 which showed actions to be completed. The area director told us all actions were reviewed at their next visit.

We saw the manager carried out a twice daily walk round of the home, which included looking at infection control, resident care and the dining experience; actions were recorded and addressed as soon as possible. This meant the manager identified and managed risks relating to the health, welfare and safety of people who used the service.

Records showed the manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence.

Regular staff meetings took place between the senior staff team and the wider staff team. Discussions included communication, training, new staff starting and risk assessments. We saw further staff meetings were scheduled for May and June 2017. One staff member told us, "Staff meetings are once a month." Another staff member told us, "Communication is good."

There was a staff handover at each new shift, where any significant events or developments were discussed. A 'flash' meeting was held daily with the management team, senior staff members, housekeeping, maintenance and the chef, in which any actions that needed to be completed that day were discussed. One staff member said, "Every morning we have a flash meeting."

We saw quality governance meetings were held monthly and this included attendance of the provider's home managers. Discussions included infection control and fire safety co-ordinators. The area director told us the actions from the quality governance meetings were for all the home managers and this helped to share best practice.

Most people remembered being invited to a 'resident and relative' meeting, some people told us they joined in and others chose not to. Comments included, "Last week there was a meeting, staff were asking us if everything was alright and if we had any views or complaints" and "Staff listen to any suggestion we have, we are consulted about things, we did the survey."

'Resident' and relative meetings had taken place on a monthly basis. We saw evidence of discussions which people and relatives were able to direct and feedback provided in response to any concerns. In the May 2017 meeting, we saw discussions covered people's rooms which they were satisfied with, the appointment of a new activities coordinator and the quality of care provided by staff which people were very satisfied with. The chef also attended this meeting to discuss menus and any changes needed. People commented positively about the food and specifically remarked that kitchen staff were very good at knowing their preferences.

The registered provider PIR stated, 'appoint 'champions' for the home; staff who take a lead in certain areas of care such as dementia, sight loss, diabetes, hearing loss and weight loss. The manager told us they were currently in the process of identifying which staff members would take the lead in each area and become a 'champion'.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The three care plans for people who had an approved DoLS in place did not have mental capacity assessments in place and the only reference to capacity was generic information in communication care plans. Other people care plans looked at were not overly decision specific and required further strengthening.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider was not accurately monitoring people's fluid intake and acting people's requirements to mitigate risks. The management team need to review the records kept in the home as the home was not keeping contemporaneous care notes and there was a lack of provider quality oversight.