

Care Homes UK Two Limited

The White House Nursing Home

Inspection report

Monkton Lane
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The White House Nursing Home is a residential care home providing personal and nursing care to up to 36 people. The service provides support to people aged 65 years and over, some of whom are living with a dementia. At the time of our inspection there were 31 people using the service.

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

Relatives were positive about the care provided to people and told us many positive examples of how staff had helped their relatives. During the inspection we observed positive interactions between staff and people, which demonstrated the kind and caring attitude of the staff team.

Staff were positive about the registered manager and the changes that they had introduced since they started working at the service. Care plans and records were electronic, which allowed staff to easily review people's needs and update information in a timely way. There were detailed assessments in place to make sure people received the correct support.

Care records were accurately completed and reflected the current needs of the person. Relatives told us they were involved with reviews of people's care needs and were updated regularly. Risks to people had been fully assessed and mitigated to help keep people safe. People's care plans were individual and included involvement from other healthcare professionals.

Staff received regular training and there were enough staff on duty to safely support people. Staff told us they were supported and could access advice/guidance at any time. The provider safely recruited new staff and agency staff.

Medicines were safely managed, and regular checks were in place to make sure people received their medicines as prescribed. Staff administering medicines had their competencies checked regularly.

People were supported to make choices around their care and day to day support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff wore PPE and followed government guidance in relation to COVID-19. The home was clean and suitably decorated.

The registered manager had an effective quality and assurance system in place which allowed them to monitor and improve the quality and safety of the care provided. People, relatives and staff were asked for feedback to help improve the care provided. Lessons learned from incidents were also used to improve the service provided.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 August 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The White House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was completed by 1 inspector 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.

Service and service type

The White House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The White House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We used all of this information to plan our inspection. During the inspection we reviewed documentation, inspected the safety of the premises and carried out observations in communal areas.

We spoke with 1 person who used the service, 9 relatives, and 5 members of staff including the registered manager and 4 care staff. We reviewed the care records for 5 people, medicine records for 10 people and the recruitment records for 3 members of staff and 3 agency staff. We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly investigate safeguarding incidents. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- Systems and processes were in place to keep people safe from the risk of abuse. Staff had received training around identifying abuse and knew what steps to take to keep people safe. One staff member commented, "I would have no concerns using the whistle blowing procedure, I haven't had to do it but have confidence that any issues would be dealt with in a serious way."
- Safeguarding incidents were fully investigated by the registered manager and were used to improve the overall quality and safety of the care provided.

Staffing and recruitment

At our last inspection staff had failed to follow the provider's recruitment policy. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also recommended the provider reviewed staffing levels and deployment across the home.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation and improvements had been made.

- Staff were safely recruited; staffing levels met the assessed needs of people and staff were deployed effectively.
- Pre-employment checks were in place to make sure all new staff were safe to work in care. For example, all new staff had references and Disclosure and Barring Service (DBS) checks in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives told us staff were always available to support people. One relative said, "I would definitely say that [Person] is safe. There are always staff about."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we recommended the provider documented all important conversations relating to investigations and sharing lessons learned. The provider had made improvements.

- Risks were safely managed and assessments in place to keep people safe. Lessons were learned from incidents to improve the quality of care provided.
- People had personalised risk assessments which detailed the steps staff had to follow to mitigate any risk. A relative commented, "(People are) 100% safe. The staff are brilliant, very friendly."
- Environmental and COVID-19 risk assessments were in place to help keep all people, staff and visitors safe whilst at the home.

Using medicines safely

- Medicines were managed safely. Staff had received training around safe medicines administration and had their competencies assessed regularly. A staff member told us, "I've had online training and had observations on medication throughout."
- Medicine administration records were accurate and there were regular checks of these by the management team. People were receiving their medicines as prescribed and in line with best practice guidance.
- People and relatives had no concerns around their medicines and were happy with the support provided. One relative told us, "Staff have helped to reduce the number of medicines that she was on."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives visited people within their bedrooms and communal areas. People could visit out of the home if they wished.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide staff with appropriate training and support. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- Staff received on-going training from the provider and support from the management team.
- New staff received a comprehensive induction which included all appropriate training to give them the right skills and knowledge to effectively support people.
- Staff told us they had access to training and received regular supervisions. One staff member said, "I do feel there is enough training online and I also feel encouraged to share where I feel I need to develop and train further."

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

At our last inspection we recommended the provider reviewed all records relating to food and fluid monitoring to make sure they were accurate. The provider had made improvements.

- People were supported to maintain a balanced diet by staff. A relative told us, "The meals are absolutely beautiful."
- Care records showed that people were monitored, assessed and steps put in place to reduce their risk of malnutrition. Risks associated with eating and drinking, for example choking, were clearly documented.
- Some people required a special diet and care records showed that these were being followed. One relative commented, "[Person] has diabetes and staff ensure that they get the appropriate meals. They will make special desserts for them."

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

- People had comprehensive and in-depth assessments of their needs which reflected best practice guidance, the law and national standards.
- People, relatives and other healthcare professionals were involved in all aspects of care planning and reviews. One relative told us, "[Person] cannot make his own decisions but I'm involved in making decisions

on their behalf."

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

- Staff worked in partnership with other healthcare professionals to provide a continuous level of care which was responsive to their needs. People were supported to access their GP and other healthcare professionals. Care plans reflected the guidance provided.
- People and relatives told us that staff escalated any concerns to other healthcare professionals to make sure people got the care they needed. One relative said, "They (the staff) are good at contacting a GP if people need one. There is a podiatrist that visits the home regularly."

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

- The home was appropriately adapted and designed to meet people's needs. There was regular cleaning of all areas of the home.
- People had personalised bedrooms. For example, people had their own furniture and pictures in their bedrooms.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care was delivered in line with MCA. People's capacity was reviewed regularly, and new assessments updated to reflect a change in support needs or decision making.
- Staff had received training around MCA and DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff respected equalities and diversity and treated people kindly. A relative commented, "Staff are caring, and I like it (the home)."
- Staff had received training about promoting equalities and diversity and the provider had policies in place to support this.
- During the inspection we observed staff interacting with people in a kind and caring way. Relatives were complimentary about the whole staff team and the support they provided to people. One relative said, "I am made to feel welcome when I visit. Staff will always come and chat to [Person] and me."

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

- Staff supported people to be the decision makers about their care and express their views. One relative told us, "Staff will always give [Person] choices."
- Care records showed that people's choices were documented. People were asked for their consent before staff provided support. Relatives told us that staff asked people for what and how they wished to receive their care. A relative commented, "[Person] is listened to by the staff 100%."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and promoted their independence. One staff member told us how they did this on a daily basis. They said, "By seeking consent and carrying out personal care in their own rooms, whilst explaining everything and trying to keep residents covered whilst assisting them, also using distractive conversation helps make the resident feel more comfortable."
- Relatives told us that staff supported people to remain as independent as possible and were very respectful. One relative told us, "The staff are good listeners, always speak to [Person] nicely and they treat them with dignity and respect."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection of the service where we assessed this regulation, which took place in June 2020, the provider was found to be in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as complaints were not always fully investigated. We also recommended at that time the provider ensure people and their relatives were aware of how to raise a complaint.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation and improvements had been made.

- Complaints were fully investigated by the registered manager and outcomes from these were used to improve the quality of care provided.
- Relatives we spoke to were aware of how to raise a complaint but did not have any current concerns. One relative told us, "I've never had a cause to complain and staff always have a positive happy attitude."
- Relatives were confident that if they had concerns, they would be addressed by the registered manager.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff completed comprehensive assessments of people's needs and used these to create individual care plans in partnership with people, relatives and other healthcare professionals.
- People's care plans reflected their needs and were reviewed regularly. Records showed action was taken if people needed additional support.
- Relatives told us they were involved in people's care planning. One relative commented, "Staff involve me in planning [Person]'s care. I can always ask them about the care and have a good rapport with staff."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs fully assessed by staff. Strategies were in place to support people with communications.
- All information was available in different formats if needed, for example large print or easy read. Staff talked through all information in a language people understood. Relatives commented that staff spent time

talking to people so that they understood any changes to their support or to get their preferred choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People took part in activities that were meaningful to them and staff supported them to maintain relationships that were important to them.
- Relatives told us that they were always welcomed at the home by staff and that people had access to different activities during the day. A relative told us, "[Person] enjoys the garden and likes the activities. They get involved in quite a few things."

End of life care and support

- At the time of the inspection no one was receiving end of life care and support. Staff had received training around the delivery of this and had previously supported people with end of life care.
- People's care records showed that staff had discussed people's end of life choices and wishes in partnership with their relatives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to have an effective quality and assurance framework in place to assess the safety and quality of the care provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the Commission for significant events that had occurred at the service, for example accidents and incidents.
- The quality and assurance systems in place had been reviewed and embedded throughout the service and were used to continuously improve the service and quality of care provided to people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive staff culture at the home which helped to achieve good outcomes for people.
- Staff feedback detailed how much they enjoyed working at the home and with the registered manager. One staff member said, "The manager is very kind and we get full support from them all the time."
- People and their relatives were positive about the staff team and the support they provided. One relative told us, "The home communicates well with me and that they keep me completely updated with anything that happens. Managers are always visible, and staff seem to work together well, and there is a happy atmosphere."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- When things did go wrong the registered manager and staff apologised and used learning from these incidents to improve the service.
- Lessons learned from incidents at the service, the wider provider network and other care homes were used by the management team to reflect on their current practice and to improve the care provided at the home.

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

- People, staff and relatives were asked for their feedback of the service provided. People told us they could make suggestions at any time to staff.
- Staff had regular team meetings and could approach the registered manager with suggestions. A staff member commented, "The manager and deputy are always around and they always listen to suggestions whether they work or not."

Working in partnership with others

- Staff worked in partnership with people, relatives and other healthcare professionals.
- Care records showed involvement from other agencies and staff had used the advice/guidance provided to help with people's care planning.