

Mrs Lynn Nicolaou & Mr Christos Adamou
Nicolaou

The White House

Inspection report

95-97 Maidstone Road
Chatham
Kent
ME4 6HY

Tel: 01634848547
Website: www.whcare.co.uk

Date of inspection visit:
20 August 2019

Date of publication:
03 December 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The White House is a residential home registered to provide care and support for up to 38 older people including those living with dementia. At this inspection, there were 26 people living in the service.

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

The registered provider had not fully mitigated the risks to people's health and safety. People did not have comprehensive care related risk assessments such as for diabetes and bed rails.

Medicines were not managed safely. Although there were policies and procedures in place for the safe administration of medicines, medicine competency checks were either not completed or not up to date for staff. Good practice guideline for the administration of patches were not followed. Medicine administration training was not up to date. We have made a recommendation about this.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. The principles and processes of MCA had not been adhered to. However, the service had policies and systems in the service that supported good practice.

Staff training in the service was not effective. Staff had not always received the training, support and guidance they required to meet people's needs. We have made a recommendation about this.

Although care plans were individualised, they were disjointed, not detailed and did not provide clear, consistent information about people's needs and risks. People did not have an up to date care plan which set out how their care and support needs should be met by staff.

Complaints were not always recorded or actioned. The registered provider had failed to take necessary action in response to a concern raised.

Activities people could participate in were limited. The registered provider had not employed an activities coordinator to facilitate activities in the service. We have made a recommendation about this.

There was a system in place to monitor the quality of the service. However, this had not been effective in identifying the breaches we had identified during this inspection. Records were not adequately maintained. For example, care plans were a month or more behind and therefore, did not contain up to date information for staff to follow.

We found no evidence that the registered manager and provider kept up to date with good practice, to share with staff and improve quality outcomes for people.

Despite our findings, people were positive in their feedback. Comments included; "Yes I feel safe, I have never lost a thing from my room"; "The staff know I get quite anxious and hot, they make sure I have some water to drink and get my fan for me" and "I just have to pull the cord and they (staff) come straight away."

Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. However, staff training on adult protection was either out of date or not completed. The provider followed safe recruitment practices.

People received the support they needed to stay healthy and to access healthcare services. These were reviewed regularly.

People told us that staff were caring and knew their preferences, likes and dislikes well. We received good feedback from people, relatives and healthcare professionals about the staff. One person said, "They are all pretty good, always very cheerful."

We observed people's rights, their dignity and privacy were respected. Staff supported people with their lunch at a gentle pace whilst engaging with them. People continued to be supported to maintain a balanced diet and staff monitored their nutritional health.

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

Rating at last inspection

The last rating for this service was Good (Report published on 16 May 2017). This has now deteriorated to Requires Improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not consistently responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The White House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two 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.

Service and service type

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

The service had a manager registered with CQC. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local Healthwatch for information about the service. We were notified they had no feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to

plan our inspection. After the inspection the provider was asked to submit a Provider Information Return. We used the information the provider sent us in the provider information return.

During the inspection

During the inspection, we spoke with four people, four relatives, two care workers, the registered manager and the registered provider.

We reviewed a range of records. This included four people's care records and medicines records. We looked at four staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received the staff rota, sent to us in a timely manner.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Although some care related risk assessments continued to be in place, these were not detailed enough to guide staff on what to do to minimise each identified risk and help keep people safe. For example, a falls risk assessment for one person identified them as high risk because they could experience a tremor related to Parkinson's disease. The only control measure identified in their care plan was 'Use hoist and sling as not able to raise self up from the floor'. This meant that there was not a robust plan in place to keep the person safe.
- Control measure failed to give further instructions and actions staff should take to promote people's safety while maintaining their independence such as monitoring foot wear, checking flooring and supporting them while walking. One person had a fall which led to them attending the hospital on 29 July 2019. There was no evidence the risk assessment had been reviewed and updated to prevent a similar incident from happening again.
- Individual risk assessments for the management of diabetes and use of bed rails had not been completed. Four people had diabetes. While there were guidelines for staff, there were no risk assessments in place to minimise risks associated with diabetes. Such as reference to foods they should avoid ensuring that their health remained stable. An appropriate bed rail risk assessment would reduce the likelihood of risks associated with their use; such as injuries or death where a person might be trapped in gaps between the bed and the rail.

The registered provider had not fully mitigated the risks to people's health and safety. The examples above were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Detailed personal emergency evacuation plans were in place. These set out the individual staff support and equipment each person would need to evacuate to a safe area if an emergency arose.
- People continued to be protected from risks from the environment. The environment and equipment were safe, well maintained and the appropriate checks, such as gas safety checks, had been carried out.

Learning lessons when things go wrong

- Accidents and incidents had not always been recorded appropriately by staff and monitored to try to prevent similar incidents being repeated. For example, one person fell three times in May 2019 and once in July 2019. We found no records of actions taken to prevent these falls.
- We asked the registered provider if they were checking these incidents. They told us that they did look at them and took action. However, they did not record the action they had taken to prevent further falls and

make improvements. This meant that there was no evidence that accidents and incidents were analysed, and action taken to reduce the risk of them happening again.

- When concerns had been identified, we found no records that showed incidents had been discussed with staff to improve the service. For example, a recent incident that had been investigated, we found no records that demonstrated these had been addressed in the service with staff to mitigate a further occurrence.

The registered provider had not recorded actions taken when things go wrong. The examples above were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People were administered transdermal patches. However, these were not carried out safely. Transdermal patches are used to deliver a range of drugs into the body over a long period of time. Staff had not completed a body map every time it was administered. Good practice guidelines state that patch sites should be rotated, ideally the underlying skin should be allowed to rest for 3-6 days before applying another patch to the same area. The use of a body map would have ensured that the patch was not being applied to the same area as before.
- When concerns had been identified about medicine, we found no records that showed incidents had been discussed with staff to improve the service.

We recommend the registered provider to seek guidance from a reputable source such as The National Institute for Health and Care Excellence (NICE) on managing medicines in care homes.

- Medicines were stored safely. There were no gaps or omissions in the medicines administration record (MAR) charts, which demonstrated people received their medicines as prescribed.
- PRN (as required) protocols were in place and staff followed them. When PRN medicines were administered, the reason for administering them was recorded on the MAR chart.
- People's medicines were reviewed whenever required with the GP and other healthcare professionals involved in their care.

Systems and processes to safeguard people from the risk of abuse

- When safeguarding concerns had been identified, we found no records that showed incidents had been discussed with staff to improve the service.
- People told us they felt safe living in the service. They said, "I feel safe and much happier now, a couple of months ago I was very unhappy. A couple of staff spoke to me the wrong way. I felt that they didn't like me"; and "Staff ever so kind, I have never heard any of them shout at people."
- Relatives said, "Definitely safe here"; "Oh yes (X) is safe. I have great confidence that they are safe, staff are so kind to them" and "100% safe. They have regular checks throughout the night."
- Safeguarding processes continued to be in place. The risks of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "If I see something wrong, I can report in confidence to my line manager. I can follow the policy on this if I need to."

Preventing and controlling infection

- The environment was clean during our inspection. However, upon our arrival for inspection, there was a pungent smell. One room had a pungent smell of urine from a commode, which lingered into the communal

area. This is an area for improvement.

- One person said, "They have one domestic who keeps the place spotless."
- There were effective systems in place to reduce the risk and spread of infection. There was a scheduled daily check of the service and initialled by the staff member who completed the task.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.

Staffing and recruitment

- People felt there were enough staff to meet their needs. One person said, "When I am having a shower I never feel rushed they help me wash my hair and let me take as long as I want." Another said, "Always got plenty of time for me, I haven't been well today, they have helped me to dress and told the nurse I had a headache."
- One relative said, "All regular girls here, all very helpful, they always let me know what (family member) has done."
- There continued to be a sufficient number of staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community.
- Care was delivered in line with how staff were allocated and responded to people's requests throughout the day.
- Staff were recruited safely, and checks were completed. Application forms were completed with no gaps in employment, references and proof of id were checked. Disclosure and Barring Service checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Although people had authorised DoLS in place, the registered provider had not been working within the principles of MCA. For example, care plans contained a page named 'mental capacity assessment'. The page contained areas of needs such as personal care, eating and drinking, medication, mobilising and entrance and exit. Staff had recorded, 'Yes' and 'Dementia' to all areas. Evidence was not available to show how the registered provider and staff had arrived at these answers.
- Mental capacity assessments for less complex decisions had not been completed for areas mentioned above. The Act is underpinned by five key principles, which had not been adhered to and we found no records of a best interest meeting being carried out prior to an application for DoLS. If a person has been assessed as lacking capacity then any action taken, or any decision made for or on behalf of that person, must be made in his or her best interests.
- The registered provider, registered manager and staff were not aware of their responsibilities under the MCA. In one person's care plan we found that a relative consented to a flu vaccine for the person despite not having a Lasting Power of Attorney (LPOA) to make this decision. A best interest decision making process had not been taken regarding this. An LPOA is a legal document that allows a person to appoint one or more people to help them make decisions or to make decisions on their behalf.
- In another person's care plan, we found a letter from a relative stating, 'I understand [X] had cot sides for safety and in best interests. I am aware the home has a risk assessment and will monitor the risk'. We found that the relative had an LPOA for property and financial affairs and not for health and welfare. This meant they had no legal authority to make decisions on behalf of their relative regarding their health and welfare. We discussed the lack of mental capacity assessments for people with the registered provider. They told us they could not understand why conditions are now being imposed regards having to have mental capacity

assessments completed. 'This demonstrated a lack of understanding of the MCA and its guiding principles. This meant there was a risk that people's basic rights not upheld.

- Some people in the service had profiling bed with cot sides bed rails used to reduce the risk of falls. Cot side bed rails could be a form of restriction on the person. MCA assessments and best interest meetings had not been carried out.

Failure to act in accordance with the Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were aware of the need to gain consent and we observed that staff obtained consent from people before providing care and support throughout the day of our inspection.
- Consent to care and treatment while living at The White House was discussed with people. Photograph consent forms were signed by people or their relatives, which indicated consent for the use of their photographs.

Staff support: induction, training, skills and experience

- Staff had not always received the training, support and guidance they required to meet people's needs. We looked at the services training matrix provided by the registered manager and the training certificates in the staff files. We found that some training was not up to date.
- Out of 14 listed staff, eight had completed training in dementia. Out of these eight staff, two completed the training in 2014, five in 2015 and one in 2016. The White House is registered to provide care and support for people living with dementia, which made this training essential in the effective delivery of services to people who lived in the service.
- While some staff had received training in the MCA and were able to talk to us about how they applied this to their day to day practices, others had not. Out of 14 staff on the training matrix, ten had completed the MCA training while four had not. Out of the ten who completed, two were in 2014, one in 2017 and others in 2018.
- Medicine competency checks were either not completed or not up to date. Out of four staff files looked at, only one person had their annual competency assessment carried out in 2015. We asked the registered provider about this and they told us that they had not completed this for a long time. Staff training showed that out of 14 staff, ten had completed medication training. Out of these ten staff, two completed the training in 2015, one staff in 2016 and seven staff in 2017. This showed that refresher medication administration training was required for all members of staff which would enable them to be up to date with safe medicine administration.
- Staff training matrix showed that out of 14 staff, only nine had completed 'adult protection' training. Out of these nine staff, two completed the training in 2015, five staff in 2016 and two staff in 2017. This showed that refresher safeguarding training was required for all members of staff which would enable them to be up to date with safeguarding protocols.

Failure to provide appropriate up to date training for staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had supervision meetings and annual appraisals of their work performance with the registered manager. This provided an opportunity for staff to discuss their performance, development and training needs.

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

- The provider continued to undertake an initial holistic assessment with people before they moved into the

service.

- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included for example, if they have any cultural or religious beliefs or needs to be considered when planning for their support.
- People and their relatives were fully involved in the assessment process to make sure the registered provider had all the information they needed. Records also confirmed that people and relatives were involved in regular reviews of their support.

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

- People commented, "The food is very good and a nice cook"; "Staff know that I don't want too much on my plate, the food is quite good. They make sure I don't have too much of the sweet stuff" and "Food is very nice. I am always happy with it and if I don't like the dish, I can always ask for something else."
- The daily menu was clearly displayed in text format in the dining room to help people make their choices. People were able to choose where they sat. We observed two friends sat together, which made it a sociable event.
- The registered provider ensured that any special health or dietary requirements were taken into consideration, such as the need for soft foods or diets as recommended by healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information to professionals when needed.
- There was a close working relationship with the local GPs, occupational therapists, and physiotherapists. A visiting community nurse wrote in the questionnaire, 'From perspective of community nurses, we have an effective relationship that enable the residents to receive effective care' and 'The home has improved in its responsiveness to our advice and is very open to suggestions and changes.'

Supporting people to live healthier lives, access healthcare services and support

- People told us that their health needs were being met in the service. People commented, "The chiroprapist cuts my nails for me"; "They are very good at getting the doctor if you need a visit" and "One of the staff took me down to the dentist as my tooth was hurting, now waiting for a hospital appointment."
- Relatives commented, "We were here when she got a nasty gash on her leg from her wheelchair the staff called the doctor straight away"; "Doctor came in to give (family member) a general check-up they told me that [X] was quite healthy" and "The doctor came out to see [X] when they moved here, since then [X] has had a blood test and we are waiting a memory test date."
- People continued to be supported to maintain good health. Care plans gave direction and guidance for staff, so they knew if people had healthcare needs that may need quick attention from a healthcare professional such as a GP or district nurse.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs.
- Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.
- Staff continued to contact other services that might be able to support them with meeting people's health needs. This included the local GP and the community nurses.

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

- We observed on the day of the inspection that people had free access to the garden and all areas of the service, including the kitchen.

- The service was designed and decorated to meet people's needs, including people living with dementia. The environment was spacious and well decorated. For example, photographs on people's bedroom doors were clear. As people living with dementia use "landmarks" to navigate their way around, people had their photographs and items they could identify with in their rooms.
- People's rooms were personalised to suit their tastes and needs.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives described the staff as caring and treated them with kindness. Comments from people included, "They are all pretty good, always very cheerful"; "The staff are very friendly. I always have a laugh and joke with them" and "Just lovely, can have a laugh with any of them."
- Relatives said, "Staff are pretty good, they have got the right attitude"; "They are so kind to (family member) I am more than satisfied, they really are caring." and "Really good, down to earth staff who show an interest in people's well-being."
- The interactions between people and staff were positive, caring and inclusive. There was mutual respect and equality. We observed in the morning, one person was shouting out, and staff seemed reluctant to engage with them. In the afternoon, staff became more relaxed and more spontaneous in their interactions, with people being asked if they were comfortable and checking if they wanted anything. For example, staff sat down in front of the person who was shouting out, stroked their hands, chatted to them and encouraged them to join in with the music exercise class. This helped to calm and settle the person.
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. Staff were able to give us information about people throughout the day, without needing to refer to their care plans.
- Staff helped people to stay in touch with their family and friends. We observed people receiving visitors during our inspection.

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

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support. For example, one person was asked if they would like to go to bed when staff noticed they were tired sitting in the chair. The person said they would like to remain in the chair. Staff then asked if it was alright to help the person sit up properly, which they did.
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff, so they were able to fully understand their care.
- People were able to express their needs and received the care and support that they wanted. Menus were also discussed with people on a daily basis. This enabled people to make food choices.

Respecting and promoting people's privacy, dignity and independence

- People commented, "I lock my door the staff always knock on my door and wait until I open it before they come in" and "When I am having a shower the staff make sure that the bathroom door is closed so no-one can come in."

- People's right to privacy and to be treated with dignity was respected. Staff did not enter people's rooms without first knocking to seek permission to enter. One person said, "Staff always knock and talk to me nicely."
- Staff gave people their full attention during conversations and spoke with people in a considerate and respectful way.
- Staff understood the importance of respecting people's individual rights and choices.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. People and relatives told us that staff were helpful and encouraged them to remain independent. One person said, "They encourage me to do what I want to do, sometimes I go back to my room to read a book." A relative said, "Staff sit and chat to [X] and when they bring [X] into the lounge [X] always gets asked where they would like to sit."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- Although care plans were individualised, they were disjointed, not detailed and did not provide clear, consistent information about people's needs and risks. For example, in one person's care plan, it stated under the section named UTI (urinary tract infection), 'has history of UTI's' and described what signs staff should look for. However, this was not included in the care plan under continence.
- In another example, in the same person's care plan, we saw a copy of a review carried out by local authority' staff. The relative contributed and stated, 'Mum does not hear well but will not wear a hearing aid'. This information was not found in the care plan. It also stated that food allergies caused migraine. Although their care plan recorded they had food allergies, it did not document in what way the person was affected by their food allergy. This meant staff did not have the appropriate information as guidance to provide appropriate support.
- Under section called mental health and cognition, we found a standard sentence which stated, 'needs support due to dementia, with memory; organising'. There was no description of the person's type of dementia and how it affected them, such as hallucinations. We found the person had hallucinations only through references to GP visits. They saw the GP in December 2018 regarding their experiencing hallucinations. However, this was not recorded in their care plan. This meant staff on duty may not have access to accurate information to support people effectively.
- People's care plan did not always reflect information about their communication and behavioural needs. For example, people's care plans did not state the actions staff should take to respond positively to behaviour that may challenge the service.
- One person sitting in the communal lounge was shouting a lot throughout the morning and early afternoon of our inspection. Staff did not engage with the person. At midday, the registered manager approached the person and asked if they could get the person a drink and they replied, "Oh yes please." About 30 minutes later, the person had not been given a drink, the registered manager again came into the lounge and asked the person "Shall I make your coffee now" but by this time it was lunch time. The care plan stated 'no behaviours but has severe communication problems'. There was no reference to shouting or how to manage this behaviour.
- A staff meeting folder contained a guide to working safely with challenging behaviour in health care. Staff signed that they had read it. However, staff failed to demonstrate their understanding of how to manage behaviours that may challenge the service based on what they had read. Staff had not received any training about positive behaviour support, which would enable them meet people's behavioural needs.
- The care plan had people's allergies recorded. However, there were no further details such as signs and symptoms for staff to be aware of. In one person's care plan it stated their allergies as cheese, citrus fruits and chocolate. However, it did not give staff further details about how the allergies could be identified such as signs and symptoms.

The above evidence demonstrated a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 14.

- The important people in people's life, where they had lived before, worked before, likes and dislikes were in their care plan. One person said, "The manager came into the hospital and did my assessment there, we discussed what help I wanted and my likes and dislikes. The staff always me ask what help I would like."
- The provider used the Braden risk assessment tool, which was a clinical tool used to assess risk of people developing pressure ulcer. This alerted staff to pressure ulcers developing and to take required actions. They also used the Barthel assessment, which was a scale used to measure performance in activities of daily living. This can be used to determine a baseline level of functioning and can be used to monitor improvements in activities of daily living over time.
- Daily records were kept by staff. Records included personal care given, well-being and activities people had taken part in.
- Religious and cultural needs were documented. Some people identified with a specific religion but did not need any support, such as attending a place of worship. Other people did not have specific religious beliefs.

Improving care quality in response to complaints or concerns

- Complaints were not always recorded or actioned. We looked at the concerns raised that led to this inspection and asked the registered provider if they had recorded this and followed it up with the person who made the complaint. The registered provider said they did not respond to it as a complaint and in fact had not responded at all or spoken to the complainant about the outcome.
- The registered provider failed to send an acknowledgement letter to the complainant. The provider's policy stated that an acknowledgement letter would be sent out within three days. This meant that the provider had failed to take necessary action in response to a concern raised.

Failure to act on a complaint received was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 14.

- The provider had a complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.

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 said, "After tea I like to go to my room and read my book. The staff don't have much time to stop and chat always when someone needs attention" and "It is a nice place to be in, I just wish we could go out a bit more."
- A relative said, "I have seen people doing drawing and games with people. I would like to see them having more access to the garden."
- Activities people could participate in were limited. The registered provider had not employed an activities coordinator to facilitate activities in the service. The registered provider said, "We do not have an activities coordinator. We do manicures, dancing, playing cards and jigsaw puzzles. In one person's record of activities they had taken part in, it stated, 'every few days, sometimes weekly. Mainly looking at magazines, looking through life history book, darts game, reminiscing, ball games'. Each person had an activity sheet completed each day. The records made included sensory box, music, guess the celebrity, gentle exercises, quiz, cards, TV, relaxing in lounge, looking out to garden and resting in lounge. In some records, it stated '1-1'. The activities sheet did not explain what the 1-1 was about or used for."

We recommend that the registered provider seek advice and guidance from a reputable source, about the provision of meaningful activities responsive to the needs of people living in the service.

- People told us that if staff were not busy, they would sometimes sit and chat with them. In the morning, we observed that staff were occupied with their tasks and did not appear to have time to spend with people, including those who were distressed and shouting. We noticed in the afternoon after lunch, staff sat down beside people, listening and joining in their conversation and giving them time to respond. Staff held a music exercise session with people. Everyone was encouraged to take part by clapping. People were encouraged to have a dance with the staff, whilst others remained seated, held staff hands and moved their bodies with the staff. People enjoyed this.

End of life care and support

- At the time we inspected the service, they were supporting six people at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and people who had chosen to, had written plans in place. The registered provider confirmed this and said, "We have end of life facilitator. We do refer to the GP who might advise to refer to the end of life team when needed."
- Some staff had received end of life training. This would enable those staff in meeting people's end of life care and support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had developed easier to read information to help people living with dementia to be able to understand their care needs and what they required support with.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a system in place to monitor the quality of the service. However, this had not been effective in identifying the breaches we identified during this inspection. We found no guidance documents for staff to follow in relation to the management of identified risks. There was no guidance for staff on steps take to help reduce the risks regarding Parkinson's disease, the management of diabetes and use of bed rails.
- The provider's audit files contained areas that were monitored by either the registered manager or the provider. For example, records of accidents and incidents were completed every month. However, we saw no records of actions taken to avoid repeat incidents. The registered provider told us they did not record this or if they had taken any prevent further occurrences and make improvements.
- Weights and dietary needs were among areas the registered manager planned to audit each month. We saw a print out from electronic system, which was a copy of what was in care plan for each person. There was no monitoring record seen or if anyone was checking the print out.
- Further, the provider's audit had not identified issues we found above with MCA, staff training, care plan and records.
- Staff handover records stated staff must discuss accidents and incidents, changes, equipment breakdown, GP or health issues. However, the handover records only had the time of staff handover with staff initials. Details of what was discussed was not documented. The registered manager or provider had not identified this.
- Records were not adequately maintained. Although, there were systems in place to record food and fluid intake, they were not comprehensive. Food and fluid records were completed on a laptop used by senior staff. A table format was used, recording the food and fluid for every person. When people had not eaten much of their meal, the record stated, 'give a milk shake or snack and record in comments'. This was a general instruction for every person living in the service. Care plan records were not individualised. This meant people's care needs might not be met because of poor record keeping.
- All records were not available in the service as some were stored on another computer, which was not accessible to staff. For example, we asked to look at one person's up to date care plan. The registered provider had to go home to get them as they were not on the other computer in the service, so could not access the care plan from the computer in the service.
- Care plan records were a month or more behind and not up to date. The system in use did not allow for contemporaneous record keeping. For example, one person commenced medicine a week before our inspection. This was not evident from the records. Staff confirmed that the person started the medicine in

August 2019. Staff told us that this would not be updated in the care plan until management carried out the update. Records for this person had not been updated since June 2019.

- We found no evidence that the registered manager and provider kept up to date with good practice, to share with staff and improve quality outcomes for people. For example, we spoke with the registered provider about the need to adhere to the principle and processes of MCA. They said they had been trying to get representatives from the local authority DoLS team to visit to advise them and be clear about their request that MCA assessments should be undertaken before DoLS application. The registered provider said they did not understand why conditions were now being imposed regarding mental capacity assessments. This showed a lack of understanding of the laws in place to protect people's rights and their liberty. This is an area for improvement.

The failure to operate effective systems and processes to assess, monitor and improve the quality and safety of the service and failure to ensure records were accurate, complete and consistent was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 14.

- The provider understood the responsibilities of their registration. Registered persons are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately.
- It is a legal requirement the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people ; and how the provider understands and acts on duty of candour responsibility

- People said, "They are always here, on the whole they are pretty good" and "I get on alright with the owner, we have a bit of a laugh about things."
- A relative said, "I am able to talk to the owners about anything, they have been very helpful."
- Everyone was aware of who the registered manager and provider were. We saw both the registered manager and provider supporting people and staff members throughout our inspection. One person said, "The manager often asks if everything is okay for me."
- There continued to be a management team at The White House. This included the registered manager and the registered provider. Both the registered manager and registered provider supported each other. This ensured continued compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- A member of staff said, "I love it here, I have learned such a lot."

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

- One person said, "I am happy here , food is good, don't have to cook it, they do my washing and leave it on my bed all folded up."
- The provider had systems in place to receive feedback about the service including an annual questionnaire. These were sent to people living at the service, staff, health and social care professionals and relatives and feedback was received in 2019. Staff survey dated 11 April 2019 asked staff, 'Overall, I am satisfied as an employee of The White House Care Home'. All staff answered 'Yes' to all questions asked, meaning they were happy working at The White House.
- Relatives commented in a January 2019 survey. Comments included, 'Very happy with the care mum

receives, staff are always friendly and helpful and treat residents with respect' and 'We are extremely happy with the service provided by the White House. The care provided and our interaction with the staff give us nothing but confidence that my mother is being well looked after. Thank you.'

- A healthcare professional wrote, 'Staff are always friendly and welcoming, creating a good work environment for myself'.

Working in partnership with others

- The management worked with funding authorities, local authority safeguarding team and other health professionals such as the community nurses to ensure people received joined up care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider failed to provide care in a person-centred care manner that meets people's needs.</p> <p>This was a breach of Regulation 9(1)(a)(b)(c)(2)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider failed to act in accordance with the Mental Capacity Act 2005.</p> <p>This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not fully mitigated the risks to people's health and safety.</p> <p>This was a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 16 HSCA RA Regulations 2014
Receiving and acting on complaints

The registered provider failed to act on a complaint received.

This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 14.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered provider had not recorded actions taken when things go wrong. The registered provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service and failure to ensure records were accurate, complete and consistent.

This was a breach of Regulation 17(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider failed to provide appropriate up to date training for staff.

This was a breach of Regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.