

SSL Healthcare Ltd

# The White House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

The White House Care Home is a residential care home providing personal care to 26 older people at the time of the inspection. The service is situated within, and well connected to, a residential area of Hartburn in Stockton-on-Tees. It can support up to 27 people in one adapted building, across two floors. People had different health and care needs and some were living with dementia.

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

People's experience of using the service was extremely positive and, in many aspects, exceptional. Consistently positive feedback from people and relatives, as well as highly complimentary feedback from professionals about the service confirmed this. A relative commented, "They [my relative] are very safe here, they [staff] look after my relative so well and love them to bits. They know them better than we do."

People's needs and a dedication by staff to understand the impact that high standards of care had on improving people's quality of life were at the heart of the service. What made the service exceptional was a distinctive drive to not just achieve particularly positive outcomes for people using the service; sharing of learning and excellent best practice highly commended by health and social care professionals meant the service also made a difference to the lives of people in the wider community.

The service was continuously developing their already excellent activities programme. This had significantly improved people's quality of life, self-esteem and meaningful connections with others living at the service and within the community. The service captured and celebrated people's visible enjoyment, achievements and involvement in short films, including visual 'news bulletins'. These videos were shared with people and their relatives, who were actively involved in the service and its development. This innovative approach helped the service to share and reflect on people's positive experiences and how these made a difference to their lives. The benefits and positive impact of this was evident in people's heartfelt laughs and smiles, as they joined in with and led on activities. In addition, and to support this further, there was a strong focus on developing increasingly detailed individual care plans to underpin truly person-centred care.

The service's leadership was highly distinctive. Managers had a strong focus on continuous development, innovation and working in partnership with others. Their positivity was summarised with an outlook that increasingly strong collaboration with stakeholders meant for them there had "never been a better time to work in the field of care." Managers were praised by stakeholders for being inspirational role-models for other services to follow in their aim to provide outstanding care. We discussed with managers a few areas of record-keeping to be reviewed to develop this further.

Staff felt well supported. Feedback was consistent that there were enough staff and people did not have to wait long to be helped when they needed 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.

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

#### Rating at last inspection

The last rating for this service was good (published 23 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating. We checked to see whether the service had sustained its good rating and found it had improved to outstanding.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# The White House Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, the local authority and professionals who work with 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. We used all of this information to plan our inspection and took it into consideration when making our judgements. The provider was not asked to complete a provider

information return prior to this inspection. 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.

During the inspection -

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. As this was an inspection to check whether the service had retained its good rating, we viewed a smaller number of records than usually. This included three people's care records and different medication records. A variety of records relating to the management of the service, including recruitment, supervision, training, quality assurance and procedures, as well as stakeholder feedback, were reviewed.

The service also shared with us short films they had produced that captured people's experience of using the service, as well as improvements and developments. This film formed a large part of our observations, as it showed us people's involvement, enjoyment and experiences of the service over longer periods than the day of our visit. The service had sought the consent of people or their representatives for these videos to be created and shared appropriately.

After the inspection –

The registered manager sent us some additional feedback and evidence to review in relation to the management 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at The White House. Relatives felt their family members were well looked after and very safe living at the service.
- Staff understood safeguarding responsibilities and had confidence in managers to address any concerns. Safeguarding guidance was clearly displayed on staff noticeboards.

Assessing risk, safety monitoring and management

- Staff understood how to keep people safe. Risks to people's health and safety had been assessed in personalised ways.
- Regular health and safety checks of the environment were completed.
- The service was looking into promoting people's positive risk-taking further in partnership with others, for example one person had shown an interest in completing a sky dive.

Staffing and recruitment

- People, relatives and staff felt there were enough staff. Feedback was this had previously been an issue but improved now. People did not have to wait long to be helped by staff.
- New staff continued to be recruited using appropriate checks.

Using medicines safely

- Staff supported people safely and sensitively with their medicines. Staff checked people's consent before administering medication and explained to people if there had been changes to their medicines.
- Staff competency was assessed regularly, and staff completed records appropriately. We did a spot check of stock levels of medication and found they matched records.
- We highlighted one person's medication records for the service to review for consistency and clarity. This had not affected the person's care and staff had safely and correctly administered the medicine. We considered this as small record-keeping issue.

Preventing and controlling infection

- The service appeared clean and hygienic throughout. Personal protective equipment, such as gloves and aprons, was available.
- The service had been awarded the highest food safety rating at the last relevant inspection.

Learning lessons when things go wrong

- Managers analysed incidents and accidents, learned from events and identified actions to take, to prevent

reoccurrence.

- As part of their exceptional effectiveness, the service had taken this learning further by working in partnership with others and completing a study into links between specific health conditions and falls.



# 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 improved to outstanding. This meant people's outcomes were better than expected and feedback described the service as exceptional and distinctive.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service's partnership working with people and stakeholders to achieve good outcomes was exceptional. Learning and particularly good practice took place not just within the service; they were recognised by and shared with health and social care professionals. This made a significant difference to the lives of people living at the service, as well as those in the wider community.
- For example, through robust partnership working with stakeholders the service had reviewed specific health support for one person. This had a significant impact on their safety and life. It was exceptional that following this, the service had worked closely in partnership with the person to complete a study into innovative approaches to falls prevention. This learning was shared with stakeholders, to also achieve a positive impact for people outside of the service.
- Staff had completed training and were particularly skilled in the use of the National Early Warning Score (NEWS) and a medical toolkit to support this. NEWS is a guide used by medical services to quickly determine the of illness of a patient. This had a significant impact on the wellbeing of people using the service. Together with Emergency Health Care Plans in use it helped to compose accurate monitoring data and prevented people having unnecessary hospital admissions.
- The service's practice in using these monitoring tools had been highlighted as exceptional by health care professionals, one of whom described the team as exemplary and a "go-to" home for best practice with the NEWS kits.
- The service had received highly complimentary feedback from a public health stakeholder. They commended the speed at which the service had translated the National Institute for Health and Care Excellence (NICE) Oral Health guidelines into action. They confirmed that the service's care plans were now being used by other providers as an example of good practice. They described the managers of the service as "inspirational and true oral health champions".
- The service was strengthening their proactive support for people, to promote their mental wellbeing, prevent distress or incidents of behaviours that challenge and increase quality of life. This included the use of a variety of therapeutic activities, which are recognised as beneficial within best practice guidance. People joined in with exercise-based activities inside and outside of the service, which promoted their physical wellbeing.

Staff support: induction, training, skills and experience

- Managers continuously sought learning opportunities to develop their own practice, as well as staff's. This

included leadership programmes, as well as for example a "respiratory training", to support staff to provide more effective, preventative care.

- Staff had also taken the initiative to identify and arrange additional training opportunities to support their colleagues. For example, they had arranged a trip and training session at the crematorium, as they felt this would help staff to prepare emotionally, if they were attending people's funerals and supporting relatives.
- Managers utilised regular supervisions to ensure consistent learning across the team about monthly best practice themes.

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

- People and relatives were satisfied with the quality of the food. One relative said, "I come and join them for food on Sundays, it is very good ."
- There were plenty of meal options for people to choose from. In the afternoon, staff offered people a favourite alcoholic beverage of their choice.
- Staff supported people to eat and drink enough and were knowledgeable about people's dietary needs, as well as preferences.

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

- Refurbishment of the service was ongoing. People's rooms had been designed to their taste.
- Managers took part in a local authority initiative to continuously assess and develop care home environments to be dementia-friendly.

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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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. We found that they were.

- Staff understood the MCA and sought people's consent before providing care, including offering medication.
- Staff had completed capacity assessments for people regarding specific decisions. Appropriate applications to deprive people of their liberty had been made to the local authority.

# Is the service caring?

## Our findings

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

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

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

- The service had learned from an experience and improved their awareness of people's diversity needs and backgrounds. To do this, staff had completed more in-depth training, particularly to support the needs of Lesbian, Gay, Bisexual and Trans people.
- We received positive feedback from people about the service. People's comments echoed that of one person stating, "I feel very safe here, well looked after". Another person we asked looked at managers with a smile and humorously told us, "It is ok, but stay away from those 'odd people' [meaning the managers].", then laughed and clarified with sincerity, "I am joking, I feel happy and safe here, I would not be here if I did not."
- People who did not use words to tell us how they felt about the service appeared relaxed and comfortable in the presence of staff. We observed warm, kind interactions between staff and people who lived at the service.
- Feedback from relatives about the service was positive and praised the kind, person-centred care of staff. One relative told us, "[Our relative is] very safe here, they look after them so well and love them to bits – [after so many years of them living here] they know them better than we do."
- Stakeholders and professionals equally praised the service and we found the homely, family-like and friendly atmosphere they described when we visited.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives were involved in the planning of and decisions over their care. A relative told us, "We only just had a review, they always ask us if there is something else, something [relative] might be getting worse at."
- Care plans described people's strengths, as well as what they needed help with. This promoted staff respecting people's abilities and independence. For example, a care plan stated that one person's dementia might affect their short-term memory, but that the person was still very able to communicate with others.
- The service in partnership with stakeholders had agreed to use "living gem" expressions to indicate people's stages of dementia. This is a model of trying to describe people's experience and changes in a dignified and respectful way, by referring to stages as six different gem stones.
- People's confidential records were stored in a lockable office. As part of the service's good record-keeping, we considered with managers the need to replace some older files, to avoid information falling out.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service was exceptional at promoting people's wellbeing, self-esteem and quality of life through a continuously developing offer of activities. Since the last inspection, a new activities coordinator had been employed. Feedback from people, relatives, staff and professionals was that since then activities had excelled.
- The service made a real difference to people's lives through helping them to fulfil dreams. For example, one older person wished to race around a track in a supercar. Staff supported them to make this happen and the person used this event to raise funds for a charity important to them.
- The positive impact of the activities was also felt by relatives. When the activities person was not in, people and relatives led on activities together, such as getting everyone to play 'Spanish bingo'.
- A closed social group helped relatives to see, through pictures and videos, the activities their loved ones had taken part in and enjoyed. Comments from relatives showed how this had a positive impact on them. They included, "Wonderful experience for them all", "Thank you so much for all you do for [...] all the residents" and "That has made my day".
- The service was excellent at supporting people to connect with each other and the community. This promoted meaningful inclusion, reduced isolation and significantly improved people's self-worth. For example, a yoga class took place at the service, which involved mothers and their babies exercising alongside people using the service. A weekly holy communion service took place, to which the neighbourhood community were invited.
- When people living at the service had developed close personal relationships, staff arranged intimate dinners for them, as well as "date night" activities to enjoy together.
- The service was particularly creative at keeping people active and involved, to make a real difference to their wellbeing. This included arranging a "Summer Olympics", wheelchair ice skating or trips out on a boat, where people actively got to take the wheel and steer the vessel. One person told us, "I loved the boat trip, we will have to do it again when the weather is good!"
- Staff were creative in their person-centred support for individuals, which improved people's emotional wellbeing. For example, for one person a trip had been arranged, to a seaside town they loved, and which was further away. Staff recognised how visiting this town and then being able to reminisce about it helped the person to alleviate anxieties.

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.

- Events, activities and achievements were innovatively captured in short films, to celebrate what had been done together. These films showed how much people had enjoyed themselves. This provided engaging talking points for people within the service.
- The service created a visual weekly news bulletin. People were involved in the creation of this, for example one person presented the weather forecast.
- Information was made available in different formats. For example, the service worked with the local library to make audio books available for people.

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

- Since the last inspection, the further development of individualised care plans had been a focus for the service. This helped to underpin the highly person-centred care with detailed information about people, their needs and backgrounds.
- A particularly clear example of this was the development of rich, person-centred 'end of life' care plans. These included faith needs, care decisions and what would be most important to individuals, to make them feel respected, comfortable and well cared for at the end of their life.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint but told us there was no reason to. Comments echoed one relative, who said, "We have no reason to complain. If we were not sure about anything, we would always ask, and they would sort it."
- When people had a concern that was not a complaint, this was still recorded, resolved, and learning identified.

# 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 improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The outstanding effectiveness and responsiveness of the service made a real difference to the lives of people using the service and the wider community. This was credit to a distinctive, innovative leadership. The strong, inspirational management was praised in a multitude of very positive feedback from professionals.
- We considered with managers review of a few areas of record-keeping to underpin excellent person-centred care.
- A registered manager was in post and they understood their regulatory responsibilities.
- Additional equality and diversity training had been undertaken. This was to further develop and communicate a welcoming, fully inclusive culture for everyone wishing to use the service.

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

- Regular staff meetings took place. A staff member told us, "[Managers] are very approachable, they will have a laugh and a joke with you. Everyone gets on, it is nice, a good atmosphere. We have regular team meetings, they are good, and you can have your input."
- People and relatives spoke highly of the managers. One person summarised this by saying, "[Registered manager] is a brilliant manager". People and relatives were involved and kept up to date with videos including weekly visual news bulletins.
- A closed, private social media group had been created for people and their relatives, with consent having been sought. This provided opportunity to share news, events, as well as achievements and family members were able to leave comments.
- The service continuously sought to connect with their neighbourhood in creative positive ways, to keep people using the service integrated in their community and prevent isolation..

Continuous learning and improving care; Working in partnership with others

- There was a clear culture of learning and innovation, to continuously find about good practice and ways to enrich and improve people's lives. Managers sought ongoing development and working together with others through a variety of projects, for example a local "Well-led Initiative". Stakeholder feedback complimented managers for being inspirational role-models for other services and managers.
- Throughout our visit, we were made to feel very welcome. Managers engaged with our input and

feedback. There was a real feeling of positivity and drive to continuously improve care to make a difference for people.

- The registered manager felt services were evolving and improving together through sharing of best practice, in partnership with the local authority. They summarised their positive outlook and explained, "We feel that there has never been a better time to work in the world of care. We are seeing so many examples of positive changes across the board."

- A variety of internal and external checks were in place to continuously develop the safety and quality of people's care.