

Care Homes UK Two Limited

# The White House Nursing Home

## Inspection report

Monkton Lane  
Jarrow  
Tyne and Wear  
NE32 5NN

Tel: 01914899114

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The White House Nursing Home, provides residential and nursing care for up to 36 people. At the time of inspection, 20 people were using the service.

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

One person had not received an appropriate level of care during their end of life. Some complaints had not been actioned in line with the provider's complaint process.

Systems in place had not been effective in protecting people from abuse. The manager had not successfully identified the issues we found during the inspection. This was in relation to some people's fluid intake not being recorded or monitored. Not all safeguarding incidents had been fully investigated to prevent reoccurrence. Staff recruitment was not always safe, and the provider had failed to follow their own recruitment policy. Staffing levels were not at an appropriate level to ensure people received good care.

Staff had not always received training/refresher training in important areas of care. This included end of life care and oral healthcare. Some staff told us they were not up-to-date with end of life care practice. Some staff told us they were not confident in the use of the provider's electronic care plan system. The manager had failed to follow the provider's own complaints process on two separate occasions.

The manager was not always a consistent present within the home. As a result, checks were not regularly being done to monitor the quality of care or to ensure staff had access to sufficient managerial support. The manager did not always share information when things had gone wrong.

People, their relatives and professionals told us they felt people received safe care. Risk assessments and building checks had been completed to ensure the premises were safe. People's medicines were handled safely.

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.

People's communication needs were identified as part of their pre-assessment. People were supported to maintain contact with their relatives. The manager had recently introduced a booking system which allowed relatives who had not seen people during the COVID-19 pandemic, to visit. The home employed an activities co-ordinator and relatives provided positive feedback about this role.

The provider had completed quality assurance checks at a regional level. These checks had highlighted issues which had resulted action being taken to improve things. Feedback from relatives and professionals obtained via a questionnaire showed positive results.

The manager and the nominated individual were very open and honest with inspectors during and after the inspection process. They listened to all feedback provided and took immediate action to address the concerns which had been raised during and after the inspection.

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 18 October 2018).

#### Why we inspected

We received information of concern in relation to the level of care one person had received during their end of life care. These issues included a lack of oral hygiene and lack of fluid provided at this time of their life. As a result we undertook a focussed inspection to review the key questions of safe, effective, responsive and well-led only.

As a result of our findings during and after the inspection, the overall rating for this service has changed and has now deteriorated to requires improvement with five breaches of regulation and four recommendations.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors on site, and two inspectors who contacted staff via the telephone following the inspection.

#### Service and service type

This service is a care home with nursing. 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 in post. A manager had been in post since the beginning of March 2020, however, they were not registered with the Care Quality Commission. They told us they would apply for registration imminently. A registered manager is someone who, along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 18 hours' notice of the inspection. This supported the home and us to manage any potential risks associated with COVID-19.

#### What we did before the inspection

We reviewed information available to us since the last inspection. This included details about incidents the

provider must notify us about, such as abuse. We sought feedback from commissioners and professionals who work with the service, including the local authority safeguarding adults' team.

#### During the inspection

We spoke with the manager, the nominated individual, (the nominated individual is responsible for supervising the management of the service on behalf of the provider), the clinical lead, one nurse and two members of staff. We also spoke to one person who used the service. We reviewed a range of records. 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 looked at two people's care records, and three people's fluid recording charts.

#### After the inspection

We reviewed a number of care records, and continued to receive information from the manager to confirm the inspection findings. We also spoke with six care staff, five relatives and three visiting professionals over the telephone.

# 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

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from abuse. Safeguarding issues had been logged and notified to the local authority. However, these had not been fully investigated and actions had not always been taken to prevent future risk.

The above is a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.

We spoke to the manager and nominated individual regarding our concerns into the lack of investigation for one particular incident. They agreed to carry out an immediate root cause analysis to identify all failings and take the necessary action to prevent reoccurrence.

- The provider had a safeguarding policy in place for staff to access. However, no review date had been included on this document to ensure information was up-to-date.
- Staff were up-to-date with their safeguarding training.
- Relatives told us people received safe care, comments included, "My dad is happy there, he feels safe." One person told us "Oh yes, I feel safe here." Visiting professionals also told us people received safe care. One professional told us, "On the whole care is good. Before the pandemic, staff knew everything about all residents, I think maybe they have taken too many people in at once which has added pressure for them, but I do believe people are safe."

Staffing and recruitment

- Staff recruitment was not always safe. The provider had failed to follow their own recruitment policy regarding exploring any employment history gaps as part of their recruitment process. On two occasions, no written record had been made during interviews. On one occasion only one member of staff had carried out the interview as opposed to the required two panel members. In addition, the interview questions were from a generic checklist and not specific to different job roles.

The above is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – fit and proper persons employed.

- Staffing levels were not at an appropriate level on the day of inspection. Two members of staff were caring for 13 people on the ground floor, some of who were nursed in bed and who required two staff to support them with personal care. The clinical lead was present on the ground floor but was only seen to administer

people's medicine and did not support staff with people's care needs. At lunch time one member of staff was supporting one person to eat their lunch in their room. This meant the remaining member of staff was left on the floor to support 12 other people during lunch and to answer any call bells for those people nursed in bed.

- We spoke with one member of staff who told us, "Staffing levels are okay at present but only because we have had some deaths. We did not have sufficient staff when we were close to capacity and given all the pressures of COVID."

We spoke to the manager and nominated individual about our concerns regarding staffing levels/deployment of staff across both floors, and they agreed to review this as a matter of urgency.

We recommend the provider reviews their staffing levels to ensure enough staff are employed on each floor to care for people safely and with dignity.

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

- Incidents and accidents were not always analysed to identify areas of learning. One incident had required immediate action to be taken to prevent any reoccurrence. We spoke to the manager regarding this incident and they told us they had spoken to staff to share outcomes, actions and learning from this incident. However, no written record was available to support this conversation and the majority of staff spoken with, were unable to recall this conversation.

We recommend the manager review this process immediately, to ensure a robust protocol is implemented allowing for a written record to be made of such important conversations.

- Risks to people's health and safety were assessed and managed.
- Incidents and accidents had been shared with the local authority.

Using medicines safely

- People's medicines were managed safely.
- Staff who administered or supported people to take their medicines had received appropriate training and had their competency in this area checked.
- The manager and provider had completed regular audits of people's medicine administration records to promote the application of best practice in medicines management by staff.

Preventing and controlling infection

- Infection control procedures were in place. Staff had received training in infection control which they applied in practice in their roles. This practice had allowed staff to contain an outbreak of COVID-19 to one floor of the home.
- Staff had access to personal protective equipment (PPE) including gloves, aprons and masks to help prevent the spread of infection. Staff were seen to be wearing appropriate PPE during inspection.

# 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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- One person had not received an appropriate level of care and support from staff at the end of their life. Concerns had been raised with us about this and this, and this had been the factor which triggered this inspection.
- Staff had not received all appropriate training. Out of the staff we spoke with, 50% told us they had not received end of life training. Comments included, "Not very much training, but seen a few deaths so know what to expect," and "Sort of, due to previous experience but this was years previously and things may have changed in terms of good practice, I'm concerned that other staff may not have had recent training."
- A review of the provider's training matrix showed out of 21 staff, only five staff had received diabetes training (2017) and 16 staff had not received any training in diabetes care.
- Issues had also been identified during inspection regarding staff's confidence and competence to use the electronic care plan system which was in place. Staff told us, "I'm self-taught and not confident on the system," and, "The iPads did not come with proper training and either there needs to be re-training or someone with expertise who has extra time to train less IT-savvy staff."
- Some staff we spoke with were unsure of the reasons or importance of why fluid targets and charts were in place for people.
- Staff had not received any formal supervision sessions since February 2020. The manager assured us they had an open-door policy and staff could seek support from them at any time. The manager acknowledged formal supervision sessions were out of date and this was an area they intended to address.

The above is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - staffing.

- Feedback was sought from visiting professionals and relatives regarding staff skills and experience. Positive comments were shared with us, including, "Staff are lovely in relation to the way they engage with people, especially those people living with a dementia," and, "I went into the home quite frequently before the pandemic and staff were always very attentive. They are really good as [person's name] has dementia, but staff know how to care for him, always joking on with him."

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

- People were offered drinks throughout the day. However, some people's records did not always reflect important information regarding their allocated fluid targets. One person had an allocated fluid target. However, this target had not been recorded on their care plan, nor had any monitoring of their fluid intake

been recorded between 12 March 2020 to 26 April 2020.

We recommend the provider completes a thorough audit of all care plans to ensure fluid monitoring guidance and records are correct.

- People's weights were monitored. Where weight loss had been identified, advice had been sought from various healthcare professionals including GPs and dieticians.

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

- People's needs had been assessed prior to care commencing.
- Most care plans included information which supported staff to care for people in accordance with their needs. This information included details of people's likes and dislikes. For example one person's care plan stated how they liked to sleep with two pillows to support with their comfort.

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

- Staff worked with various external agencies to ensure people received effective care. This included working with GPs, dieticians and the speech and language therapy team.
- We received mixed comments from visiting healthcare professionals who we spoke with. Comments included, "Staff were quick to respond when [person's name] was poorly. There was good collaborative working between the home, myself and the person's GP," and, "If the staff had all of the 'tools' they need, for example diabetic testing strips, I do not think [person's name] would have been admitted to hospital as staff could have managed their care at home."

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, 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. 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 these principles were being met.

- Staff understood the principles of the MCA and were seen to apply this throughout inspection.
- Where people lacked capacity, or where staff felt there had been a change in people's capacity, capacity assessment were completed, including appropriate best interest decisions.
- Care plans included information regarding what people liked to eat, clothes they liked to wear and how they wished to be addressed by staff.

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

- The building was appropriate for the needs of people living in the home.
- People's rooms had been decorated with personal belongings and were comfortably furnished. People had access to communal areas where they were able to socialise, and they also had access to more quiet areas if they chose. An outside garden area was also accessible to people, and this had been utilised more

recently, to allow relatives to visit people whilst adhering to guidelines regarding social distancing.

# 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.

Improving care quality in response to complaints or concerns

- Complaints had not always been handled in line with the provider's own policy. Two separate complaints had been received which had not been actioned in line with the provider's own complaints policy.

The above is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 –receiving and acting on complaints

- A review of the provider's analysis feedback gathered from a survey in February 2020, indicated not all relatives knew the complaint process. No analysis was available to review regarding people's understanding of the complaints process.

We recommend the provider ensures every person and their relatives, are aware of how to raise any complaints or concerns they may have.

End of life care and support

- Not all staff felt confident providing end of life care to people. Comments included, "Yes I am confident," and, "I haven't had any training, but I do know about oral care packs as these are needed for people who could not maintain their own hydration levels when at the end of their life." We asked one member of staff if anyone on 'their floor' was on end of life care and they told us, "I am not sure."
- At the time of inspection no one was receiving end of life care.
- Care plans seen, included details regarding people's end of life wishes.

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

- Most people had received care which was person-centred and unique to each of them. However, one person had not received the level of care which had been detailed in their care plan.
- People's care plans did include information to support staff to care for people in the way they preferred. Care plans were reviewed and updated on a regular basis.

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.

- People's communication needs were met. This information was identified as part of the assessment

process. One person had difficulty with their hearing and care plans instructed staff to speak slowly and clearly when speaking with that person.

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 had been supported to maintain and develop relationships which were important to them.
- Staff supported people to contact their relatives during the pandemic and this was via telephone conversations and video links.
- The home employed an activities co-ordinator. One relative told us "[staff name], is a life saver! Dad has picked up his mood as he has someone interacting with him."

# 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;

- The governance of the service at location level was not always robust. Issues highlighted during inspection had not been identified by the manager. Issues included a lack of documented recording in people's daily care notes. For example, two people were on monitored fluids and this information was missing from their care plans. For one other person, no records had been made of their fluid intake between the dates of 9 to 18 May and 20 to 22 May. For another person, no records had been made of their fluid intake on 7, 8, 9, 10, 12 and 13 April 2020.
- The manager had failed to ensure a robust system was in place to monitor staff training/refresher training. Some staff told us they had not received any training/refresher training in certain areas of care, for example end of life care and oral health hygiene.

The above is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. – good governance.

- Up to the point of inspection, the manager had not been a constant 'presence' in the service to support the service or their staff. We spoke to the manager and the nominated individual about our concerns regarding this issue along with the need for additional support to the manager in their role. They agreed to address these issues with immediate effect.
- The provider had carried out regular audits at a regional level which was based upon information shared with them. Issues had been identified and actions put in place to address these issues.
- Feedback from relatives and visiting professionals was positive regarding the level of care people received from staff. Comments included, "Staff are so friendly and helpful they are fantastic they keep me updated about my mam's care," and, "My dad is happy there, I wouldn't put him anywhere else – staff are very kind."
- During and following the inspection, the manager continued to fully engage with the inspector to ensure areas of concern which had been highlighted were addressed and improvements made.

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

- Concerns had been raised by two separate relatives with the manager, regarding the level of care people had received. The manager told us they had spoken to each relative to offer apologies, but they had not followed this up with an investigation or provided relatives with a written apology.

We spoke to the manager about this and they took action to ensure a written apology was sent to those relatives who had raised concerns.

#### Continuous learning and improving care

- Continuous learning and ways of improving care had not always been robustly embedded within the service. Prior to inspection, assurance had been previously provided by the manager to the inspector, confirming action would be taken to address a previously known issue. This assurance included lessons learnt and the adoption of new ways of working. However, when we spoke with staff regarding these changes to improve care, few were able to recall being informed of this change.

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

- The culture within the home had been raised as an issue, and the manager and nominated individual acknowledged this and shared their concerns with us. Issues had been raised about working relationships/tensions between the manager, nominated individual and staff. They told us they felt improvements had been made and work was ongoing to further improve this situation.
- Relatives told us how they felt people received person-centred care. Comments included, "[Person's name], first language is not English. The home arranged for a person to come in who was able to speak the same language and this was fantastic - they enjoyed this so much," and "My dad was in hospital before going into the home. When in hospital he was quite unstable. However since coming into the home, the staff and nurses have worked well together and are so caring, and they keep him stable which is great."

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

- Feedback had been sought to improve the performance of the service. Questionnaires had been completed in February 2020 by staff, relatives and visiting professionals. Professionals and relative feedback was positive. However, staff feedback less positive. We asked the manager if any action had been taken to address the areas which had drawn less positive feedback. The manager was very open and honest with us and told us they hadn't had time to take any action and this was primarily down to the situation regarding the pandemic. They did assure us however, this was an action they had on 'their list' to address.
- Feedback had not been sought from people living at the service. Again, the manager assured us this would be addressed as soon as possible and again this had been attributed to the pandemic situation.

#### Working in partnership with others

- The manager and staff had a good relationship with other health and social care professionals, including GPs, district nurses and local authority commissioners.
- The manager had notified the CQC of incidents in line with regulations and their legal responsibilities.

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 Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had failed to ensure people were protected from abuse. Staff had failed to recognise on one occasion when advice should have been sought to support them to provide an acceptable level of care.  Regulation 13(1)(2)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The manager had failed to follow the provider's own internal organisational policy regarding the handling of complaints.  Regulation 16(1)(2)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to monitor the quality and safety of the service provided were not always effective in identifying shortfalls or driving improvements.  Regulation 17(1)(2)(a)(b)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The manager had failed to follow the provider's recruitment policy, when employing new staff.

Regulation 19(1)(2)

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The manager had failed to ensure all staff had appropriate training to support them in their role to care for people safely. Staff had also not received appropriate supervision sessions to monitor and support them in their role.

Regulation 18(2)(a)