Mr & Mrs M Govindan

The White House Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The White House Care Home supports up to nine adults with learning disabilities and/or mental health needs. At the time of our inspection the home was full with nine adults using the service.

At our last inspection on 24 July 2015 the service was rated good overall and for each of the five key questions. At this inspection we found the service remained good.

People felt safe at the service. There were sufficient staff on duty to support people during the day and at night. The provider continued to adhere to safe recruitment practices. Risks to people's safety were identified and mitigated. Staff adhered to their responsibility to safeguard people from harm and had regular discussions with the provider about safeguarding procedures. People received their medicines as prescribed.

Staff were supported and encouraged to improve their knowledge and skills through regular training and supervision sessions. Staff adhered to the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The provider participated in local initiatives to further support people with their health needs and accessing healthcare services in a timely manner. People were supported with any nutritional needs and were encouraged to maintain a healthy balanced diet.

Staff built caring trusting relationships with people. They continued to support people to make day to day decisions and respected people's choices. Staff maintained people's privacy and dignity. The provider had engaged in a project with a local hospice to improve end of life care for people with long term conditions.

People continued to receive personalised care. Care plans provided detailed information about people's needs and how they preferred to be cared for. People were encouraged to participate in local groups and undertake activities at the service and in the community. There continued to be a complaints process in place to ensure any complaints made were appropriately investigated.

There was clear management and leadership of the service. Staff felt well supported by the providers and said that they were accessible if they required additional support. There continued to be systems in place to review the quality of the service. The providers responded promptly to address the minor areas requiring improvement identified at the time of the inspection. There were processes in place to obtain feedback from people and relatives about the service. The providers continued to adhere to their CQC registration requirements, submitting notifications as and when required about key events that occurred at the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The White House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 8 August 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the two providers, three people using the service, reviewed three people's care records and two staff records. We looked at medicines management practices and records relating to the management of the service.

After the inspection we spoke with one person's relative, three staff and two health and social care professionals via telephone to obtain their views of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at the service.

Since our previous inspection the provider told us they had difficulties recruiting suitable staff and during a monitoring visit undertaken by the local authority in November 2016 it was identified that the service was short staffed. Since then the provider had successfully recruited staff and at the time of our inspection there were no vacancies. We saw appropriate recruitment practices remained in place which ensured skilled, knowledgeable and appropriate staff were employed. This included completion of an application, attendance at interview, obtaining references from previous employers, undertaking health declarations, completing criminal records checks and reviewing staff's eligibility to work in the UK.

From reviewing the staff rota we saw staffing levels were flexible to ensure there were sufficient staff on duty to support people, both at the home and in the community. The majority of people needed support from staff when in the community to maintain their safety and we saw staff were made available to provide this. People told us they received prompt support from staff, including a person who spent much of their time in their room. One person also said there were staff available at night to provide them with support if they were feeling unwell or if they wanted someone to talk with.

Staff continued to safeguard people from harm. They were aware of how to recognise signs of abuse and what procedures to follow if they had any concerns regarding a person's safety. The provider regularly discussed how to recognise signs of abuse and reporting procedures with staff during supervision sessions. The provider was aware of how to report a safeguarding concern to the local authority safeguarding team if it was required. Since our last inspection there had no safeguarding concerns raised.

Staff continued to review risks to people's safety. Information was gathered on people's previous risk behaviour and staff identified any new risks. This included risk to the person, for example, through self-neglect or self-harm, risks to others, for example due to aggressive or violent behaviour, risks from others, for example due to being exploited in the community and risks of non-compliance with their medicines. Management plans were in place to mitigate the risks.

As well as assessing risks associated with a person's mental health, assessments were undertaken to review risks to people's physical health. For example, one person had a history of developing pressure ulcers. They were provided with pressure relieving equipment, staff were reminded of the importance of maintaining good personal care to prevent moisture lesions and the person was encouraged to apply regular barrier creams. From daily notes we saw staff regularly checked the person's skin integrity. This person also had limited mobility. However, their mobility care plan did not contain sufficient detail about what the person was able to do for themselves and where they needed assistance. We discussed this with the provider who said they would update this paperwork and they provided evidence of this following the inspection. One staff member told us, "Things are always improving…the lift will be good [for the person with limited mobility] and as [people] are getting older." At the time of the inspection building work was being undertaken to install a lift which would further support people with limited mobility to move around the

service.

People received their medicines as prescribed. Safe medicines management processes were followed and medicines were stored securely. Accurate records were maintained of the medicines administered and protocols were in place to inform staff as to when they should provide people with their 'when needed' medicines. The provider undertook regular checks on the medicines administered and reviewed stock levels to ensure they did not have too large quantities of medicines on site but still had sufficient available to meet people's needs. There were processes in place to dispose of medicines safely.

Good

Is the service effective?

Our findings

A staff member told us, "[The provider] pushes us to study and improve our knowledge…to know what you are doing and why you are doing it." The provider was supporting new staff to complete the Care Certificate. This is a national tool which helps staff new to care to understand their role and provides them with information, knowledge and skills to undertake their daily tasks as a care worker. One staff member said working at the service was "good, especially having the support from [the providers]." The provider discussed with staff the learning they had achieved through completion of the Care Certificate modules at supervision sessions. This enabled the provider to review staff's competency as well as providing staff with opportunities to validate their learning and ask any questions they may have. Since our last inspection the provider had sourced a new resource to provide their mandatory training. The provider had completed the mandatory training to ensure their knowledge was up to date but also to review the quality of the training provision. They organised for staff to complete one training module a month, and again discussed their learning during supervision sessions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was aware of the procedures to follow in regards DoLS to ensure people were only deprived of their liberty when authorised to do so. The provider was aware of when the DoLS arrangements expired and applied for the restrictions to be reviewed to ensure they were still appropriate.

Staff continued to support people in line with the MCA. They were aware of who had capacity to make decisions and what types of decisions people were able to make. Where people did not have capacity, for example in regards the management of their finances, staff were aware of who had been legally appointed to make these decisions on the person's behalf. When people were unable to make care and welfare decisions, the provider liaised with appropriate health and social care professionals to make a decision on the person's behalf, involving people's relatives when appropriate.

The provider had engaged with the local Clinical Commissioning Group and implemented initiatives at the service to ensure people received prompt and appropriate health care. This included the Croydon care navigator initiative and use of Croydon's 'purple guide'. These initiatives provided further information to staff about when and how to access health services, including how to get support in an emergency from the appropriate team without having to wait for a GP appointment or going to A&E. The provider stated through these initiatives they had learnt more about what services were available in the local area for people living with long term conditions.

Staff continued to support people with their health needs. This included supporting them to access healthcare services and attending hospital appointments. Staff were aware of what long term physical healthcare conditions people had and provided any support they required. This included supporting a person with their epilepsy. Staff maintained detailed records about the person's seizures so this information was available for their neurologist and psychiatrist when reviewing their treatment plan and medicines. The

provider monitored people's blood pressure on a regular basis. They identified that one person's blood pressure was higher than usual. They assisted the person to visit their GP who reviewed their medicines. Since then the person's blood pressure had remained within a 'normal' range. Health action plans and hospital passports continued to be developed and used to support with people's health needs when using different services.

People continued to have their nutritional needs met. Staff provided people with any support they required at mealtimes and encouraged people to maintain balanced healthy diets. The provider weighed people regularly so they could identify any changes in their weight which may indicate they required additional healthcare assistance. Menus were planned on a weekly basis with input from people. However, the menu was flexible and people were able to request alternatives if they did not want what was on the menu that day. One person said the meals were "generally pretty good" and "I get to choose".

Good

Is the service caring?

Our findings

One staff member told us the provider emphasised that staff must know each person using the service. All staff informed us they treated people as individuals and everyone was different. They had gotten to know the people using the service including their preferences, interests and likes and had built good relationships with them. One staff member said, "We treat each other as family."

Since our previous inspection the provider had engaged in a project with a local hospice improving end of life care for people with learning disabilities and long term conditions. This project's aim is to develop staff's knowledge and skills in providing end of life care and discussing with people their wishes as to how they would be cared for. The project does not only focus on the last year of a person's life but looks at people's current health needs and their overall wellbeing, identifying any signs of decline. The project is based on the hospice's 'six steps to success' programme which provides staff with resources to appropriately assess and plan for end of life care in the time leading up to a person's death as well as after their death, ensuring that coordinated care is provided in line with a person's wishes and best interests.

Staff were aware of people's communication methods. People at the service had a variety of communication needs. Staff were aware of who was able to communicate verbally and the level of information people were able to understand through verbal communication. One person had no verbal communication but was able to understand key words and phrases. For people that had hearing impairments we observed the provider communicating with them using sign language and written communication methods. Staff were also aware of any other sensory impairment people had, for example, we observed staff supporting a person with visual impairments and helping them navigate around the service. The provider was aware of the importance of not making too many environmental changes as the person had lived at the service for many years and was familiar with the layout.

Staff continued to support people to make decisions about their care and how they spent their day. One staff member said, "What [people] want – we do it. We let them choose." They were aware of who was able to retain information and at what point people were able to make an informed decision. For example, some people were able to make a decision if it was required at the time they were being asked, but due to difficulties with the concept of time they were not able to make a decision about what they wanted to do next week. Staff ensured they continued to remind people about the choices they had made to ensure it was what the person wanted to do at that time.

Staff continued to support people in line with their religious, cultural and individual preferences. Staff identified on admission people's religion and information about how they practiced their faith. From reviewing records and speaking with people it was clear that people were supported to practice their faith and visit places of worship.

People's privacy and dignity continued to be respected. Staff did not enter a person's bedroom without their permission, unless they had concerns about their safety. Staff asked people whether they preferred their bedroom doors to be left open or closed and respected a person's preference. Staff gave people space to

adhere to their own personal care where able, and offered support discreetly with any continence care needs.

Good

Is the service responsive?

Our findings

A relative told us they were "really impressed" with the service and that their family member was "really enjoying" being at the service. They said "[The manager] goes out of her way to take [their family member] out" and "[their family member's] happy – there's been a massive improvement since [they've] been there." A social care professional we spoke with felt in regards to one person in particular that there had been much improvement in the person's overall health and wellbeing since being at the service.

Staff continued to provide people with personalised care and support. We reviewed three people's care records, including the records of two people who had moved to the service since our previous inspection. People's care records showed staff continued to undertake detailed assessments prior to people moving to the home to ensure they were able to meet people's needs. Information was collected about people's current needs as well as relevant historical information. This information was used to develop detailed care plans including in relation to their personal care, their health, their social needs and activities of daily living. Staff were aware if people were susceptible to infections, for example urine or chest infections, and provided support to minimise the risk of these occurring.

People had their preferred routines and staff respected this and supported people in line with their preferences. Care plans stated what people were able to do independently and where they required assistance or encouragement from staff. We heard from staff that one person became very distressed when they first came to the service when staff offered to support them with personal care. However, since moving to the service the person had relaxed and was now regularly receiving support from staff to ensure their personal care was maintained.

Staff were aware of how people expressed if they were in pain. This information was included in people's care records, particularly for those that were not able to verbally communicate this information so staff could provide prompt support.

The majority of people had active lives and staff encouraged people to undertake a variety of activities including accessing community groups and day centres. On the day of inspection most of the people were accessing different groups during the day and kept to their own weekly schedule. People told us they were looking forward to the outing the following day to the pub for lunch. We also saw people engaging in activities of daily living and they enjoyed participating in the running of the service, including laying the tables for lunch and helping clean up afterwards. Information was included in people's care records about how they liked to spend their time, their hobbies and interests. People showed us and spoke to us about activities they enjoyed at the service, including art and crafts, playing cards and being able to watch their favourite TV shows which the provider recorded for them if they were not in when they aired. One person told us they enjoyed shopping especially with the provider supporting them.

A complaints process remained in place. No complaints had been received since our previous inspection so we did not look at this area in detail. Nevertheless, the process remained in place to record, investigate and action any complaints raised. People told us they felt able to speak with the providers if they had any

concerns. One relative said, "I have no complaints at all."

Good

Is the service well-led?

Our findings

A staff member told us, they were "so happy with the manager." A relative said, "[The manager] seems to really care for [the people living at the service]."

This service was not required to have a registered manager due to the provider being a partnership. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider, Mr and Mrs Govindan, provided hands on support as well as providing leadership and management of the service as manager and deputy manager. They were rostered on duty Monday to Friday to support people during the day and were available out of hours to support staff if and when required. A staff member said, "[The providers] are on call 24 hours a day…any time of the day you can ring them."

There continued to be processes in place to review the quality of service delivery and ensure people's safety and welfare. This included a programme of regular fire alarm tests, checking fire extinguishers, undertaking evacuation drills to establish if personal emergency evacuation plans were working, gas and electrical safety checks, water temperature checks and legionella testing. The provider had undertaken a health and safety risk assessment to identify any environmental concerns. Through this we saw the provider had identified that there was a risk that people may burn or scald themselves from contact with radiators. This was mitigated through temperature controlled radiators. However, we identified a free standing heater in one room. Whilst the provider felt the risk of the person burning themselves was low, after our inspection they informed us they had mitigated the risk and removed the heater. The health and safety risk assessment also identified the risk of people falling from height. At the time of the inspection there were no window restrictors in place. Again the provider felt the risk of people falling was low, but after our inspection they informed us and sent evidence that window restrictors had been installed to mitigate this risk.

A local pharmacy continued to undertake annual audits of medicines management to ensure safe practice was maintained. In addition, the provider undertook regular checks on medicines which included reviewing stock levels. However, at the time of our inspection the provider was not recording these checks and therefore there was a risk that they could not account for all medicines on site. The provider assured us following our inspection they would document their checks to ensure they were following best practice guidance for the safe and proper management of medicines at care homes. Evidence for these stock checks was sent following the inspection.

The provider developed, reviewed and updated people's care records so they could ensure they were appropriate and provided detailed and clear information about people's needs. On the whole comprehensive records were maintained and contemporaneous notes were taken about the support provided. We spoke with the provider about our concerns that one person's mobility care plan did not fully reflect the person's needs and abilities. After our inspection they sent evidence that this care plan had been reviewed and updated to ensure it accurately reflected the person's needs.

There continued to be processes in place to obtain feedback from people and their relatives about their experiences of service provision. We viewed the feedback received which included completed satisfaction questionnaires and a number of thank you cards. People and their relatives were complimentary about the service provided. Comments included, "I enjoy it very much. The staff here are very helpful and caring," "I like to keep living here. I like my friends and the staff they look after me well," "My [family member] is beautifully cared for and looked after" and "The staff are wonderful and treat [their family member] with dignity, respect and kindness."

The providers adhered to the requirements of their registration with the CQC. They submitted notifications about key events that occurred at the service as required by law.