

Medical Resources Worldwide Limited

The White House Nursing Home

Inspection report

Gillison Close
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Tel: 01462485852

Date of inspection visit:
04 February 2020

Date of publication:
06 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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 Nursing Home is a purpose-built residential care home providing personal care to 35 people at the time of the inspection. The service can support up to 67 people.

The White House Nursing Home is in administration. A supporting provider, The Krinvest Care Group, had been instructed by the Administrators to operate the care home whilst a sale is secured.

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

People were mostly happy with the care and support they received. One person felt some elements could be improved. Staff were kind, friendly and attentive to people's needs. People told us there were enough staff to meet their needs. Staff felt that there were enough of them to meet people's needs in a person-centred way. Staff were trained and felt well supported.

People felt safe and staff were aware of how to promote people's safety. Regular checks were in place to ensure staff worked in accordance with training and health and safety guidance was adhered to. Where there had been an increase in incidents, the manager told us this was due to better reporting from staff. However, the action plan in place to reduce the risk of skin tears, needed to be reviewed as this had not been effective.

There were governance systems in place and these were being used effectively and regularly. The management structure in the home made staff feel they had guidance and support.

There was plenty of communal space for people to enjoy, however, some of these spaces were not used. People living in the upstairs of the house would benefit from accessing the communal areas if possible. People participated in the activities that were provided, however people upstairs needed more opportunities for social interaction.

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 were involved in planning their care, along with their relatives. People had end of life care plans in place. Complaints were responded to appropriately. Feedback was sought through meetings and a survey was due to be sent.

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

The last rating for this service was Inadequate (published 17 October 2019). At this inspection the service has improved to Requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 8 August 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 was carried out by two inspectors.

Service and service type:

The White House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 who had applied to be registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The White House Nursing Home is in administration. The Krinvest Care Group were assisting the Administrators to operate the care home whilst a sale can be secured. The director of operations and an operations manager were providing management oversight and support to the manager at the time of the inspection.

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 the local authority and professionals who work with the service. We did not request a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with the manager, director of operations, an operations manager and five members of staff. 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. This included four people's care records and various medication records. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

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 Inadequate. At this inspection this key question has improved 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

At our last inspection the provider had failed to ensure people's safety was promoted. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had their individual risks assessed.
- Staff were aware of individual risks and we saw them working safely. However, we did see that there were a number of skin tears. As a result, staff had been reminded about safe practice, received more training and discussed techniques for supporting someone who was displaying behaviour that challenged. We asked the management team to review the incidents and ensure that all appropriate action was taken to mitigate risks to people.
- Following the inspection, the management contacted us to say actions had commenced. There were spot checks to be completed on staff throughout moving and handling, root cause analysis on skin tears and update training to be completed.
- We saw there was an increase in the number of 'sore' areas being reported. The manager told us that they had noticed this but felt it was because staff were effectively reporting now. During the inspection we saw that pressure care was delivered safely and equipment was checked.
- There were systems in place to manage fire safety. Fire drills were completed and staff knew what to do in the event of a fire.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficiently skilled staff to support people in a safe and timely way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People told us there were enough staff to meet their needs. One person said, "There's enough staff, they pop in on me, they always come when my bell is pressed."
- We saw that people had their needs met in a timely manner.
- Staff said they felt there were enough staff to meet people's needs. They told us they would prefer to have more permanent staff rather than needing to use agency staff. However, we were also told that the agency staff who worked at the home worked there often, this promoted continuity.
- We discussed with the management team the need to have a robust staffing plan in place prior to consideration of admitting any new people.
- Staff told us that robust recruitment processes were followed, and this helped them ensure those employed were suitable to work in a care setting.

Using medicines safely

- People received their medicines when needed and in accordance with the prescriber's instructions.
- Records tallied with stock held, handwritten entries were countersigned, and most boxes were dated on opening. However, on the upstairs unit, two out of five boxes checked were not dated.
- Audits were completed regularly and daily counts were being completed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from the risk of abuse or improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe. People told us they would talk to a member of staff if they were worried about anything.
- Staff had received training on how to recognise and report abuse. They were reminded of their responsibility and the process during meetings. One staff member said, "I would report anything that worried me to my manager or to CQC."
- Information on reporting concerns was displayed in the home and concerns had been reported appropriately.

Preventing and controlling infection

- The home was clean and there were systems in place to manage infection control.
- Staff had received infection control training and we saw this being put into practice. For example, the use of personal protective equipment.

Learning lessons when things go wrong

- Where incidents, accidents and complaints had occurred, or updates were needed, the manager shared this information with the staff team through meetings and supervisions.
- Staff confirmed that they were kept informed of changes and they were reminded of what was expected

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 Requires improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There had been no admissions to the service since our last inspection, so we could not review the admissions process.
- Staff were kept informed of what was expected by the management team and this was reiterated at meetings and during the management teams' observations. They explained to staff the seriousness of any shortfalls found.

Staff support: induction, training, skills and experience

- People told us they felt staff were trained for their role. One person said, "They all know what they're doing."
- Staff had received training in subjects to support them in their work and they told us they felt equipped for their role. One staff member said, "There is loads of training, I'm always on training."
- Staff said they felt supported and preferred the current structure in the home.
- The manager reported that the induction training had been amended. GDPR and Equality and Diversity sessions had been replaced by increased skin care and person-centred care training. They felt this was more beneficial for people and staff and that the other training could be captured in e-learning.

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

- People enjoyed a varied and balanced diet. People who were unsettled had staff sitting with them, engaging in conversation and assisting them to eat if needed. This alleviated their behaviours.
- People told us that they enjoyed the food and choices were available. One person said, "I enjoy the food and I get a choice." Relatives told us the food was good. Pictorial choices were available. Where people were not eating, staff offered alternatives and encouraged them to eat.
- Dietary needs were known by staff and communicated to the chef. Weights were monitored, and action taken if people were noted to be losing weight and at risk. A member of the supporting provider's catering team was providing oversight and improving the mealtime experience and people's nutrition.

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

- The team worked with the local authority to help ensure people received safe and effective care and improvements were made.
- There was good communication between staff and professionals to help ensure people's needs were being met.

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

- The building was set up in a way that allowed people to move around freely. There were ample communal areas for people to use. However, better use could be made of lounges to encourage people upstairs to come out of their rooms.
- There was an accessible garden which we saw people using.
- Bedrooms were personalised, and bathrooms had equipment available.

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

- People had regular access to health and social care professionals.
- We saw that people were visited by the optician and chiropodist and when needed referrals were made to specialist healthcare teams, such as the tissue viability nurse or the speech and language team. There was a hairdressing salon.

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.

- People had their capacity assessed for relevant decisions, and best interest decisions were recorded. The team acted in the best interests of people and respected their choices.
- We noted that staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do. Gentle encouragement was given to people when it was in their best interests to have support, for example, to eat some lunch.
- DoLS applications had been made and people were being supported in the least restrictive way while these were awaiting authorisation.

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 Requires improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy. All doors were shut whilst personal care was happening, and staff knocked on all doors before entering. Most bedroom doors were open when people were in bed. We were unable to get people's views about this. We asked the management team to review it.
- Staff were discreet when speaking to people or about people's needs. For example, we saw a staff member lean in to someone to ask them quietly if they wanted support.
- Records were held securely so to promote confidentiality.

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

- People told us that staff were kind, attentive and respectful. One person said, "They're nice, they all know me." However, one person said they felt staff could be abrupt and refused to support them in a way they liked. We discussed this with the management team and there was ongoing support in relation to this situation. However, we asked that the plan was reviewed to ensure the person's well-being was promoted.
- We heard and saw staff being kind and reassuring with people. Staff were cheerfully chatting about the weather, asking if people were comfy and feeling OK.
- A member of the management team told us, "Staff are regularly trained within dignity and respect and monitored daily, residents are reviewed on a regular basis to ensure their needs are met and encompass any changes with the resident and families."
- Visitors were welcome at any time.

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

- People and their relatives were involved in planning and reviewing their care and the day to day decisions. One person said, "They always ask me first and give me choices."
- Staff asked people before supporting them and explained what they were doing.

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 Requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- There were activities going on during the inspection on one unit. The group activity was card making. There was afternoon baking scheduled each week. The manager said, "Now there is a team: [Name] heads up the team and there are two part time co-ordinators. There must be activities every day. There is a plan in people's rooms to advise them what activities are on each day." Activities planning formed part of the home's improvement plan.
- However, there was not enough to engage people being cared for in bed and for those younger people living in the home who did have capacity. One person told us they would enjoy fishing and shooting. We discussed this with the management team who told us they had tried to arrange this, but it had been declined. We asked that they explore this to ensure this was the person's choice.
- Another person said, "If someone could come in and chat with me it would make my life so much better." We asked the management team to explore ways that this could happen at intervals suitable to the person.

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

At our last inspection the provider had failed to ensure people received personalised care that met their needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People told us that they were happy with the care they received, and it was delivered in a way they preferred. One person said, "The care is good."
- Care plans gave staff clear details of people's needs. They were easy to follow and person centred.
- One person liked to sleep on the sofas in the lounge. The management team reported the person had moved to a room downstairs, so they could have a sofa in their room, which they were now enjoying sleeping on.
- We heard a staff member supporting person who was becoming distressed. They made they person feel reassured and as a result their anxiety levels were reduced.

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.

- Staff took time to communicate with people who had impaired communication.
- Care plans set out how each person needed to be supported with communication and staff knew people's abilities and how they needed to approach people. For example, one person was hard of hearing but didn't like to wear hearing aids. Staff were instructed to speak into the left ear to communicate effectively with them.
- The manager told us, "One [person] living with visual impairments. We purchased a special call bell for them, they just have to lay their hand on it."

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to ensure complaints were robustly responded to. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- People and relatives told us that they felt confident to raise an issue if one arose.
- Complaints recorded were logged to enable monitoring of their progress and reviewed to identify themes and trends.

End of life care and support

- End of life care was provided at the service. The staff worked with people to help ensure they were supported in a dignified and pain free way.
- Care plans were in place, stating what people's wishes were, including if they wished to be resuscitated and if the relevant documentation was in place. However, some plans needed more development, to support staff to promote emotional well-being and reassurance.
- The management team told us that some work had been done in this area. For example, one person had requested that they wear their salvation army uniform to leave the home for the last time. This had been cleaned, pressed and placed in the wardrobe. Another person used to be a pilot and really enjoyed the sound of airplanes. A soundtrack had been sourced for them.

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 Inadequate. At this inspection this key question has improved 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

At our last inspection the provider had consistently failed to ensure that systems in place appropriately identified and addressed issues in the home. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The White House Nursing Home is in administration. The Krinvest Care Group were assisting the Administrators operate the care home whilst a sale can be secured. The Director of operations and an operations manager were providing management oversight and support to the manager, who had applied to register with the CQC at the time of the inspection.
- The management team carried out checks and audits to help satisfy themselves that standards were to that expected and regulations were met. One staff member said, "They check on what you are doing and that you are doing it right. They let you know if it is wrong, in a nice way though."
- Where these checks had identified shortfalls, action plans were implemented to address these areas. The team had introduced one senior carer on each floor to be supernumerary. Their role was purely to check people had received their personal care properly, that records were completed and that rooms were tidied. The manager reported this had been very effective and gave them "eyes and ears" on each floor. The manager said, "Previously staff lacked guidance and direction. Now with seniors on the floor and me walking around all day they have support and guidance when they need it."
- Staff told us that they felt that the home had improved since the last inspection. They told us the team had worked hard to improve the home for people.
- Accidents and incidents were reviewed to ensure there were no themes and trends. Also, to check all necessary action had been taken. Staff were made aware of what was needed to minimise reoccurrences.
- There had been an increase of incidents, these included even where a person's waistband had left a red mark. The manager told us they had noted the increase in reporting within the home but felt this was down to staff being vigilant and ensuring even the small details were raised.

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

- People and relatives gave mixed views about the manager and the running of the home. One person said, "[Manager], he is brilliant, great chap." Another person told us, "I haven't seen him for a while. " Generally, the feeling was that the home was running better since the manager was in post and the management company were providing oversight and support.
- Staff felt that the home was now more open, team work and communication was better and this made for better outcomes for people. One staff member said, "We all know where we stand now. If someone goes wrong, it's not just a slap on the wrist, they (management team) work to see why it happened and how we can make sure it doesn't happen again."
- We found that the home had more structure, staff were receiving leadership and guidance and the ethos was about making the home Good with good quality care for people.

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

- The management team were responsive to all feedback on the day of inspection, taking prompt action to review issues. We received an update the day after the inspection stating what additional actions they were taking following our feedback.
- Meeting notes showed that safeguarding issues and incidents were discussed. Changes to practice that were needed and provide a good standard of care was discussed. Meeting notes also showed that people, relatives and staff were kept informed of changes to the management structure in the home and outcomes from visits or contact with the local authority and the CQC.

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

- There were meetings for people and their relatives. The meeting notes included actions and feedback for people. Surveys were due to be sent out.
- Staff also told us that there were regular meetings and a member of the management team was always around which made them feel supported and have clear direction.

Continuous learning and improving care

- Incidents, complaints and events were reviewed, and meetings discussed any learning as a result.
- The service had a development plan in place to help drive and sustain improvements going forward and develop the quality of the service for all.

Working in partnership with others

- The management team worked with the local authority to address areas they found as needing development.