

SSL Healthcare Ltd

# 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

We inspected The White House Care Home on 22 March 2017. The inspection was unannounced, which meant the staff and registered provider did not know we would be visiting. When we last inspected the service in January 2015 we found that the registered provider was meeting the legal requirements in the areas that we looked at and rated the service as good. At this inspection we found the service remained 'Good'.

The White House Care Home is registered to provide care and accommodation to a maximum number of 29 older people and older people who are living with a dementia. There are bedrooms over three floors, which are accessible by a lift. All bedrooms have a toilet and sink within them. At the time of the inspection there were 24 people who used the service.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies around administering medicines were regularly checked. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

We received mixed reviews when we asked people, staff and relatives if there were enough staff on duty to meet the needs of people. After the inspection the registered manager reviewed people's needs and met with staff and increased the amount of staff who were on duty. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and all staff had completed up to date training. We did note some gaps in health and safety training, however, the registered manager took immediate action to rectify this and those staff who had not completed this training were to be signed up by 11 April 2017. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were able to choose meals of their choice and staff supported people to maintain their health and attend routine health care appointments.

People who used the service told us that staff were kind and caring. Care plans detailed people's needs and preferences. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. People were actively involved in care planning and decision making.

People who used the service had access to a range of activities and leisure opportunities. The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance processes were in place and regularly carried out by the registered manager and registered provider, to monitor and improve the quality of the service. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met. Feedback was sought from people who used the service through regular meetings'. This information was analysed and action plans produced when needed.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well led.

# 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 comprehensive inspection took place on 22 March 2017 and was unannounced, which meant that the staff and registered provider did not know we would be visiting.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the registered provider. We emailed the local authority commissioning team and the safeguarding team at the local authority to gain their views; they did not raise any concerns.

The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included three people's care records including care planning documentation and medicines records. We also looked at three staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We spoke with five members of staff, which included the registered manager, deputy manager, the regional

manager a senior care assistant and a care assistant. We spoke with nine people who used the service and three relatives. We spent time observing staff interactions with people throughout the inspection.

# Is the service safe?

## Our findings

People told us they felt the service was safe. One person told us, "I felt safe from the first day I moved in." Another person said, "I find the staff to be very kind and caring and that certainly makes you feel safe." A relative said, "Everyone says hello and [relative] is definitely more settled here."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, Disclosure and Barring Service checks (DBS) were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with people.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as falls, choking, moving and handling and the use of equipment. This enabled staff to have the guidance they needed to help people to keep safe. Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks.

The registered provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MARs) that we looked at were completed correctly with no gaps or anomalies. We asked what information was available to support staff when handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. The room temperature in which medicines were stored was monitored daily and on a number of occasions we noted the room temperature was too hot. We pointed this out to the registered manager who informed us after the inspection they had placed a fan in the room and they were to monitor this temperature to ensure it didn't exceed the maximum limit.

We spoke with people who used the service, relatives and staff and asked them if there were sufficient staff on duty to ensure people's needs were met. We received a mixed response. One person said, "Whenever I need them [staff] they are always available to help me." Another person said, "They [staff] come when they can, but I have to be honest sometimes it seems a long time to me." Another person said, "You [People who used the service] have to wait ages sometimes." A relative said, "There always seems to be enough staff on call when I visit." Staff told us there were busy times where it would be beneficial to people who used the service if more staff were on duty. We spoke with the registered manager who told us there was four to six care staff on duty during the day and overnight there were two care staff. In addition the registered manager

was supernumerary and worked during the day Monday to Friday. We spoke with the registered manager and told them about the mixed reviews we had received on staffing levels. They told us they would undertake an immediate review of people who used the service to determine that there were sufficient staff on duty to meet people's needs. After the inspection the registered manager contacted us to inform that they had reviewed staffing levels and there was now an additional member of staff on duty each day from 6pm until 10pm. The registered manager told us they were interviewing potential new staff with a view to increasing staffing levels on a morning.

We looked at records, which confirmed that checks of the building and equipment were carried out to ensure health and safety. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers and the fire alarm. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken and was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.



# Is the service effective?

## Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "They [staff] look after me very well." A relative said, "Yes, the Carer's are lovely, we moved [relative] to this home from another. [Relative] needs exercise and [relative] gets more independence here."

Care workers were well supported in their role as the registered manager ensured staff received regular supervision and an annual appraisal. Supervisions provided staff with the opportunity to discuss any concerns or training needs. The registered manager told us at each supervision they discussed an important topic such as safeguarding or medical conditions. We saw recent supervision had included discussion about Delirium, which is a state of mental confusion that can occur as a result of illness, surgery or with the use of some medications. One staff member said, "I couldn't feel anymore supported both [name of registered manager] and [name of deputy manager] are great." Another staff member said, "We [staff] get regular supervision. I have had about four supervisions since I started working here in September."

Records we looked at showed care staff had received the training they needed to meet the needs of the people using the service. This training included safeguarding, first aid, infection control, moving and handling, medication and fire training. We did note some gaps in health and safety training and pointed this out to the registered manager. The registered manager contacted us after the inspection and told us all staff who had not completed this training would be signed up to complete it 11 April 2017. Staff told us they had enough training to enable them to support people and meet their needs. One staff member said, "I have been supported and encouraged with my training. They [The registered manager] put me through my level two. I then went on to do my level three in medicines and now I am doing my level three in care."

The registered manager was very keen to keep staff knowledge up to date. They told us they and the deputy manager had attended a recent kaizen event (this is a short duration improvement project with a specific aim for improvement). The event focussed on preventing Delirium. During the event the registered manager and deputy manager worked with other professionals to develop a Delirium awareness pack to circulate to other care homes, hospitals and GP surgeries. They also worked with other professionals to develop a tool to assist staff to recognise the symptoms of Delirium. After the event the registered manager and deputy manager delivered training to care staff at the service.

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). Where people lacked capacity to make decisions, staff told us they, other professionals and family had made best interest decisions, however, we noted there wasn't always a written record kept of this. After the inspection the registered manager sent us some decision specific MCA assessments and best interest decisions. The registered manager kept a tracker of all DoLS authorisation so these could be renewed in a timely manner.

We looked at the menu plan. The menus provided a varied selection of meals and choice. Staff supported

people to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this. We asked people if they enjoyed the food that was provided. One person said, "Yes, I like breakfast best, it's beautifully prepared and there are plenty of drinks water, tea and juice." Another person said, "Yes, I like fish and chips and the Christmas lunch was lovely." Another person said, "They [kitchen staff] do some nice gravy especially with the red meat."

We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished or at risk of malnutrition. Discussion with the registered manager and examination of records informed that when people had lost weight they had been referred to the dietician.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist and their doctor. The registered manager said that they had excellent links with the doctors and community nursing service. Visits from professionals were recorded in care records and detailed outcomes of these visits.

# Is the service caring?

## Our findings

People told us they were very happy and that the staff were very caring. One person said, "They [staff] always treat me with respect and kindness." Another person said, "They [staff] always take time to talk and listen to me."

Observations throughout the inspection showed staff were caring and respected people's privacy. Staff were extremely polite, friendly and caring in their approach to people. Staff were patient when speaking with people and took time to make sure that people understood what was being said. On the morning of the inspection we saw how one member of the care staff spent time with people giving them choices about what they would like for lunch. The staff member made sure each person was aware of the individual choices available for them. We saw staff were affectionate with people and provided them with the support they wanted and needed.

There were many occasions during the day where we saw staff and people who used the service engaged in conversation, general banter and laughter. We saw staff speak with people in a friendly and courteous manner and saw staff were discreet when speaking to people about their personal care. This showed us that that people were treated with dignity and respect and this promoted their well-being.

We saw that people were able to move freely and safely around the service and could choose where to sit and spend their recreational time. People were able to choose to go to their rooms at any time during the day to spend time on their own and this helped to ensure that people received care and support in the way that promoted their comfort, security and happiness.

It was clear staff knew people's care needs well. Staff were able to give a detailed history of people who used the service, including likes, dislikes and the best way to approach and support the person. It was clear from the interactions between staff and people who used the service that positive relationships had been built.

We looked at care plans to see how people had been involved in decisions about their care. Examination of records confirmed that people were involved in making decisions about their care and treatment on an ongoing basis. People's lifestyle, religious and personal choices were respected by the service, people were supported to continue their preferred way of living.

Staff encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis.

Information on advocacy was available for anyone who required this and was displayed around the service.

At the time of our inspection no one was receiving end of life care. However, the registered manager showed us the end of life care plan for one person who had recently died. The plan was extremely detailed to ensure the needs of the person were met. The registered manager told us they were to reduce the size of the plan

to make it easier to read in a short timescale.

We were shown some recent compliments the service had received. One stated, 'Thank you for all the wonderful care you gave to my [relative] over the last 13 years. As we said during here service you were all her foster family not just carers in a residential home. [Relative] felt looked after and secure with you all and we could not ask for more.'

## Is the service responsive?

### Our findings

People told us they felt the service provided personalised care. One person said, "I get all the help I need." Another person said, "The staff on the whole are pretty good."

People who used the service had a One Page Profile. This is a short introduction to a person which captures key information on a single page and gives family friends or staff an understanding of the person and how best to support them. The registered manager told us they had recently undertaken One Page Profiles on staff. The purpose of this was to enable people who used the service to get to know staff. The registered manager said they were to review the keyworker system and match the personalities and other qualities of staff to people who used the service.

During discussion staff told us how they carefully considered what people wanted, their values, family, lifestyle and treating the person as an individual. During our visit we reviewed the care records of three people. We saw people's needs had been individually assessed and plans of care drawn up. The care plans included people's personal preferences, likes and dislikes. A detailed monthly review of people's care, achievements and health was completed.

Staff were very responsive to the needs of people who had Parkinson's. If people with Parkinson's don't get their medication on time, their ability to manage their symptoms may be lost. For example they may suddenly not be able to move, get out of bed or walk down a corridor. The registered manager and deputy manager told us how they encouraged the positive use of mobile phones. Those staff responsible for the administration of medicines set reminders to their mobile phones when people's medicines were due. This action had made a positive difference to those people who had Parkinson's.

The deputy manager told us four people who worked at the service were responsible for ensuring people who used the service took part and enjoyed meaningful activities. One staff member managed the budget and another was responsible for raising money by undertaking raffles. Two care staff were responsible for delivering the activity schedule, however there were no additional hours allowed for this by the registered provider.

We looked at records of the activities people had taken part in. This included bingo, pub quizzes, arts and crafts, cards, dominoes and reminiscing. People who were involved in the activity were asked to provide feedback. The feedback was used to determine how much a certain activity was put into rotation, how suitable it was and if it was popular or not. Staff also kept a record of all people who used the service and the amount of activity sessions they had taken part in. This helped to identify those people who used the service who had little or no participation in activities so that staff could take action to address this.

People also enjoyed going to the Tees Wheelyboats. People were able to access a small adapted motor boat easily and without leaving the wheelchair. The boat took people along the Tees with a wheelchair accessible stop at Preston Park. The deputy manager told us this activity had proved very popular, especially in the summer months.

Staff at the service had also invented their own activities. One of the activities was called Bean Bag Black Jack. Staff placed extra-large playing cards on floor with people who used the service sat around the cards in a circle. Each person was given two bean bags to throw and land on the cards. People competed to get the highest score of 21 (a black jack hand). The deputy manager told us this activity was suitable for people with varying capabilities.

Staff had also researched meaningful activities for people living with a dementia. They showed us the 'Twiddlemuffs', which were knitted woollen muffs with items such as ribbons, large buttons or textured fabrics attached that people living with a dementia can twiddle in their hands. People living with a dementia often have restless hands and like something to keep them occupied. People also liked to undertake simple tasks such as folding the napkins for use at meal times.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. Complaints records showed any form of dissatisfaction was taken seriously. Investigations were completed and responses provided to complainants of the action taken by the service in response to concerns.

## Is the service well-led?

### Our findings

People who used the service spoke highly of the registered manager. One person said, "I get the feeling that this is a home not an institution. It's homely and [name of registered manager] is very approachable ". Another person said, "[Name of registered manager] is really caring and kind."

Staff told us the service was well-led and the registered manager was extremely approachable and supportive. "[Name of registered manager] is very approachable and I think all of the staff work well as a team." Another staff member told us, "We call [registered manager] the Tasmanian Devil because [registered manager] turns things around so quickly."

One staff member said, "They [registered manager and deputy manager] are absolutely fantastic." This staff member told us how the registered and deputy manager had supported them immensely when a member of their family was struck with illness. This staff member told us how the management team went above and beyond in supporting them with empathy, understanding and with practical arrangements such as transport.

The registered manager and other senior staff carried out a number of quality assurance checks, in areas including medication, care planning, health and safety and staff file to monitor and improve the standards of the service. It was noted that some of the checks provided limited information on the actual checks that staff were making. After the inspection the registered manager contacted us to inform us they had met with the registered provider and improved their auditing tools.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes within the service and to provide feedback on recent inspections or compliance visits. Meetings for people who used the service had also taken place. These were used to discuss menu choices, activities, upkeep of the home and to ask people if they had any concerns or complaints and any suggestions they had for improvement at the service.

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.