Medical Resources Worldwide Limited

The White House Nursing Home

Inspection report

Gillison Close
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Tel: 01462485852

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on 7 June 2016 and was unannounced. At their last inspection on 1 September 2015 they were found to be meeting all the standards we inspected, however there were areas that required improvement. At this inspection we found that they were not meeting all of the regulations.

The White House Nursing Home provides accommodation and personal care for up to 67 people. At this inspection 57 people were living at the service.

The service had a manager in post who had recently applied to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People's medicines were not always managed safely and staffing levels were frequently reduced due to staff absence.

People told us that staff were kind and they received care that met their needs. People were involved in planning their care and were treated with dignity and respect. Care plans were in place which gave staff clear guidance to enable them to support people safely.

People were offered a variety of foods and received the appropriate support to eat and drink. People had access to health and social care professionals as needed. The staff had a good relationship with visiting professionals.

People were confident to make a complaint if they needed to and told us it would be addressed. There were meetings for people, relatives and staff and their views were listened to and acted upon. Activities were available for people in the communal areas with some further development needed for people in their rooms. Further thought was needed in regards to the environment and information in easy read format for those living with dementia. The manager was in the process of arranging for a dementia champion who would address this as part of their role.

The manager of the service needed to raise their profile so that people and relatives all knew who they were. However, most people told us that recent changes had been positive. Most staff felt the changes made at the home were positive and felt that they were more equipped and supported for their role.

There were newly developed systems in place to monitor and address issues at the service. However, some of these systems needed further development and more time to embed to be working effectively. The manager and the providers were working to develop these and were committed to providing a good 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?

Requires Improvement

The service was not consistently safe.

People's medicines were not managed safely.

Staffing levels were not consistent.

People's individual risks were assessed and managed.

Recruitment processes were in place.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supported.

People had a variety of foods and support with eating and drinking where needed.

People had access to health and social care professionals.

Is the service caring?

Good

The service was caring.

People were positive about the kindness shown by staff.

People and their relatives were involved in the planning of their care.

Confidentiality was promoted.

Is the service responsive?

Good

The service was responsive.

People's care needs were met.

People's care plans included clear guidance for staff and

communication was effective.

Activities were available with some consideration needed to improve on activities for some people in their rooms and outings.

Complaints were responded to appropriately

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Audits completed had not identified the issues relating to medicines management.

There was not a continuity plan to manage staffing shortfalls.

People, relatives and staff were positive about the manager and the improvements that had been made.

The providers were open, honest and responsive to the needs of the service

The White House Nursing 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 10 people who used the service, seven staff members, four relatives, the manager and the providers. We also received feedback from professionals involved in supporting people who used the service and reviewed the recent reports from service commissioners. We viewed information relating to five people's care and support. We also reviewed records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not managed safely. We observed staff carry out medicines rounds and they did so safely and each person had a plan detailing how they preferred to take their medicines. There was a staff signature list to easily identify which staff had signed medicine records and medicines were stored securely. We also saw that staff had received medicine training and competency assessments. However, we counted seven boxed medicines and found that six out of the seven were wrong. We found that three of these were wrong due to poor record keeping however, three indicated that doses of medicines may have been missed. We also found that this had been an ongoing issue identified at medicine audits but this had not been resolved. This meant that people may not have received their medicines in accordance with the prescriber's instructions.

Therefore this was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were not supported by consistent numbers of staff due to reoccurring staff absence. However, the manager and provider sent us a plan following the inspection to demonstrate how they would ensure this did not impact on people. Although we noted that staff were attentive and patient, people told us that they frequently needed to wait for assistance as staff were busy. One person told us, "Not as many carers as there were but they are very good [staff] here. The bell response is not always good but the [staff] can't help it, you see several people ring at the same time." Relatives also told us that at times staffing was a problem. One relative said, "Staffing is obviously difficult. Long term staff are still leaving. New staff have arrived but not in the numbers anticipated and there are still a lot of agency staff." However, another relative told us, "Staffing levels were an issue in the second half of last year but that has improved a lot this year with new staff joining."

We noted that at times call bells were ringing for an average of 10 to 15 minutes. People told us that this meant they needed to wait for support. However, we did note that people had received personal care in a timely fashion and that although lunchtime went on for a long time and people waited to be assisted with their meals, they did receive assistance in a calm and patient way. We also saw that people looked well-presented and there were no malodours in the home. We noted that was partly down to the fact that staff communicated well, telling each other where they were going and who was waiting for assistance. We reviewed the recent staff rotas and allocation records and saw that on a regular basis shifts were not fully covered. Staff gave mixed views on the staffing levels. Some told us it had improved, others told us that on some days they were very short staffed which meant people did not receive care until later in the day. One staff member said, "Lots of staff left as they didn't like all the changes but I think [the manager] is doing a good job and the changes were needed." They went on to say staffing levels had greatly improved. Another staff member told us, "Staffing is ok most of the time, it's better than when I first started." However, one staff member told us the staffing situation today was not the 'norm' and it is normally busier than this. Another staff member told us that they felt staff "Sabotaged themselves" with those who frequently called in sick for shifts. The manager had made progress in the four months they had been at the service by working on recruitment, developing recruitment processes to help ensure they employed staff of the right calibre and

had appointed staff in key positions to support the staff team. However, this remained a work in progress. The manager told us that they tried to cover staff absences with the same agency staff to provide continuity. However, at times the agencies could not provide any cover, especially when staff called in close to their shift start time. They said the nurses then provided care in addition to their clinical duties. We discussed the need for a clear plan in the event of staff shortage to ensure people received their care at the times they needed. The manager and provider were continually recruiting to fill all staff vacancies. The manager agreed to send us a weekly report of all shifts that are short staffed for the foreseeable future to enable them and us to monitor the staffing issues at the service as this was an area that required improvement.

People told us they felt safe living at the service. One person said, "Yes I do [feel safe], people [staff] keep popping in and out to see if I am alright." Another person said, "I do feel safe here. There is always someone around here – especially at night they look in on you, which is reassuring. I can and do go out into town but I know that they know where I am and would come looking for me if I did not return." Relatives also told us that they felt people were safe. One relative said, "Yes [person] is safe, we feel [person] is safe, we come at all times of the day and never see anything that worries us." Information on how to protect people from the risk of abuse was available and staff knew how to report concerns if they arose. We found that all concerns were responded to appropriately by the manager. A visiting professional told us, "Yes I do feel residents are safe here now, things have greatly improved."

Staff recruited had undergone appropriate pre-employment checks. These included criminal records checks, references and proof of identity. However, we noted that although in one instance the manager could account for it, gaps in employment were not always documented. This was an area that they acknowledged needed further work for future employees. The manager had implemented interview questions since starting at the service to help ensure those employed had appropriate knowledge for the role.

People's individual risks were assessed and there were plans in place to mitigate these risks. Staff were familiar with people's safety and welfare needs and any changes were communicated through handover. For example, where a person was at risk of dehydration this was shared with action needed to address this and staff were also informed of a person's recent falls. The manager carried out a monthly review of accidents, incidents and events to ensure all action had been taken and to help them identify themes or trends.

Good

Is the service effective?

Our findings

People were supported by staff who had received training to enable them to carry out their role. One person said, "They are trained well enough to look after me." We observed staff working in accordance with their training and they told us they felt more equipped for their role. One staff member said, "There's lots of training, I feel more prepared." We reviewed the training records and saw that most training had been carried out and where updates were due, these were scheduled. Training included moving and handling, safeguarding people from abuse and dementia awareness. However, we discussed with the manager and providers about developing this training further due to the number of people living with dementia at the service. We also saw that staff received an induction on starting employment.

Staff received regular one to one supervision. This gave them opportunities to raise any issues and plan their personal development. One staff member said, "I feel supported, can go to them [management] anytime." Another staff member said, "[The manager] is out on the floor some days, you ask for input, you get it." We noted that a new role of senior care assistant had been introduced to provide staff with more support and guidance when on duty. The manager told us, "This is to support the care staff about their practice."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met that service was working in accordance with the MCA and DoLS guidance. Appropriate DoLS applications had been submitted and were pending authorisation. People were asked for their consent before care was given and involved in decisions about their care. One person told us, "They always tell me what they want to do and they say is that alright."

Where it was felt they were not able, a mental capacity assessment was completed and a best interest meeting was held to establish how they person would be supported. These meetings involved key members of the staff team, relatives and professionals as appropriate.

People were offered a variety of foods and received the appropriate support to eat and drink. However, we discussed with the manager and providers about how people living with dementia may be able to make food or drink choices given appropriate support and they told us they would explore pictorial menus and visual prompts with choices. We observed breakfast and lunch and saw that people were given plenty of choice and different sized portions depending on their preference. People who needed assistance to eat and drink received support in a calm and dignified manner. We did note however, that there were a large number of people who required assistance to eat and this meant that people did need to wait while others were supported. However, people that were waiting were relaxed and sitting comfortably while they waited.

People had access to food during the night. The kitchenette was prepared with food and drink for night staff to offer people during the night if needed. We noted during handover that the nurse commented on offering people who were awake during the night something to eat. People's risk of malnutrition and dehydration was assessed and plans were in place to help ensure they received sufficient intake to maintain their health. The amount of fluid consumed was tallied and where this was low, appropriate action was taken and this was shared with the staff team. Food intake was also recorded and the necessary referrals made if staff were concerned about poor intake or weight loss. We saw that fortified food and drink was provided and the chef was aware of people's needs.

People had access to health and social care professionals as needed. We saw that people were visited by their GP, occupational therapists, dentist, chiropodist and a hairdresser. People were also supported to attend hospital appointments when needed.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "They are all very good really, they are caring, kind and good to me here." Another person told us, "I can't complain about the carers here they are all nice people." A relative told us, "From what I can see the staff have been very attentive, considerate and caring with all of my [relative's] needs."

Staff were attentive and polite throughout our inspection. For example, we saw a staff member ask a person if they wanted them to go and get a cardigan from the bedroom because they were cold. The person said that they did need a cardigan. When the staff member returned they told the person that could not find a cardigan but they had a pullover and was that ok. The staff member asked the person if they would help to put the pullover on. It took patience and care because the person had reduced mobility. At no time did the staff member rush the person and they treated the person with dignity and respect. We observed this to be the case by all staff when supporting people throughout the inspection. Staff noticed when people needed support and offered it in a kind and friendly way. For example, a staff member gently offered different cutlery to a person who was struggling to eat their meal. We heard staff regularly ask people if they were ok and if they needed anything.

People's preferences, choices and life histories were documented and staff were aware of these. We noted that a person who had recently lost their pet at our last inspection had been supported to adopt another pet from a local charity. A staff member told us, "They have had [pets] all their life, and they were starting to get low after [pets name] died so we worked with [local charity] and got them a [pet]."We observed staff speak with people about their family and discuss their choices with each other.
People were involved in the planning of their care and they, in many cases, had signed to demonstrate this. A relative told us, "The back end of last year I was asked to review and comment on [their] Care Plan. I went through this with one of the deputy managers and was given an explanation of what it all meant. My comments were welcomed and any changes I did request to [their] care were actioned and incorporated quickly." We also heard staff passing on people's requests to change the support they received with the staff team. This demonstrated that their views were listened to and valued. However, one relative told us that some changes had taken time to get actioned. For example, where they had requested their relative received more physical support with eating rather than prompting and supervising as staff had been doing. We did note that this was actioned during the inspection as we heard staff being informed of the change and the person then received the support during lunchtime.

People's privacy was promoted. One person told us, "They put a towel over me when they wash me." We saw that when care was in progress a notice was put on doors stating 'do not enter, care in progress' and this was respected by staff. For example, a drinks trolley was going round and the staff member knocked on the door and waited. They didn't enter but spoke with the staff member inside who relayed the person's drink choice to them. We also saw that when staff supported people to the toilet this was done discreetly to maintain their dignity. Bedroom and bathroom doors were kept closed when appropriate and people were dressed nicely throughout the day.

There was information about advocacy available should people require it but at the time of the inspection people did not need this service as they had relatives or friends who were able to advocate on their behalf if needed.

Care records were held securely to help ensure confidentiality was maintained. However, we did note that at times when staff used the intercom system, information heard throughout the home may be heard by people or visitors inappropriately. For example, staff naming a person who needed assistance over the intercom We discussed this with the manager and providers who told us that they had also heard a comment through the intercom that day and were speaking with the staff about what was appropriate.

Good

Is the service responsive?

Our findings

People told us that their care needs were met. They said that although staff were busy and at times they had to wait, the care they received was very good. One person said, "They don't rush me, they help me get dressed. I wash myself but they help me shower every day." A relative told us, "[Relative] always looks clean and well-presented every time we visit, and they are always obliged to help whenever we ask them for anything."

We observed staff assisting people in a way that met their needs. For example, with their mobility or when they were anxious. Staff were able to tell us what support people needed.

People's care plans had been well developed and they provided staff with clear guidance on what people needed with all aspects of their lives. This included personal care that was personalised, support with communication, activities they enjoyed and these were reviewed each month. The manager and staff team had spent time developing these plans to help staff deliver care that focused on the person's individual care needs and preferences. Staff told us these were much improved. One staff member said, "When you were last here care was really task orientated, now it's much more person centred."

The service supported people living with dementia and the environment would benefit further development to ensure that people's needs, in regards to cognitive or sensory impairment, are met. For example, items of stimulation to interest people, objects to make the environment more tactile and signage or colour choices to help promote people's independence when looking for the dining room or toilet. Bedroom doors would also benefit from more personalisation to help people find the right room. The manager was in the process of arranging for a staff member to become a dementia care champion.

Staff attended a handover at each shift change to ensure all needed information was shared about people they supported. We sat in on the morning handover and found that the nurses spoke about every person living at the home and staff took notes about those they would be supporting during that day. Staff were made aware of any changes in health, people who were going out and how they had been over the past 24 hours. Information was passed on in regards to any action needed by the staff coming on duty. For example, booking a taxi for an appointment or reviewing a person's care plan.

People had access to activities each day in the communal lounges. We saw that people were engaged in various things including doing a jigsaw puzzle with a staff member, a game involving throwing a bean bag into a tub and reading and discussing the stories in a newspaper as a group. People in their own rooms were watching TV, reading the paper or doing a crossword. One person who spent their days in their room told us, "They (staff) come in and talk to me when they can." We noted that there wasn't much going on in the way of activities for people in their room. We discussed this with the activities organiser who showed us people's individual activity records. However, although some people were noted to have had their nails done, others were noted to have just had a chat on some days and one person had their daily activity recorded as 'assisted with lunch'. They acknowledged that this was not a one to one activity but a basic care need and told us this should have been recorded to reflect the time chatting and reminiscence. Going for walks and

spending time in the garden was also an option should people choose to do so, some people told us, however, that they enjoyed going on outings and these had reduced due to the mini bus being out of action. One person said, "We really miss going out." We noted that the provider was trying to resolve the mini bus issue on the day of inspection.

People were not always clear who they would make a complaint to but told us they would feel happy to speak with a staff member or provider. One person said, "I am happy here, I speak to the carers, they then sort it out." Another person said, "I have never made a complaint, never needed to." One person told us that they had made a complaint and it had been dealt with appropriately. They said, "They are very good here and they do listen to you." We noted that information on how to make a complaint was not displayed on the units. However, there was a notice with a contact number should anyone want to contact a member of the management team with any concerns during the weekend. We discussed with the manager and providers the need of a more visual aid for people, in particular those living with dementia, should they need to make a complaint. We reviewed the complaints log and saw that all concerns were responded to in an acceptable timeframe and this information as shared with the appropriate people along with any necessary action to be taken.

Requires Improvement

Is the service well-led?

Our findings

There had been a new manager appointed since our last inspection. The manager had been in post four months at the time of our inspection and was working through an action plan to address shortfalls found at our previous inspections and by an inspection by the local authority. Although we found that there had been good progress in many areas in the home, there remained some issues ongoing. These were in regards to embedding all newly developed quality assurance systems and establishing a consistent staff team. We found that many audits and checks were in place and these included action plans to address any shortfalls. However, the audits used to monitor the safe management of medicines did not include any actions to address the issues that they had found and we saw these issues continued each month.

We also found that although the manager and providers were actively recruiting to employ staff to fill vacancies and the manager themselves frequently worked on shift to cover staff shortages, there was no formal contingency plan in place to manage these shortages during this period of staff shortage. For example, to detail what staff roles would support care on the floor, such as housekeepers or kitchen staff, and listing essential tasks to be completed in staff absence, such as basic room cleaning to enable care to be delivered in an acceptable timescale. The manager had tried to address this by structuring staff breaks to ensure people's needs were met before staff took breaks, which were within working time regulations, but this was taking some time as staff were not all compliant with the changes. However, the manager had the support of key staff members and their leadership style was hands on so therefore they were able to set a good example to follow.

The manager had established leadership in the home and made staff accountable for their actions. For example, where practice was not up to standard this was addressed through a one to one meeting, held by the manager, a nurse or senior care assistant with an explanation as to why it needed to be addressed. Staff told us this helped ensure they were doing things right. We observed this in practice during our inspection when a staff member left a sling on a person after using it to transfer them to a chair. The staff member was spoken with, it was recorded and guidance given as to why the sling must be removed.

People and their relatives were positive about the manager and the changes that had been made. However, some people were not sure who the manager was and mistook them for the provider who was also hands on in the home. One person said, "He's not new, I've known him for some years." We noted that the manager worked as part of the staff team at times and had chaired meetings in the home. We discussed raising their profile with the manager and the providers.

Staff were positive about the manager and felt they had made positive changes to the home and felt they were approachable. One staff member said, "I feel supported. The manager has an open door policy." Another staff member said, "[Manager] is good, working really hard to get things running how they should be. Change is not easy, made some staff leave, but that's what's needed." A third staff member told us that they thought the manager was doing a good job, "There have been a lot of changes put into place to make the care better and that's upset a lot of staff but I think it's all positive and I don't have any concerns." Some staff told us that they had found the changes difficult to adapt to and this had meant staff had left. One staff

member said, "It has been hard, getting used to all the new paperwork, I felt this at first took time away from the residents, but now I see why it's important and there is light at the end of the tunnel."

There had been regular meetings held for people, their relatives and staff since the manager started at the service. These addressed key points and kept people informed. Lessons learned were shared with staff to help reduce the reoccurrence of any concerns, complaint and incidents. For example, poor communication between the service and relatives. People's views were listened to and the manager ensured they were acted upon appropriately. A relative's forum was to be established to help aid communication between the home and relatives. One relative had been invited to organise this and liaise with other relatives. The manager told us that they hoped this would develop beneficial relationships between relatives and the newly structured service.

In November 2015 a survey was sent to people and their relatives to seek their views in regards to the running of the service. The provider and activity co-ordinator told us that the surveys were extremely large and this took several weeks for them to be completed as people found them difficult. The information from these surveys had not been formally analysed at the time of the inspection, although we were told that any information that needed addressing had already been actioned. The provider and manager told us they would develop a user friendly survey and reissue it to people to ensure that feedback they received was valuable. Following our inspection they sent us a template of the new survey to be distributed.

The manager was enthusiastic about providing good care to people and shared their vision with the staff team. Most of the staff we spoke with were positive about what this meant for people living at the home and were invested in working with the manager to achieve this. However, one staff member told us they found it not to be effective. The providers were also on board and giving the management team what they needed to achieve the best outcomes for people. For example, when suggestions were made about new equipment, signage in the home, monitoring systems and training, the provider was responsive to help ensure this happened in a timely fashion.

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 did not take formal enforcement action at this stage. 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 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not managed safely.