

Mrs Jacqueline Anne Bernard

# WhiteHorse Care - Brownhills

## Inspection report

59 Whitehorse Lane  
Brownhills  
Walsall  
West Midlands  
WS8 7PE

Tel: 01543361478

Website: [www.whitehorsecarehome.co.uk](http://www.whitehorsecarehome.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Whitehorse Care is a residential care home providing personal care to seven people at the time of inspection in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to eight people, seven people were currently residing at the home which is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The provider's governance and auditing systems was inadequate and further improvement was needed to ensure that they were consistently effective in ensuring people consistently received safe care and treatment. The provider had failed to send notifications into CQC as required by law.

Whilst staff understood the importance of recording any accidents or incidents, the provider's systems to safeguard people from the risk of harm or abuse were not robust and therefore we could not be assured people were consistently safe. The provider's systems for monitoring the safe administration of medication was not effective. There were sufficient numbers of staff to meet people's needs and the provider had a system in place to recruit staff safely.

At our last inspection, we found people were subject to restrictions on their liberty without the legal safeguards in place. At this inspection, we found improvements had been made and people's mental capacity had been assessed, however, this was not done in line with the Mental Capacity Act.

People were not consistently supported to have maximum choice and control of their lives and staff did not consistently support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Whilst people received support from kind and caring staff, systems in place did not always support the

service to be caring. Staff received specialised training to give them the knowledge to support people's individual needs. People were supported by regular staff who knew them well. People's religious and cultural beliefs were respected.

Whilst care plans and risk assessments had improved since the last inspection, further improvement was required to make them easy to follow. People knew who to speak to if they had any concerns. People who wished, had an end of life care plan in place.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having opportunities to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 04 January 2019) and we found multiple breaches of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

At the last inspection the provider was in breach of Regulation 13 Safeguarding service users from abuse and improper treatment, Regulation 17 Good Governance and Regulation 18 (Registration) (Notification of other incidents). We imposed conditions upon the provider's registration to drive forward improvements. The provider completed an action plan following the last inspection to show what they would do and by when to improve. At this inspection we found not enough improvements had been made and the provider was still in breach of the same regulations identified at the last inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# WhiteHorse Care - Brownhills

## **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

Whitehorse Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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 used the information the provider sent us in the 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 one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives and one professional.

# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- At the last inspection, we found the provider did not have robust systems in place to safeguard people from the risk of harm or abuse and therefore we could not be assured people were consistently safe. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvements had been made and the provider was still in breach of this regulation.
- Whilst staff had received training in how to keep people safe from potential harm and abuse and could describe the actions they would take, we found this was not always done effectively. Incidents and injuries to people had been recorded, however, these incidents had not been reported to the local authority to investigate. We identified several incidents where people using the service were involved in altercations which should have been reported to the local authority and investigated further. The registered manager was able to tell us about some of the action taken to try and prevent some of these incidents from re-occurring, however, this was not clearly recorded.
- Analysis of incidents and injuries was not robust and was reactive rather than proactive. For example, one incident report stated an injury, "Could be from bra irritating. [Person] continues to scratch themselves." No information was recorded as to what action had been taken to support this person and prevent re-occurrence. The provider could not, therefore, be assured that people were always protected from the risk of abuse.

The provider's failure to have robust systems in place to safeguard people from the risk of harm or abuse was a continuing breach of a Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Safeguarding service users from abuse and improper treatment.

- Some risk assessments in place for people had improved since the last inspection and contained guidance for staff on how to mitigate risks. Staff we spoke with were aware of people's risks and were able to tell us how they supported people to keep them safe. We did, however, find where bed rails were being used, the risk assessment had not identified that bumpers had not been fitted to reduce the risk of entrapment. This was rectified by the registered manager on the day of inspection and bumpers ordered for the bed rails.
- Relatives we spoke with told us people were safe at Whitehorse Care. One relative said, "[Person] is clearly content, I feel she is safe."

Using medicines safely

- The provider's systems for monitoring the safe administration of medication was not always effective. We found one person's medication was being administered differently to that detailed on the prescription label. The registered manager told us that the district nurse had told them to space the doses out however this had not been clarified with the GP or the prescription label changed to reflect this. The registered manager spoke to the GP following the inspection to clarify and arrange for the prescription label to be changed.
- The registered manager carried out audits of medication, including stock checks, however these were not consistently recorded. We found that whilst the Medication Administration Records (MARS) had been signed to say medication had been given, a stock check revealed two tablets were incorrectly counted and, therefore, the provider could not be assured that the person had received their medication as required. We asked the registered manager to look into these discrepancies and seek medical advice to ensure no harm came to the person.
- The provider's system for storing medication was not robust. We found medication that required storage in a fridge was in kept in an unlocked fridge in the main kitchen area and could be freely accessed by people unauthorised to do so.
- Staff received medication training and competency checks. However, there was no effective system in place to ensure competency checks were consistently carried out on a regular basis.
- Supporting information to aid staff in administering prescribed medication on a when required basis (PRN) was in place.
- Relatives we spoke with had no concerns regarding medication. One relative said, "The medication is always waiting for us when we come to pick [person] up. Medication always seems right."

#### Preventing and controlling infection

- The home was clean. Staff used personal protective equipment and we saw this was readily available to them.
- Staff supported people using good practices to ensure they could protect against the spread of infection.

#### Staffing and recruitment

- There were recruitment processes in place and we saw evidence of recruitment checks taking place before staff were appointed.
- We saw there were enough staff to support people and people did not have to wait long for assistance when needed. We observed staff taking the time to talk and interact with people in a way and at a pace that met people's needs.

#### Learning lessons when things go wrong

- Whilst some lessons had been learnt since the last inspection, for example, some risk assessments had improved, the registered manager had failed to raise safeguardings with the local authority and submit the required notifications to CQC.

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

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.

- At our last inspection, we found people were subject to restrictions on their liberty without the legal safeguards in place. At this inspection, we found improvements had been made and people's mental capacity had been assessed, however, this was not done in line with the MCA. Assessments of people's capacity were not decision specific and did not record details of the best interest's decisions discussed and who had been involved in these processes.
- Although DoLS had been applied for and granted for people, it was not clear how the need to apply to deprive people of their liberty had been assessed and agreed by relevant parties. We raised this with the provider who was unsure why these processes were not recorded.
- Since our last inspection where it was identified that staff did not have a good understanding of the MCA or DoLS, all staff had received training in this area. One staff member said, "Through assessment you can assess how much capacity someone has to make their own choices, awareness of their own safety, support to make informed choices, understand what their preferences are."
- We observed staff seek consent from people before supporting them.

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

- The registered manager carried out regular assessments of people's support needs so they could be sure they could support people in the right way.

Staff support: induction, training, skills and experience

- Staff who were new to the service completed an induction to the home and had the opportunity to shadow more experienced staff members.
- Staff received specialised training in order to ensure they had the skills required to meet people's specific needs for example, eating and swallowing training.

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

- People were supported to eat a healthy diet and there was plenty of food available for people throughout the day.
- Where people had specific dietary requirements, staff knew these and supported people accordingly.

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

- Records we looked at confirmed that staff worked with other agencies and followed their advice as required.

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

- The home was clean and tidy and adapted to meet the needs of people using the service.
- People's rooms were decorated to their individual taste.
- There was an accessible garden area.

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

- People were supported to access healthcare in the community and live healthy lives. This was evidenced in people's healthcare plans.
- There were oral health care assessments in place for people to give guidance to staff on how to support people with good oral health.

# 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 remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We found the provider's systems did not always support the service to be caring. For example, where service users had been in altercations with other service users, sufficient action had not always been taken to try and prevent re-occurrence and people were at risk of being harmed.
- Staff looked after people in a kind and caring way. At our last inspection, we had observed some interactions between staff and people that were not so positive. During this inspection observations were much more positive and people were clearly happy and comfortable around staff. One person told us they were happy at the home. A relative we spoke with said, "I feel [person] is treated extremely well. I can't speak highly enough of them [staff]. They do tend to treat them [people] like a family member."
- We found people's equality and diversity needs were respected and staff received training in equality and diversity.

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

- Relatives we spoke with confirmed they were involved in reviews of people's care. One relative said, "We are invited in to discuss care." Another relative said, "I am always informed of changes."

Respecting and promoting people's privacy, dignity and independence

- At our last inspection, we found people's privacy and dignity was not always respected and people's personal information was left in public areas. At this inspection, we found this had improved and people's personal information was stored securely in the manager's office.
- Staff had received training in how to respect people's privacy and dignity. One staff member said, "Shut the door, curtains and blinds and always tell people what you are doing and what is happening."
- People were supported to maintain their independence. Some people within the home had their own jobs. One person told us, "I am going to work on Monday."
- We observed people being encouraged to help with tasks around the home to maintain their independence. For example, one person helped to make a cup of tea and wipe the tables.

# 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.

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

- Since our last inspection, the registered manager had been working on improving care plans and assessments to ensure they gave guidance to staff on how to support people. Whilst improvement had been made, further improvement was required. Some information was not easy to find, for example, people's preferences around food was detailed in more than one place and not easy to follow, however staff we spoke with knew what people preferred.
- Whilst the provider had sought advice from other health professionals in how to support people, for example, how to manage people's behaviours that challenge, this was not always done consistently and some relatives felt more could be done. One relative said, "More could be done to manage the triggers for [person's] behaviours. We have to push more than we should. The service should lead."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities they enjoyed and some people attended a local day centre regularly. However, staff we spoke with and relatives felt there could be more varied activities for people to do outside of the home. A relative said, "I think it [activities] could be more varied." Activities are what works for them [Whitehorse Care] rather than [name of person]."
- People were supported to celebrate special occasions such as their birthday and Christmas and we saw individual stockings had been hung up for each person for Christmas.

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.

- The provider was aware of the accessible information standard and people were supported to communicate using their preferred method. For example, the use of Makaton which is a language programme using symbols, signs and speech to enable people to communicate.
- Each person's preferred method of communication was recorded in their care plans to provide guidance to staff.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people knew who to speak to if they had any concerns. There had been no complaints since the last inspection. Relatives and staff felt the registered manager was

approachable and would listen to any concerns.

#### End of life care and support

- Since our last inspection where end of life wishes had not been recorded, the provider had recorded end of life wishes where people wished to do so.
- Staff had received training in end of life care.

# 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 requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Organisations registered with the Care Quality Commission (CQC) have a legal responsibility to notify us about certain events and incidents that have taken place. A statutory notification is a notice informing CQC of significant events and is required by law. At the last inspection, the registered manager had not notified CQC or the local authority of incidents which should have been raised and was in breach of Regulation 18 (Registration) Regulations 2009 (Notifications of other incidents). During this inspection we became aware of further incidents which had happened since the last inspection which had not been reported to CQC or the local authority as required by law. The registered manager was not aware these incidents should have been reported and this meant lessons had not been learnt since the last inspection.

This meant the provider was in breach of Regulation 18, (Registration) Regulations 2009 (Notifications of other incidents).

- At the last inspection we found the provider was not meeting the requirements of the law in relation to the effective governance of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made some improvements although they continued to fail to meet the requirements of the law.
- There were inadequate safeguarding systems in place to ensure safeguarding concerns were identified and reported promptly to the local safeguarding authority and CQC.
- The provider's audits in place to monitor the quality of the service were not consistently effective in driving forward improvements. For example, audits of care plans had not identified where best interest decisions had not been recorded when people received a flu jab.
- The provider had failed to ensure the recording, monitoring and risk assessment of administration of medication was effective, for example, audits had not identified where medication was not being administered as detailed on the prescription label.
- The provider had not ensured that the registered manager had sufficient time and support to implement the governance systems needed to drive forward improvements. The registered manager and senior staff were still providing care support for people in addition to managing governance systems and auditing the service.
- The provider's oversight had not identified where the registered manager required further training and knowledge, for example, when to raise a safeguarding alert.

#### Continuous learning and improving care

- The provider had not made sufficient improvements since our last inspection to drive forward the quality of the service. Systems to monitor the safety of the service were inadequate and had not ensured people received care and support as required.

The provider's failure to ensure that effective systems were in place was a continuing breach of a Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance.

- The registered manager had started working with the local authority in a pilot scheme to help drive forward improvements within the service and improve CQC ratings.

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

- Relatives spoke positively about the care people received at Whitehorse and told us the management team were approachable. One relative said, "I feel [person] is treated extremely well. I can't speak highly enough of them [staff]."
- Feedback from a health professional stated, "The manager is always friendly and professional when you ring, as are the staff, they are always helpful to any enquiries."

#### 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 provider understood the duty of candour and was open and honest about where the service needed to improve.

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

- Questionnaires were used for people and relatives to obtain their views of the service. Feedback we saw was positive and included comments such as, "Good service provided, great manager" and "Very caring/professional."
- Feedback from a health professional stated, "The service users always appear well looked after and are catered for. They always seem settled and happy when I have visited."

#### Working in partnership with others

- The service worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service supported people's needs.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not have robust systems in place to safeguard people from the risk of harm or abuse which was a continuing breach of a Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Safeguarding service users from abuse and improper treatment.</p>

### The enforcement action we took:

We have imposed conditions on the provider's registration to improve the quality of care people receive and safeguard people from abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance and auditing systems was inadequate and further improvement was needed to ensure that they were consistently effective in ensuring people consistently received safe care and treatment.</p>

### The enforcement action we took:

We have imposed a condition on the provider's registration to drive forward improvements to ensure people receive safe, effective care.