

Medical Resources Worldwide Limited

# The White House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 08 September 2016 and was unannounced. At their last inspection on 07 June 2016 they were found not to be meeting all the standards we inspected. People's medicines were not managed safely and people were not supported by consistent numbers of staff due to reoccurring staff absence. There were also issues related to governance systems used. At this inspection we found that they made the necessary improvements.

The White House Nursing Home provides accommodation and personal care for up to 67 people. At the time of the inspection 58 people were living at the service.

There was a manager in post who was in the process 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.

At the previous inspection on 07 June 2016 we found that people's medicines were not always managed safely and people were at risk of not receiving their medicines as intended by the prescriber. At this inspection we found that medicines were managed safely. Staff were trained and had their competencies assessed in safe administration of medication. People received their medicines on time and as intended by the prescriber.

At the previous inspection we found that people were not always supported by a consistent numbers of staff due to unmanaged staff absence. At this inspection we found that this has improved and the manager had recruited more staff to maintain staffing levels. They built up a pool of bank staff and also planned the rota's in advance to identify any gaps and booked agency staff in advance if there was a need for it.

People and relatives told us they felt safe and well looked after. They told us staff were available to meet their needs when they wanted and needed this. Care plans were in place which gave staff clear guidance to enable them to support people safely. Risks to people's wellbeing were identified and plans were in place to mitigate risks and keep people safe.

Staff were recruited safely and were not able to start their shifts until all pre-employment checks were done and the manager received at least two references from previous employers.

Staff were trained and knew how to keep people safe from all forms of abuse and they were able to tell us how they would report any concerns internally and also externally to local safeguarding authorities.

At the previous inspection we found that there were newly developed systems in place to monitor and address issues identified at the service. However, some of these systems needed further development and more time to be embedded and to work effectively. At this inspection we found that the systems to monitor

the quality and the safety of the service provided were effective and identified promptly areas in need of improvement. These were actioned and followed up by the manager to ensure the service was improving.

Staff were positive about the registered manager and the positive changes brought by them. They felt supported by the manager and the nursing staff working at the home.

## 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 was safe.

People's medicines were managed safely.

People had their needs met by enough staff.

People's individual risks were assessed and managed.

Recruitment processes were robust and ensured the right calibre staff was employed to look after people.

### Is the service well-led?

Good ●

The service was well led.

Audits were completed which had identified shortfalls and these were then actioned to improve the service.

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.

Staff were positive about the management in the home and felt supported.

# 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.

We carried out this inspection on 08 September 2016. This inspection was an unannounced focused inspection to check that improvements to meet legal requirements planned by the provider after our 07 June 2016 inspection had been made. We inspected the service against two of the five questions we ask about services: is the service safe and well led. This is because the service was not meeting some legal requirements.

Before the inspection we reviewed an action plan submitted to us by the provider which detailed how they would address the concerns we identified at our inspection on 07 June 2016. We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two people who used the service, five staff members, one relative and the registered manager. We also received feedback from healthcare professionals involved in supporting people who used the service and reviewed recent reports from local authority commissioners. We viewed information relating to two people's care and support and also reviewed records relating to the management of the service.

# Is the service safe?

## Our findings

At the previous inspection we found that people's medicines were not managed safely. At this inspection we found that people received their medicines by competent staff who were trained in the safe administration of medicines. Medicine administration records (MAR) were accurately completed and signed by staff after they administered people's medicines. We found no gaps in staff's signatures for administered medicines and all the medicines we counted were correct and accounted for. Nursing staff regularly audited medicines and ensured that people had their medicines at the right time and as intended by the prescriber.

At our previous inspection we found that people were not supported by consistent numbers of staff due to reoccurring staff absence. At this inspection people, relatives and staff told us this has improved and the registered manager had implemented a new system which enabled them to effectively plan in advance the staffing rota. One person told us, "Staff is always around when I need them. They help me dust in my room and I help them collecting cups and saucers. I do like it here." One relative told us, "I always come in the mornings and it's always staff around."

Staff told us that they had time to spend with people and offer care and support as people wanted and needed it. One staff member said, "We have the time and chat to people, do a bit of pampering at times. Things improved and we have more staff now." Another staff member said, "Some new staff have started already and some are going through induction, staffing is a lot better."

The registered manager told us they were block booking agency staff for two to four weeks in advance to ensure they had consistency from the same agency staff working. They had also implemented a new system for permanent staff to receive a pay incentive to cover unforeseen absences where the agency could not cover these due to short notice. The measures put in place by the registered manager since our last inspection had helped to ensure that wherever possible people were supported by a consistent staff team who knew and understood their individual needs.

We observed that on the day of the inspection call bells were answered promptly and staff worked in a calm way, taking time to talk to people which had created a relaxed atmosphere. Staff also told us that the nursing team and the registered manager were working as part of the staff numbers where there were unforeseen staff absences, due to short notice sickness for example. This meant that staff absences had little impact on people's care and this was an area which had improved since our last inspection on 07 June 2016.

Recruitment processes were robust and ensured staff employed at the home were fit to carry out their responsibilities to care and support people in a safe way. Before they could start work staff recruited had undergone appropriate pre-employment checks. These included criminal records checks, references and proof of identity. The registered manager ensured they recorded and investigated in the interview process if staff applying to work in the home had gaps in their employment.

People told us they felt safe living at the service. One person said, "I am very safe here. Staff look after me very well. I can ask them anything and they will do it." One relative told us, "I do visit regularly and yes, I do

feel the care is safe." Staff were knowledgeable about safeguarding people from abuse and how to report their concerns internally and externally to local safeguarding authorities. Information on how to protect people from the risk of abuse was available and visibly displayed around the home.

Risks associated with people`s daily living were recognised and risk assessments were in place with clear instructions and guidance for staff how to mitigate these risks. For example, people who were identified at risk of choking had detailed risk assessments in place and offered staff clear guidance in how to assist them with their meals and drinks. Staff were knowledgeable about people if they were at risk of falls, malnutrition, dehydration or at risk to develop pressure ulcers. Staff told us they were repositioning people regularly to ensure that the risks of people developing pressure ulcers were mitigated. We saw that turning charts were completed accurately and indicated the frequency people were repositioned.

## Is the service well-led?

### Our findings

At the previous inspection on 07 June 2016 we found that the registered manager was working through an action plan to address shortfalls found at the home following previous inspections by CQC and from a review by the local authority. Although we found that there had been positive progress in many areas in the home, there remained some further areas for improvement.

At this inspection we found that the systems improved and actions were taken for each shortfall the audits identified. For example we saw that medicines were audited weekly and any issues found were investigated by the nursing staff or the manager. We found that where staff were identified to not be following best practice they were asked to reflect on their practices and they were re-trained, with their competencies checked before they could administer medicines to people. This system was effective and improved the quality of the service provided. For example we found that from five issues identified in July's audit around medicine management in August these dropped to two. In July the concerns involved staff omitting to sign MAR charts after they administered people's medicines but also some medicines when reconciled were found to be incorrect in numbers. This suggested that people had not received their medicines as intended by the prescriber. In August the concerns were only related to staff not signing the MAR after they administered people's medicines.

We found that the manager and provider were actively recruiting to employ staff to fill staff vacancies following a review of the staffing levels in the home. They had effectively recruited staff and were close to having a full permanent staff group.

The manager had established leadership in the home ensuring that staff were accountable for their actions, praising good practice and had created development opportunities for staff. For example, we saw that the manager had started staff appraisals and created an assistant manager position which had been advertised internally. The manager had re-allocated job responsibilities between the different teams in the home but also ensured that these teams worked together. For example the housekeeper's team were now responsible for making the beds in people's bedrooms as well as ensuring people's wardrobes were tidy. This gave care staff more time to spend with people and offer a better quality service. Part of the activity coordinators responsibility now was to assist people at meal times. This ensured that more staff were available to help people have their meals in time and they did not have to wait for staff to assist them.

Staff were positive about the manager and felt they had made positive changes to the way the home was run. They told us the manager was approachable and ready to help when they needed it. Staff told us they appreciated that the nursing staff and the manager were working part of the team and actively helped them to meet people's needs safely. One staff member said, "The manager is very approachable. They always listen and help if they can." Another staff member said, "It is much better now. We have time to do our job well. Sometimes it is busy but the manager is helping on the floor if we need them."

There were 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 established to help aid communication between the home and relatives. The relatives used this forum to communicate with each other and were bringing issues if any to the manager. The manager told us, "The relationship with relatives improved a lot recently. It was difficult in the beginning but I believe we have a good, trusting relationship now." This meant that the provider was actively seeking people, and their relative's feedback about the service they provided and put actions in place to improve the service where it was a need for it.

The manager was enthusiastic about providing good care to people and shared their vision with the staff team. Staff we spoke with were positive about what this meant for people living at the home and were working with the manager to achieve this.