

Mermaid Care Limited

# White Pearl Residential Care

## 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

### About the service

White Pearl Residential Care is a residential care home providing accommodation and personal care to up to 18 people. The service provides support to people with mental health issues including paranoid schizophrenia and substance misuse. At the time of our inspection there were 17 people living at the service.

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

People were safe living at the home. One person said, "I feel really safe. Staff look after you, making a future for you". Staff had completed training on safeguarding and understood the signs of potential abuse. There were sufficient trained staff on duty to meet people's needs. People received their medicines as prescribed.

People were supported with a healthy lifestyle and with a healthy diet. Some people enjoyed preparing their lunchtime meal. One person said, "The food is great here; I love the food". People had access to a range of health and social care professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were looked after and supported by kind, caring staff who knew them well. The atmosphere in the home was calm and relaxed. People were encouraged to be as independent as possible. They were treated with respect and dignity.

People were involved in all aspects of their care, including decision making and their aspirations for the future. Complaints were dealt with informally and people told us they had never had to make a complaint.

People spoke highly of the way the home was managed. One person said, "The management is good. The owner is a nice person and the lady looking after us is clever and has good ideas. This place is just naturally good, sociable". A system of audits was used to monitor and measure the service overall and to drive improvement. People's feedback was obtained and all was positive in the records we reviewed.

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 1 February 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation

to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The provider did not have robust systems in place to monitor the service and drive improvement.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for White Pearl Residential Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

At the last inspection we recognised that the provider had failed to notify CQC of all incidents of abuse or allegation of abuse in relation to people. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations and we issued a Fixed Penalty Notice. The provider accepted a fixed penalty and paid this in full.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# White Pearl Residential Care

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by an 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.

#### Service and service type

White Pearl Residential Care is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. White Pearl Residential Care is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service. We used all this information to plan our inspection.

### During the inspection

We spoke with nine people who used the service. We spoke with the registered manager and two care staff.

We reviewed a range of records including two care plans and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We received feedback from a healthcare professional and they have given permission for their comments to be included in this report.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At the last two inspections, the provider had failed to notify CQC of incidents that affected the health, safety and welfare of people using the service. This was a breach of Regulation 18 of the CQC (Registration) Regulations 2009.

Actions had been taken following the last inspection and improvements had been made. The provider was no longer in breach of Regulation 18.

- At the last inspection, incidents had not always been reported to CQC. At this inspection, any incidents of abuse or alleged abuse had been reported to CQC in line with the provider's statutory duties.
- We reviewed notifications relating to safeguarding where issues had been reported to CQC and local safeguarding authorities. These were completed and included detailed information about particular incidents, with outcomes and any lessons to be learned.
- People told us they felt safe living at the home. One person said, "I've only got great things to say about it. It's the best house I've ever been in. The staff treat me great and with respect. I sometimes have arguments with other residents, but not the staff".
- Staff had completed training in safeguarding and knew how to recognise the signs of potential abuse. One staff member told us they had no direct experience of safeguarding, but if they had any concerns they would let the registered manager know.
- Guidance for staff on safeguarding thresholds was on display in the staff office.

Assessing risk, safety monitoring and management

At our last inspection, records had not been kept to identify and assess risks to the health, safety and welfare of people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Actions had been taken following the last inspection and improvements had been made. The provider was no longer in breach of Regulation 17.

- People's risks had been identified and assessed and were managed safely.
- Risk assessments within people's care plans provided detailed information and guidance which staff followed. Where people were identified as at risk in a particular area, their care plan included the objectives, outcomes and any interventions that were required. For example, a risk assessment for mental health

included information about the person's psychiatric condition and history, their family relationships, anxiety and depression and their risk of self-harm or suicide. Early warning signs of when the person might be unwell were recorded to mitigate the risk of them leaving the home unnoticed.

- Room checks were completed regularly with people's permission. These were undertaken to ensure people had no alcohol or illicit substances in their rooms. The registered manager explained, "No alcohol or drugs are allowed in the home. People should not be smoking in their room. We also check the environment, bathrooms, windows and floors".
- Fire safety and emergency evacuation plans supported people to remain safe.
- Accidents and incidents were recorded with outcomes together with any learning from particular incidents to prevent reoccurrence.
- A healthcare professional stated, "I have found the home to be safe. The staff manage a number of residents with severe enduring mental illnesses, some with alcohol and substance misuse issues. As far as I can see, they manage the place safely, manage medication and have care plans in place".

### Using medicines safely

At our last inspection, people did not always receive their medicines safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Actions had been taken following the last inspection and improvements had been made. The provider was no longer in breach of Regulation 12.

- Medicines were managed safely. Information on the possible side-effects of particular medicines was recorded within people's care plans. Staff were well-informed on these and knew what signs to look out for with people. For example, guidelines on a psychiatric medicine used to treat schizophrenia were documented within people's care plans, together with information on possible side-effects.
- Medicines to be used on an 'as required' (PRN) basis included when these should be given and the symptoms staff should look out for before giving these medicines.
- One person said, "I used to be on a lot of medication, but it went well, so now I have a four week blister pack and I do it myself. They're preparing me to move on to a low-support house".
- We observed a staff member giving some people their medicines at lunchtime. People came to the staff office to receive their medicines which gave them a degree of privacy. The staff member signed each entry on the Medication Administration Record (MAR) before the person had taken their medicine. We discussed this issue with the registered manager who agreed this should not have happened and they would remind the staff member of the correct procedure. MARs should not be signed in confirmation until after a person has taken each medicine.
- Other aspects of medicines were managed safely such as the ordering, storing and disposal of medicines.

### Staffing and recruitment

- There were sufficient numbers of trained staff on duty to meet people's care and support needs.
- We reviewed staffing rotas and these confirmed who was on duty at each shift. One person said, "The staff are wonderful, the best support team I've ever had. There's always enough staff. I think there have to be at least two staff on and there always is".
- New staff were recruited safely. All necessary checks were completed, including Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection



- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. One person said, "I get help to do my laundry once a week". Another person told us, "The place is clean and I keep my room clean".
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

People received visits from relatives and friends when they wished. These visits were usually planned to ensure people would be at home at a particular time.

#### Learning lessons when things go wrong

- Lessons were learned if things went wrong.
- The registered manager viewed any concerns as an opportunity for reflection and staff learning to avoid similar situations from reoccurring.
- Breaches of regulations found at the last inspection were discussed with staff and working practices were reviewed. For example, staff understood when to offer people medicines when required, such as occasional pain relief medicines like paracetamol, and how to do this safely following the manufacturer's instructions for use.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection, staff had not received training in relation to substance misuse. The provider took immediate action following the inspection and staff had completed appropriate training at the time of this inspection. Some staff had not had an annual appraisal. At this inspection, records confirmed that staff had received an annual appraisal, and also had regular supervision meetings every two months.
- Staff completed a range of training that was relevant to their job role. The majority of training was completed online by staff and included a range of topics such as awareness of mental health, dementia, learning disability, equality and diversity, and managing violence and aggression. The registered manager was arranging for staff to have access to the local authority's learning gateway to access additional training.
- Staff had the opportunity to complete vocational qualifications in health and social care to progress their professional development. One staff member told us they found the training they had completed as, "relevant and helpful to my job".

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

- People's needs were assessed before they came to live at the home. Referrals were made for placements by West Sussex County Council and Brighton & Hove City Council.
- The registered manager told us they received information about people's care needs, including risk assessments and support plans from the authority. If the registered manager felt people's needs could be met at the home, then people would visit the home and meet with staff. They explained, "We read all the paperwork we receive and discuss people's needs with senior staff. We judge on how people present, not altogether on paperwork. Other people at the home will meet and help us to decide and the first six weeks is where the decision is made. We establish what people can do for themselves and what support is required".
- Potential admission to the home was a gradual process. For example, a person might come for a meal, then if this went well, an overnight stay or two nights' stay. This process enabled staff and people to have a good idea of whether a potential admission would work well and their rehabilitation be successful.
- A healthcare professional told us, "I have placed one person there when the home opened. White Pearl have managed to keep him there happily and safely; he receives support and also can come and go and enjoy a level of independence".

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

- People were supported to have a healthy diet that reflected their needs and preferences.
- One person said, "The food is really nice; they're good cooks. I think we have different food for three

weeks, then it starts again. We can make our own lunch again now after Covid". Another person told us, "I've put on weight here".

- We observed one person prepared a sandwich for their lunchtime meal, and were asked by staff to wash their hands when entering the kitchen. There was no rigid routine in relation to mealtimes and people chose to eat at different times of the day.
- Feedback about the food on offer had been recorded. One person commented, "I think the meals taste lovely. If there's any foods I don't like, I ask for a substitute or buy nibbles instead. I am happy with the meals. They are always cooked properly and taste great".
- People's dietary needs were assessed and catered for, including any food intolerances or allergies. With their permission, people's weights were taken and recorded.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of health and social care professionals to meet their needs.
- One person said, "If you need a GP or dentist, you can do it yourself or staff will help you". Another person told us, "I do see the doctor if I need to, but I haven't seen a dentist for a long time". Staff told us they had tried to access an NHS dentist so people could have regular check-ups, but this had not been successful.
- Care plans recorded visits from professionals and the outcomes of these visits. For example, one person had visited their GP as they had blocked ears. The advice had been for olive oil drops to be administered and the person had followed this advice, with support from staff.
- People had access to regular health checks such as screening for bowel cancer and breast screening.

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

- The home had been adapted to meet people's needs.
- Access to the upper floor was via stairs or a lift.
- People's rooms were decorated according to their tastes and preferences.
- In addition to a large living and dining area, people had access to a room to play pool and to a rear garden, with a smoking area. One person said, "I have a nice room. I really like it here. They're all really nice people, really helpful. There's a nice garden with a pond and a smoking shelter. It's generally peaceful. There's a nice atmosphere".

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent was gained lawfully. One person said, "I saw my social worker today to go over my care plan. I do have an input and am involved with decisions".

- The home operated an 'open door' policy in that people were free to come and go as they pleased.
- The exception was for one person who was subject to DoLS, with a condition that staff should dissuade the person from going out independently, with actions to be taken if they decided to leave the home without telling anyone.
- People's capacity to make specific decisions had been assessed as required.

# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were looked after and supported by kind and caring staff who knew them well. Their diverse needs were acknowledged and catered for.
- We observed staff talking with people calmly and in a friendly manner. One person had a health condition which meant they could become confused, anxious or upset if their communication needs were not met in the way they preferred. Their care plan advised staff to talk calmly and not in a rushed way, as this could cause the person to become anxious. We observed staff had followed this guidance and communicated with this person in a measured and relaxed manner, giving the person time and space to understand and respond to the conversation.

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

- People were involved in all aspects of their care.
- We observed staff asking people what they planned to do that day. Several people indicated they would be going out. One person said, "I've made huge improvements since I've been here and can go out whenever I want".
- People told us they were enabled to make decisions on a daily basis, and were involved in reviewing their care plans. Care records confirmed this and included notes of meetings between people and their keyworkers. These meetings noted how people wanted to live their lives and included their aspirations for the future.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect; their dignity and independence were promoted.
- People were given the privacy they needed. For example, medicines were given to people in the office next to the dining room, rather than in front of everyone else. One person was experiencing heartburn and staff spoke with them about what they could do to alleviate the symptoms.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that met their needs and preferences.
- People were involved in all aspects of planning their care. On the day of our inspection, people were being encouraged to do their laundry, with support from staff. People were reminded of what to do, step by step, to complete this task.
- People and staff had a shared sense of humour and we observed people were relaxed in the company of staff.
- We looked at notes from a meeting that had been organised in relation to one person's access to their finances. The meeting notes recorded the discussion that had taken place with the person and their family, together with the actions taken and outcome.
- People had access to free Wi-Fi and many had their own computers and tablets to access the internet, music and other items of interest to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met in a way that met their needs and preferences.
- We observed one person became quite upset when asked a repetitive question by another person. The first person became more agitated and used a swear word in response to the second person's question. The member of staff nearby intervened calmly but firmly, and reminded the first person about the use of inappropriate language, which the first person respected and issued an apology.
- Staff were calm in their approach to people, using distraction techniques and defusing potentially difficult situations and conversations between people.

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 follow their hobbies and interests and to maintain contact with their relatives and friends.
- People could have friends over to visit if they wished. The registered manager said there were plans to have a visitors' room facing the garden, so people could socialise with their friends in privacy.

- No-one at the home was particularly interested in having activities organised for them, although BBQs were popular social events when the weather permitted. People could socialise with others at the home and with people from one of the provider's other homes who were also invited.

#### Improving care quality in response to complaints or concerns

- Complaints were responded to in line with the provider's policy. No formal complaints had been received within the last 12 months. The registered manager explained any concerns were dealt with straight away if people wanted to make a complaint.
- One person said, "I've never had to complain". Another person told us, "The staff are fine. The management are fine. I've never complained".

#### End of life care and support

- No-one living at the home was receiving end of life care.
- The registered manager told us that if a person's needs could be met and it was their wish, they could stay at the home as they reached the end of their life.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the registered manager did not have effective oversight of the service or have robust auditing systems to drive improvement. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Actions had been taken following the last inspection and improvements had been made. The provider was no longer in breach of Regulation 17.

- The registered manager had good oversight of the service. Improvements had been made to care planning and risk assessments were detailed in information and guidance for staff. Medicines management, including medication care plans, had been reviewed and improved.
- People received personalised care that met their needs and promoted their independence.
- One person said, "The staff are very talkative. They communicate very well and are very kind".
- The culture of the home was relaxed and friendly. People were encouraged to be as independent as possible, and were supported by kind, patient staff who understood their mental health needs. One person was spending their money on a new bike so they could build on their fitness and go out when they wanted.
- The registered manager demonstrated a good understanding of their responsibilities under duty of candour. They explained, "It's all about clarity, sharing, and if you've made a mistake, you have to acknowledge it. If anything happens, everyone involved will apologise. We learn from our mistakes".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff were involved in developing the service, and any equality characteristics were acknowledged and addressed. For example, one person's beliefs did not recognise Christmas, so they would not give or receive presents during this time. They were involved in festivities and celebrations in a way they felt comfortable with or could withdraw from being included.
- People's feedback about their experience of the service and home was collected and analysed. During one quality survey, a person had written, 'Thank you for supporting us even through difficult times'. Another person stated, 'I find the staff exceptionally kind and respectful. I also feel very at home here and safe. As for



[named registered manager], she too is very respectful and kind and I am glad she is White Pearl's manager'.

- Staff felt supported by each other and by the registered manager. One staff member said, "I love my job, it's more than a job to me. I have learned a lot. [Named registered manager] is very supportive and any problem, she gives good advice as well. If you need a day off, because working in mental health does take a toll a little bit, that's okay. She is a very good listener".
- The registered manager told us they had a very stable staff group. "We work as a team and no physical restraint is needed. Everyone gets on with everyone".
- Relatives' views and involvement with the service were encouraged. Staff had regular communication with families and provided updates where needed.
- Auditing systems had been established in the updating and reviewing of care plans, environmental audits, and medicines audits. These identified any areas for improvement so actions could be taken.

#### Working in partnership with others

- The management team worked with a range of professionals and organisations.
- The registered manager worked closely with healthcare professionals including mental health services, contracts and commissioning teams from local authorities, GPs and consultants.
- At the time of the inspection, an assessor from the Deprivation of Liberty Safeguards team had come to meet with one person and their advocate.
- A healthcare professional said, "The manager has a good handle on the care home and its residents. We had a useful discussion about one person, who was present, about possible move-on options in the coming months or year. Overall I would rate White Pearl as 'good'."