

Care Homes UK Two Limited

# The White House Nursing Home

## Inspection report

Monkton Lane  
Jarrow  
Tyne and Wear  
NE32 5NN

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02 October 2018

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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

The White House Nursing Home is a 'care home' which provides accommodation and nursing or personal care for a maximum of 36 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates people in one adapted building over two floors and on the date of this inspection there were 26 people living at the home, some who of whom were living with dementia.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained good. We saw evidence to show the service was meeting all of the fundamental standards.

There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since September 2014. 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 2008 and associated Regulations about how the service is run.

The registered manager was aware of their responsibilities and submitted notifications to the Commission appropriately. The registered manager worked with the provider to ensure there was a strong strategic lead to provide personalised care to people. There was a robust governance framework in place. Audits and checks were carried out by the registered manager and provider. Any issues identified were acted upon and any identified risks were mitigated. There was a complaints policy in place and we saw evidence of investigations and actions taken from these. The provider also carried out feedback surveys annually with people, relatives and staff to help improve the care provided.

People told us that they felt safe at the home and relatives agreed with these comments. We found there were policies and procedures in place to help keep people safe. Staff had received training and attended supervision sessions around safeguarding vulnerable adults. Staff were safely recruited and provided with all the necessary induction training required for their role. The registered manager continued to provide ongoing training for staff and monitored when refresher training was required. Accidents and incidents were recorded correctly and if any actions were required, they were acted upon and documented. The staffing levels at the home matched the assessed needs of people but due to the changing needs of people this needed to be reviewed.

The premises were safe and there were regular checks of the environment, equipment and utilities. There were infection control policies in place and we observed staff following these. Medicines were safely

managed and there were medication policies and procedures in place. There was a business continuity plan in place for use in emergency situations. These were also reflected in people's care plans with personal emergency evacuation plans (PEEPs) to support the safe evacuation of people in an emergency. At the time of our inspection the lift was under repair and the registered manager had updated all risk assessments and PEEPs to reflect the changed in circumstances in the home.

People's care plans were personalised and care provided to them was accurately recorded. Risks to people were assessed and mitigated. People's care plans were reviewed regularly and people and their relatives were involved in care planning. We saw referrals to other agencies, for example the dietician and GP, in people's care files. People were supported to maintain a balanced diet and we saw people had access to a range of foods and fluids throughout the day. The premises were 'dementia friendly' and there was pictorial signage to help people orientate themselves.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. There was an activities co-ordinator employed at the service who supported people to access a range of social activities that were meaningful to them.

We observed caring and kind interactions between people, staff and relatives. People's privacy and dignity was respected. Staff supported people discreetly. People had access to a range of meaningful activities which were important to them. The service promoted advocacy and there was accessible information available detailing what support people could access to help make choices about their individual lives.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service improved to Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out an unannounced comprehensive inspection of The White House Nursing Home on 01 and 02 October 2018. This meant that the provider and staff did not know we were coming. The second day of inspection was announced. The inspection was carried out by one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they play to make. We also reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults teams, and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services, to obtain their feedback.

During the inspection, we spoke with five people who used service, three relatives and six members of staff including the registered manager and regional manager. We reviewed the care records for two people and the recruitment records for two members of staff. We reviewed documentation, inspected the safety of the premises, carried out observations in the communal lounges and had discussions with people who used the service, their relatives, and staff.

## Is the service safe?

### Our findings

People living at The White House Nursing Home told us they felt safe living there. One person commented, "I'm safe and there's locks on the door so no one we don't know can get in." A relative told us, "She's safe here and I'm comfortable she's in good hands." A member of staff commented, "Everyone is safe who lives here. We have training around safeguarding and there's posters around the place so if anything wasn't right it can be reported to [registered manager] or there's a phone number to call."

Safeguarding policies and procedures were in place at the service. These were displayed around the home in easy read format, included in the resident's handbook and displayed on the staff board. Staff knew their personal responsibility in keeping people safe and could explain what they would do if they observed anything concerning. We reviewed the safeguarding log at the service. All concerns were escalated to the local authority, notified to the Commission, investigated, outcomes documented and shared with people, staff and relatives. We saw follow up actions documented in supervision records and lessons learned shared with staff at team meetings. Accidents and incidents were recorded and investigated. These were then analysed for any trends and action plans put in place to address any issues identified.

Staff recruitment was safe. We saw evidence that all staff had a current Disclosure and Barring Service (DBS) check in place. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. Nursing staff had their qualifications and registrations checked by the registered manager; these were documented in their recruitment files.

We reviewed the staffing levels at the home and these matched the assessed needs of people. We did observe that there were not always enough staff to support people during meal times. We discussed this with the registered manager and regional manager, who confirmed they would reassess the needs of people and increase the number of staff on duty.

People's care records and plans detailed their current individual needs. Medicines were securely stored in a separate area of the service which was only accessible to staff. Medicines administration records (MARs) were checked regularly and were correctly completed. Protocols were in place to administer 'as required' medicines. The protocols assisted staff by providing clear guidance on when 'as required' medicines should be administered and provided clear evidence of how often people required additional medicines such as pain relief medicines.

The premises were safe for people living at the home. The registered manager carried out a daily health and safety walk around of the home and risk assessments were in place. There was a business continuity plan in place should the service be interrupted for some reason. There was a fire risk assessment in place at the service and this also included people's Personal Emergency Evacuation Plans (PEEPs). A PEEP is a plan that provides staff with information about the levels of support a person would need should they be required to be evacuated in an emergency. There was an infection control policy in place at the home which we observed staff following. The home was regularly cleaned during our inspection. The lift at the service was

being repaired and the registered manager had created the appropriate risk assessments and updated evacuation plans to reflect this.

## Is the service effective?

### Our findings

The White House Nursing Home provided support to people in line with current national best practice standards and guidance, such as the Mental Capacity Act 2005 (MCA) and National Institute for Health and Care Excellence (NICE). Staff had received training through comprehensive inductions and refresher training sessions to make sure they had the skills to care for people using the service. The registered manager accessed training sessions provided by Learning Curve and the Tyne and Wear Care Alliance. One member of staff said, "I'm busy doing a course with the Learning Curve but I've completed all my mandatory training. We've asked for training around behaviours that challenge too and we're waiting for that to be delivered." Staff also received regular supervisions and annual appraisals.

Care files included daily records for people. These documented the care and support provided to each person. There were detailed care plans for people which were personalised and highlighted what was important to them. The service was currently moving to a computerised system for care files and these were being inputted onto the new system at the time of our inspection. Care files also included referrals to other health professionals to make sure people received effective care and treatment. Staff regularly updated each other about support provided to people and we observed there was effective communication between staff to ensure continuous support was provided.

Some people living at the home received support to maintain a balanced diet. Systems were in place to ensure people were at risk of poor nutrition were monitored and referrals were made to the dietician and GP when people's needs changed. We observed the dining experience at the home. Meals were prepared by kitchen staff and they had information regarding people's likes, dislikes and special diets. For example, one person's diet reflected their religious beliefs. There was a pictorial menu available and the service had just received it's 5\* food hygiene rating from the local authority.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. For the two people whose records we reviewed, applications had been submitted to the local authority supervisory body for assessments and authorisation to restrict their liberty, as it had been assessed that this would be in their best interests. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment. Records of best interest decisions showed involvement from people's relatives, GPs and staff. Advocacy information was displayed throughout the home and two people were using an advocate at the time of our inspection. This meant that their choices were respected and heard in decisions about their care.

The home was appropriately adapted for people living at The White House Nursing Home. There was pictorial signage around the home. Pictorial signage helps people to visualise certain rooms and items, if they are no longer able to understand the written word. People's bedrooms were personalised and there



were dementia friendly elements throughout the service.

## Is the service caring?

### Our findings

Staff at The White House Nursing Home provided personalised, compassionate care to people. We observed many positive and kind interactions between people, staff and relatives. One person told us, "They look after me well." Another person told us, "I love it here. Everybody is nice. They love and talk to you." A relative told us, "It's a happy home. She likes it, I'm not worried about it and it's good." One person commented, "[Registered manager] is really kind. The girls are lovely too." We observed all members of staff interacting with people. Whilst carrying out our observations we saw the domestic assistant talking with one person whilst cleaning their room. They were laughing and joking. The person told us that the staff member always came for a chat with her and they would look at the photographs of her husband and family.

We saw initial assessments for people when they first moved to the service, detailing what care they needed and how that care was to be provided. These assessments were completed in partnership with people, relatives and professionals. People using the service and their relatives all consented to their individual care plan, which was clearly documented. One relative said, "She's only just moved in but [registered manager] has told us what they will do to look after her. They visited her at the hospital first to make sure they could look after her properly."

Throughout the inspection we observed staff knocking on people's doors before entering and asking people if they could come in. When staff supported with personal care they asked discretely if they would like assistance. One person told us, "I can't walk properly now but they take clothes out of the cupboard for me and ask me what I want to wear."

The service promoted advocacy and there was accessible information available detailing what support people could access to help make choices about their individual lives. There was an information pack provided to people and their relatives when they first joined the service and this explained about the support provided by the provider. This was also available in easy read and pictorial form so everyone could access the information.

Equality and diversity policies were in place at the service. This ensured that everyone was treated with dignity and respect regardless of their sex, race, age, disability or religious belief. One person at the home was being supported to access a local Hindu group. The registered manager and nurse were working to support the person to make sure they could still practice their religion and follow the teachings.

People were encouraged to be independent and staff supported people to increase their confidence. We observed the activities co-ordinator supporting one person along the corridor. They used positive reinforcement with the person and talked as they walked.

## Is the service responsive?

### Our findings

There was an activities co-ordinator employed at the service to ensure people had access to wide range of social activities that were meaningful to them. Care files showed that people were assessed on their social needs and relationships that were important to them. We saw records detailing what programmes people enjoyed watching, what clubs they were members of, important relationships and spiritual needs. We did note that activity daily records for people were not updated since 29 July 2018 and we discussed this with the registered manager. They confirmed that this would be completed and the new records would be inputted on to the new electronic system.

The service had links with the local church and the local priest visited the home regularly to talk to people and deliver communion. A local school also visited the home twice a month to carry out activities with people. Children and people enjoyed one session of fun activities and a second session around scientific projects. The registered manager told us that this was a positive activity as people enjoyed spending time with the children.

People living at The White House Nursing Home received person-centred care. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to them. People had personalised care plans which reflected their individual needs. These included plans related to medicines support, personal hygiene and physical well-being. Care plans were regularly reviewed, updated and audited. We reviewed two people's care files and these were person-centred and contained detailed instructions for staff about how to support people appropriately and in line with their personal care needs. There were corresponding risk assessments for each care plan and mental capacity assessments were needed.

The home had information available for people about end of life care and this was in partnership with South Tyneside Age UK. There were records in care files about people's wishes for end of life care and staff had received training in this.

There was a complaints procedure in place at the service and this was displayed in easy read format throughout the home. People were aware of how to make a complaint. One person told us, "I just tell [registered manager] and it's fixed." We reviewed the complaints log at the service and saw that complaints were investigated, documented and lessons learned shared with people, staff and relatives. Supervisions also documented details around complaints that had been received. Complaints were also analysed by the registered manager to identify any themes. This then fed into the overall action plan for the service to improve the quality of care provided.

## Is the service well-led?

### Our findings

There was a registered manager in post at The White House Nursing Home, who had been registered with the Commission since September 2014. This was in line with the requirements of the provider's registration of this service with the CQC. The registered manager was committed to improving the quality of care for people living at the home, in-line with the provider's vision and objectives. They were aware of their legal responsibilities and had submitted notifications as and when required. One member of staff told us, "[Registered manager] supports us at work and at home. I've had a bad time recently and they've been amazing. He's like a member of my family. I can't thank him enough. He's brilliant." Another member of staff told us, "[Registered manager] listens to us but sometimes he can't give us everything we want but it's not his fault." One nurse told us, "[Registered manager] was a nurse so I can check things if I'm unsure."

The registered manager was present during both days of inspection and supported us by introducing us to staff, people and relatives. We observed positive interactions between relatives and the registered manager, as many relatives popped into his office to say hello. People living at the home knew the registered manager well and we saw people interacting positively with them.

There was a robust governance framework in place. The registered manager completed daily, weekly and monthly audits of the service. Any issues identified were inputted on to an action plan. The provider also carried out monthly audits of the service and any actions from this were included on the action plan. An external auditor visited the service twice a year to complete a full audit of the service. This was added to the service's annual development plan, to help shape the overall direction of the service.

There were regular staff and relative meetings held at the service. The relative meetings were used to discuss activities, updates on the home and to receive general feedback. Staff meetings included lessons learned from complaints and incidents, policies and staff wellbeing. There was also a staff focus group held by the provider monthly so that staff could raise any issues they had directly with the regional manager.

We reviewed people's care files and saw evidence of joint working with external professionals to support people. There was a regular GP and community matron who visited the home on alternative weeks. The provider had their latest CQC inspection rating on display within the home. This was in line with regulatory requirements and it allowed for people living at the service, relatives, visitors, professionals and people seeking information about the service to see our previous judgements.