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The White House

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

The inspection was carried out on 26 January 2017, and was an unannounced inspection.

The White House is a residential home registered to provide care and support for up to 38 older people including those living with dementia. The home has single and a limited number of double rooms. There are some rooms available with en-suite facilities. It is close the Chatham and has good bus links with the town, and has off road parking. There were currently 22 people living in the service when we inspected.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission 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 our previous inspection on 07 April 2015, we recommended that the provider sought advice and looked at published research and guidance about providing diverse meaningful activities for the elderly in accordance with their individual needs and choices. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

People were encouraged to take part in activities. Activities met people's needs and the home was responsive to people's activity needs.

During this inspection, we found that the registered manager failed to notify the commission about important events happening in the service. We have made a recommendation about this.

One to one staff supervision had not been consistent. There were gaps in supervisions which showed that staff had not sometimes had supervision for a year or more. Yearly appraisals had not been consistently carried out. We have made a recommendation about this.

People's safety had been appropriately assessed and monitored. Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as mobility and skin integrity. However, there were no comprehensive falls risk assessment in place and the registered manager had not been following their own policy on falls. We have made a recommendation about this.

The environment in the home was not totally dementia friendly which should have a positive impact on people living with dementia. We have made a recommendation about this.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. People had good access to health and social care professionals when required.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

People had access to nutritious food that met their needs. We observed that people had choices of food at each meal time. People were offered more food if they wanted it and people who did not want to eat what had been cooked were offered alternatives.

The provider and registered manager had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the provider's whistleblowing policy. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

They had robust recruitment practices in place. Applicants were assessed as suitable for their job roles. Refresher training was provided at regular intervals.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

People knew how to make a complaint and these were managed in accordance with the provider's policy.

Staff were clear about their roles and responsibilities. The staffing structure ensured that staff knew who they were accountable to. Staff meetings were held frequently. Staff told us they felt free to raise any concerns and make suggestions at any time to the registered manager and knew they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken. The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

During this inspection, we found a breach of regulations relating to fundamental standards of care. You can see what action we told the provider to take at the back of the full version of this report.

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.

Staff were informed about safeguarding adult procedures, and took appropriate action to keep people safe.

Staff were recruited safely, and there were enough staff to provide the support people needed.

Within people's care plans we found risk assessments to promote and protect people's safety in a positive way. However, generally the risk assessments had not been reviewed regularly.

Medicines were kept safe and secure at all times. They were disposed of in a timely and safe manner.

Is the service effective?

Good ●

The service was effective.

Staff supervision were not up to date and annual appraisals did not take place.

Staff received on-going training in areas identified by the provider as key areas.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People's human and legal rights were respected by staff. Staff had the knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People felt that staff provided them with good quality care. Staff

kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People were supported in line with their needs. People's needs were assessed and care plans were produced identifying how support needed to be provided.

People and their relatives were involved in decisions regarding their care and support needs.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Is the service well-led?

Good ●

The service was well-led.

There was an open and positive culture which focused on people.

The registered manager maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the service was functioning. However, they failed to monitor staff supervision and appraisal.

The registered manager had not always notified the commission of events. These were notified after the inspection visit.

Records were clear and robust.

The White House

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.

This inspection took place on 26 January 2017 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor who was a trained nurse with a background of dementia care and complex care and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members. A third inspector made calls to staff after the inspection.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports, actions plans and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection, we spoke with nine people, three care assistants, one senior care assistant, the cook, the registered manager and the co-owner. We also spoke with two visiting relatives. We also requested information via email from healthcare professionals involved in the service. These included care managers, continuing healthcare professionals, NHS and the GP.

We looked at records held by the provider and care records held in the service. These included four people's care records, people's medicines records, risk assessments, staff rotas, four staff recruitment records, meeting minutes, quality audits, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including business plan and the periodic electrical installation testing (NICEIC) certificate. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People said, "I feel safe because when I came here many years ago years ago I wasn't well and now I'm feeling well. The staff are very patient and kind", "I have been here for a number of years. I feel safe because staff look after us we are all clean no fault there. I'm friendly with all people here. My medication is given to me every night" and "I feel safe because the staff are nice to me. There are enough staff here."

Visiting relatives said, "I believe mum's safe because she seems to be happy here. They give her medication regularly" and "My mum is safe here because they are very caring and are concerned about her. She had a fall once and broke her wrist and they called me and I went in the ambulance with her. I'm very happy there are enough staff here."

Within people's care plans we found risk assessments to promote and protect people's safety in a positive way. The registered manager identified risks to the individual, assessing the risk and how to manage it. For instance, moving and handling risk assessments recorded the activity and what measures needed to be put in place to carry out the task safely. However, risk assessments had not been reviewed regularly. We found that some people were at risk from falls. For example, there were seven falls in the month of January 2017. Risk assessments relating to these falls had not been reviewed after these falls. The service did not follow its own policy in regard to falls management in ensuring that there were comprehensive falls risk assessments in place and reviewed accordingly. Although the accident book was completed each time a person had an accident, there was no evidence that the registered manager had reviewed each accident to ascertain if there was any way of reducing the risk of future accidents. This meant that future preventative actions after a resident had suffered a fall were not comprehensively reviewed and appropriate risk assessment put in place.

There were no risk assessments in place in regard to identifying people that are at risk of developing pressure ulcers. Lack of risk assessments meant that it might be difficult for the service to recognise individual's risk factor and steps to take to prevent new or further pressure damage. People may not be receiving preventative actions such as pressure relieving equipment to reduce the risk of developing a pressure ulcer. We found no evidence that the registered manager was checking that the information regarding pressure ulcers remained valid in people's care records. We spoke to the registered manager about this who agreed and said she would immediately action reviewing risk assessments every month.

We recommend that the registered manager seek advice and guidance from a reputable source, about the implementation of appropriate risk assessments in the service that meets people's needs.

People were protected from the risks associated with the management of medicines. The medicines were given at the appropriate times and people were fully aware of what they were taking as staff explained this to them. We observed a trained staff member administering people's medicines during the morning medicine round. The staff member checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. Medicines were given

safely. Staff discreetly observed people taking their medicines to ensure that they had taken them.

Medicines were kept safe and secure at all times. They were disposed of in a timely and safe manner. A lockable cupboard was used to store medicines that were no longer required. There was a system of regular audit checks of medicine administration records and regular checks of stock. We completed a stock check of medicine which was boxed, this was correct. These contained information and a photograph of the person and of the medicine they had been prescribed. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited at every administration. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. Training plan sent to us confirmed that all staff had completed safeguarding training. All staff spoken with said they would usually contact the registered manager immediately if abuse was suspected, but knew they could also contact the Social Services safeguarding team directly. Staff also had access to the updated local authority safeguarding policy, protocol and procedure dated April 2016. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "I will tell the manager if I observe bad practice." This showed that the provider had up to date systems and processes in place that ensured the protection of people from abuse.

The registered manager told us there was adequate staffing to meet people's needs. Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we looked at such as the rotas and training files confirmed this. The registered manager had developed a dependency tool used to assess the hours of support each individual required each week. This in turn helped the registered manager to assess the numbers of staff she needed to have available on the rota each week to be able to provide the support hours required.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment. This meant that people could be confident that they were cared for by staff who were safe to work with them.

People had personal emergency evacuation plans (PEEP's) that were individual to the person and their specific support needs in the event of an emergency evacuation of the premises. The PEEP's had been agreed and signed either by the person themselves or their relatives.

There was a plan staff would use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed

that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

Is the service effective?

Our findings

People said, "The food is very nice I do get a choice. I'm happy here my room is very nice and they (staff) always offer tea and coffee", "I've only got to ask for the doctor and they'll sort it out, nothing to complain about but I would like to go to church every Sunday" and "The food is very good they asked me what I wanted and there's always vegetables. Tea and coffee is always on offer. I have not been bad enough for a doctor, but the others have had the doctor come out to see them."

A visiting relative said, "She doesn't eat very much and she's lost weight over the months, but it's not because they have not been feeding her, they get the dietician in and offer lots of teas and coffees they monitor how much she drinks."

The registered manager told us that staff had appropriate training and experience to support people with their individual needs. Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard.

Staff were not being supported through individual one to one supervision meetings regularly. One to one supervision meetings would have provided opportunities for staff to discuss their performance, development and training needs, which the registered manager was not monitoring. We found that supervisions were inconsistent and sporadic. For example, a member of staff had their supervision dated 27 October 2016 but prior to this was 23 February 2015. This was a year and 10 months without supervision. In another staff file we found that their supervision was consistent. They had their supervision dated 08 August 2016; 04 April 2016 and 09 February 2016. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. A member of staff also confirmed training needs were discussed as part of supervision and she could ask for training that would be of benefit to her in her role.

Yearly appraisals had not been consistently carried out and reviewed. We found in records that out of four staff files we looked at, three had not had any yearly appraisal carried out by the registered manager. Appraisals would have enabled staff to improve on their skills and knowledge which would have ensured continued effective delivery of care to people.

We recommend that the registered manager/provider seeks guidance from a reputable source about carrying out appropriate professional development, supervision and appraisal as is necessary to enable staff carry out the duties they are employed to perform.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. 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. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. One staff member explained that every person has some capacity to make choices. They gave examples of how they supported people who did not verbally communicate to make choices. Care staff were able to describe how capacity was tested and how a person's capacity impacted on decisions. They could all describe how and why capacity was assessed, the statutory principles underpinning the MCA and related this to people that were subject to DoLS.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People in the service were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Capacity assessments had been carried out where appropriate, ensuring people had the capacity to make any decisions that were required. Sometimes important decisions needed to be made and a person had been assessed as lacking the capacity to make that particular decision. There was evidence that relevant people, such as family members, had been consulted with to make sure any decisions were made in the person's best interests. Where family members had legal responsibilities to make decisions on people's behalf, such as a lasting power of attorney, this was recorded in the care plan. This meant that staff understood the responsibilities and relationships in people's lives when they were planning their care.

People had access to nutritious food that met their needs. They had a choice of at least two different meals at dinner time and could ask for another option if they wished. People were supported to make cold and hot drinks when they wanted them. The kitchen of the service was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. A pictorial food guide was on the notice board for people to understand healthy eating. People's weights were regularly monitored to identify any weight gain or loss that may indicate a health concern.

The cook spoke to each person every morning to ask what they wanted for lunch and tea from the menu. People were able to ask for something different if they did not like either of the choices available. The cook said, "If someone does not like what is on the menu, I offer them other choices."

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. People received effective, timely and responsive medical treatment when their health needs changed.

Records confirmed that where appropriate staff accompanied people to appointments. Staff told us that

each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals. People were regularly seen by their treating team. Health appointments were documented in people's care plans and there was evidence that the service worked closely with health and social care professionals to maintain and improve people's health and well-being.

Is the service caring?

Our findings

People said, "I have friends here they're all very nice" and "Staff are helpful. My room is clean and my bed is comfortable."

People we spoke with told us that they were able to receive visits from their family members and friends at any reasonable time. They also said family members and friends were always made to feel welcome and there was always a nice atmosphere.

Visiting relatives, "It is very lovely here, very caring" and "They care for her very well here, they cater for her needs, she can wander around all day in the home and the carers understand that" and "The staff are very good at interpreting what she needs. The staff are caring, she's always clean and her clothes are clean. They made the care plan I think it's reviewed every six months. I could have made comments or amendments if I needed to. I have met my mum's end of life nurse."

We observed that staff respected people's privacy. All bedrooms doors were closed. For example, when we arrived, we observed that staff were supporting people with personal care in the privacy of their rooms with doors shut. Staff knocked on doors before they entered. Staff treated people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. The environment was well-designed and supported people's privacy and dignity. People were able to personalise their bedrooms. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people.

All the people living in the service had some form of dementia. Corridors were spacious with good lighting which was crucial for helping a person with dementia to make sense of their environment. However, we found that apart from names on doors and few pictures on some doors, the service had not made enough efforts to making the service more appropriate and stimulating environment for people living with dementia. For example, we observed one person walked to the reception area and asked us to show them their room because they were going to their room. We found that there was very little signage and the people's room doors had no visual indicators to help the resident identify their room. As people with dementia can get confused in their environment, so it's a good idea to make everything easily recognisable. A dementia friendly care environment can have a positive impact on a person living with dementia's emotional wellbeing. The service would benefit from a more dementia friendly environment to provide further stimulation for the people.

We recommend that the provider and registered manager seeks advice and guidance from a reputable source about creating a stimulating environment for people with dementia.

Staff respected confidentiality. People's information was treated confidentially. People's individual care records were stored securely in lockable filing cabinets in the office, but were available to people and staff. We saw evidence that people were asked before information was shared with people.

Staff were kind, caring and patient in their approach. Staff supported people in a calm and relaxed manner. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people according to their mode of communication in a friendly, sociable manner and not just in relation to what they had to do for them. We found that staff knew the people they were supporting well.

There was evidence that people who required help to make decisions and did not have family involvement had been referred to independent advocacy services. This made sure that people had the support to make important decisions from an independent agency, helping them to speak up for themselves. The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Staff told us they were aware of how to access advocacy support for people. Advocacy information was on the notice board for people in the service.

Is the service responsive?

Our findings

At our last inspection on 07 April 2015, although people and relatives felt the service was responsive to their needs, people were not happy about activities. We recommended that the provider sought advice and looked at published research and guidance about providing diverse meaningful activities for the elderly in accordance with their individual needs and choices. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

People said, "I like gardening and the manager takes me to the garden centre and I can choose the plant pots for the garden. If I didn't have the garden, I don't know what I would do because there is nothing else to do here", "they listen to me and I'm happy here. Activities, I like sewing. If I had any worries I'll tell my daughter" and "If I wasn't happy I would tell staff. I think staff listen to me, they're very helpful they do anything for me. I do like the music that plays."

There was evidence that people's needs were assessed prior to admission and continually throughout their stay at the service. The registered manager undertook thorough assessments of people's needs before accepting them and a structured introduction took place. Each person had an initial referral which included a full case history, as well as a pre-admission assessment. The assessment covered all medical history, any challenging behaviour, and care needed to manage and safely support the person's needs. The assessment was used to determine whether or not the service could meet the person's needs, and if any specialised tools or professional's assistance would be required. This showed that people's needs were assessed in detail to ensure they could be safely supported at the service.

Each person's detailed assessment, which highlighted their needs led to a range of care plans being developed. We found from our discussions with staff that the plans met people's needs. We saw evidence that people and their relatives had been involved in making decisions about their care and support and developing their support plans. We reviewed care plans which contained detailed assessments that provided information on how staff should support each person. Changes to the care plans were made whenever people had been seen or assessed by external health professionals.

Personal and caring details were included in people's care plans. Such as when people had difficulties understanding or remembering what was said at times. Care plans included how to help, for instance by writing little notes and by giving plenty of time for people to process the information given. People's likes and dislikes were recorded, for example, what drinks people preferred and how they liked these.

People's care plan described what circumstances may make them upset and what staff could do to support them. For instance, people living with dementia who may not always be able to understand what was being said to them. The care plans clearly stated this and guidelines for staff included making sure they always spoke slowly and clearly.

People's care plans recorded what people's interests were and what they liked to do through the day. Some people preferred their own company and did not like joining in group activities and instead liked to read or

listen to music. Others preferred the company of other people and liked to sit in a busier lounge, joining in any group activities on offer. We saw staff asking people in the lounge if they wished to have music on or the TV. People chose the TV and she checked that everyone was happy with this. People were engaged in watching the TV, discussing the programmes with each other. Staff spoken with told us that Sunday was their movies night, one person goes to a day centre on Thursdays. An external activities lady comes in every three weeks in addition to the daily activities offered. Also, one person visits the service weekly with a trained pet dog called 'Pip'. This showed that activities were personalised and used as therapy, which brings fulfilment to people in the service.

There were systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to people who used the service, staff, professionals and relatives to gain feedback on the quality of the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. The completed questionnaires demonstrated that all people who used the service, families and those that worked with people were satisfied with the care and support provided.

The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed to people within the 'service user guide'. The complaints policy available in the office showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO). The complaints procedure gave information about how long it would take for the provider to respond to complaints. People told us that they were very comfortable around raising concerns and found the registered manager and staff were always open to suggestions; would actively listen to them and resolved concerns to their satisfaction.

Is the service well-led?

Our findings

People said, "Managers are very nice people they come round every day and asked if I have any queries" and "Managers are both very good and I have my newspaper delivered."

Visiting relatives said, "The registered manager is nice, she always asked how we are doing" and "The manager is nice, they treat each other well."

Our discussions with the registered manager and staff, including our observation when we inspected showed us that there was an open and positive culture that focused on people. The service had a culture of fairness and openness, and staff were listened to and encouraged to share their ideas. Staff commented, "I am able to discuss people's concerns freely with management. Managers are friendly and they listen. I can contribute. I come up with new ideas regards activities and I am listened to."

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. Staff meeting records confirmed that staff views were sought.

The quality statement of the service read, 'We are committed to maintaining and improving the quality of our service.' At this inspection, we found that these values had been fully implemented in the service. Relatives told us that "The White House was an excellent service." We observed that people and staff were cordial in their approach to each other.

The registered manager continually monitored the quality of the service and the experience of people in the service. They were involved in all care reviews. We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the service. The registered manager had effective systems in place for monitoring the service, which were fully implemented. They completed monthly audits of the service, such as medicine, nutrition and health and safety. They used these audits to review the service. Audits routinely identified areas for improvement and the registered manager produced action plans. These clearly detailed what needed to be done and when action had been taken. However, the registered manager failed to consistently carry out staff one to one supervision and appraisal as mentioned above. We gave this feedback to the registered manager who agreed that there was need to put this in place.

Communication within the service was facilitated through team meetings. We saw that this provided a forum where areas such as risk assessments, safeguarding, staff handover, infection control and people's needs updates amongst other areas were discussed. Staff told us there was good communication between staff and the management team.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management

structure ensured that staff knew who they were accountable to.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. However, not all notifications had been sent in to tell us about incidents that required a notification. For example, DoLS authorisation had not been sent in prior to our inspection. We discussed these with the registered manager who told us that they were not aware that they should notify the commission about these events. They immediately notified us of the DoLS authorisation after we inspected the service. CQC used this information to monitor the service and to check how any events had been handled.

We recommend that the provider and registered manager seeks advice and guidance on notifications to be sent to the commission.

The service worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care staff care professionals reported that staff within the service were responsive to people's needs and ensured they made appropriate referrals to outside agencies. The registered manager told us that they worked in a joined up way with external agencies in order to ensure that people's needs were met.