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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 well-led?

Good ●

Summary of findings

Overall summary

About the service

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 service had two lounges, a dining room and a garden to the rear of the service. At this inspection, there were 23 people living in the service.

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

People told us, "They [staff] do everything you want them to do, so it's not a problem. And they are very good giving choices." And "Staff are very good, friendly and brilliant"

People were protected from the risk of harm as robust safeguarding procedures were in place and staff had a good understanding of their responsibilities. Risks associated with people's care and wellbeing were safely managed.

Staff were recruited safely, and checks were completed. People were supported by staff with the relevant skills and experience, which enabled them to meet people's needs. Staff also received appropriate training to enable them to carry out their roles safely. Staffing rotas showed there were enough staff deployed to meet people's needs.

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.

Medicines were safely managed and administered. Staff received appropriate medicine administration training. Staff understood and demonstrated their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.

People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted. The registered manager had good oversight of the service and the staffing team.

The provider continued to build links with other healthcare professionals and work closely with them. The registered manager and management team learnt from incidents that had happened. Any incidents were discussed, and trends and pattern analysed to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 1 July 2021).

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 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The White House on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our responsive findings below.

Good ●

The White House

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 carried out by one inspector and an Expert-by-Experience, who made calls to people using the service. 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

The White House 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. The White House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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

We reviewed information we had received about the service since the last inspection on 13 May 2021. This included details about incidents the provider must notify us about, such as abuse or when a person dies. The provider completed a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We spoke with a visiting healthcare professional. We used all this information including the information in our last inspection report to plan our inspection.

During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and care workers.

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

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.

Staffing and recruitment

At the last inspection, we identified this area as requiring further improvement because staff recruitment was not consistently managed in a safe way. The provider had not completed all necessary checks for potential staff to make sure they were suitable to work with people using the service. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection. The provider was no longer in breach of regulation 19.

- At this inspection, we found that improvements had been made and the regulation had been met. Staff were recruited safely, and checks were completed.
- Application forms were completed with no gaps in employment, references and proof of identification were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community. A member of staff said, "Service users here are safe, we are always fully staffed." This meant that people were supported in a manner that promoted their independence in a safe way.
- We observed staff had time to spend individually with people and knew everyone well. A member of staff said, "There is always someone spending time with people to ensure their wellbeing." One person said, "I can't fault them in any way. We're well looked after. What more can you ask. They come and stroke your hands. They're very nice."

Systems and processes to safeguard people from the risk of abuse

- Comments from people included: "Yes I feel safe here because of the nurses (care staff). Should anything go wrong you turn to them and they do it for you."; "Yes, I feel safe. feels safe because I've lived here all my life." and "Oh I do feel safe here because they look after me well."
- Safeguarding processes were in place. Risk of abuse had been minimised because staff were aware of safeguarding policies and procedures. Staff had access to the updated local authority safeguarding policy, protocol and procedure. The registered manager had reported any concerns to the local authority safeguarding team when appropriate.
- Staff understood their responsibilities to raise concerns, to record safety incidents, and near misses, and to report them internally and externally, where appropriate. A member of staff said, "Safeguarding is about people being protected from abuse for example if people are being neglected or self-neglect. If I suspect, I will notify my line manager who will act on it. If nothing is done, I can go to the social service, CQC or Police."

- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "Whistleblowing is if you see something not appropriate, to inform management and outside can go to social services or CQC."

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Staff had been trained and were knowledgeable in diabetes management. For example, diabetes risk assessment contained robust control measures such as suitable food and diet, how to respond and guidance for staff on type 2 diabetes, hyperglycaemia and hypoglycaemia to follow [Hyperglycaemia occurs when blood sugar levels are too high. People develop hyperglycaemia if their diabetes is not treated properly. Hypoglycaemia sets in when blood sugar levels are too low]. Individual risk assessments included risks related to; nutrition and hydration, health, activities and falls.
- Support was delivered as planned in people's support plans. Some people needed support to manage their mobility to reduce the risk of an incident occurring. Falls risk assessments were thorough and detailed and contained the information staff needed to support people safely. For example, there was information on what could cause the person to fall and what actions staff were to take if it happened and guidance on how staff could try and prevent it happening.
- Risk assessments were specific to each person and had been reviewed recently.
- People were protected from risks from the environment. The environment and equipment were safe and well maintained and the appropriate checks, such as gas safety checks, had been carried out. There were regular fire drills. There were window restrictors on the windows to ensure that people could not climb out and fall.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. For example, one person had a MCA assessment carried out. The outcome was that the person had no capacity to consent to his care and treatment. Best interest meeting took place and it was agreed to have DoLS in place and also had a PRPR allocated to support them with decision making. Paid Relevant Person's Representative [PRPR] role is to maintain contact with the person and to represent and support them in all matters relating to the deprivation of liberty safeguards (DoLS). This support is completely independent from the provider of the service they were receiving. The provider got Independent Mental Capacity Advocate (IMCA) involved to further support the person in decision making. IMCA is an advocate appointed to act on your behalf if a person lack capacity to make certain decisions.
- Staff were knowledgeable in the MCA and their responsibilities. One staff member said, I always seek people's consent before I do anything for example when carrying out personal care.

Using medicines safely

- Medicines were administered safely. Our observation of staff giving people their medicines confirmed this. Medicines were given in a person-centred way. For example, staff explained what the medicine was for and sought people's consent before administering. One person said, "It's [Medicine] all done efficiently, yeah, no problem."
- Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines.
- Medicines were stored safely. Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed.
- PRN (as required) protocols were in place and staff followed them. PRN medicines, such as paracetamol are usually prescribed to treat short term or intermittent medical conditions and not to be taken regularly.
- Staff completed training in medicines administration and their competency was checked to make sure they continued to practice safe medicines administration.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance.

Learning lessons when things go wrong

- Staff maintained an up to date record of all accidents and incidents. The registered manager monitored these so any trends could be recognised and action taken to prevent re-occurrence.
- The registered manager used the information to make improvements to keep people safe. This meant that people could be confident of receiving care and support from staff who acted on changes to their needs.

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.

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

At the last inspection, we identified this area as requiring further improvement because the provider had not included staff recruitment in audit checks, and we found shortfalls in the area. Further, we found that some mental capacity assessment records did not reflect what was happening in practice.

- At this inspection, we found that improvements had been made and the regulation had been met. Quality audits completed included staff recruitment files and mental capacity assessments. This demonstrated that the registered manager had an oversight of the service in order to improve.
- The action plan from the previous inspection sent to us had been met. The registered manager had implemented and completed a range of audits such as monthly recruitment file checks, environmental audit, monthly medication audit, safeguarding audit, accident and incident audit and various others. The audits were robust and all identified action plans had been completed by the registered manager. For example, all staff files contained all required documents, which ensured people were being supported safely by staff who had been thoroughly vetted.
- The provider understood the responsibilities of their registration. Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Everyone was aware of who the registered manager was. One person said, ""I see [manager's name] around.""
- Staff members found the registered manager supportive and approachable. One staff said, "We have staff meetings once a month. We can freely talk and suggest things. They are definitely approachable."
- Communication within the service continued to be facilitated through monthly meetings. These included staff, resident's, and menu meetings. Records showed that staff took time to listen to people. For example, people were asked how they were and if they had any concerns. People who could respond stated they were

happy in the service. One person said, "The nurses [Care staff] are brilliant. They listen to what you are saying, and they try to help."

- The provider had systems in place to receive feedback about the service including an annual questionnaire and telephone questionnaire. These were sent to people living at the service, staff, health and social care professionals and relatives. We saw responses from relatives, and they said, "I am content with the service and this makes me feel happy." Another said, "Happy with the service, very satisfied with the service."

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; Continuous learning and improving care; Working in partnership with others

- The registered manager and management team learnt from incidents that had happened. Any incidents were discussed, and trends and patterns analysed to improve the service.
- When things went wrong or there were incidents, the registered manager had been open and transparent about these and informed relatives, commissioners and CQC as appropriate. For example, records showed that accidents and incidents were reviewed and acted upon to ensure the service acted in a transparent way.
- Staff worked well in partnership with other professionals to achieve the best outcomes for people. For example, staff worked closely with the GP to review a person's medicines. A visiting healthcare professional told us how staff and management had successfully supported their person to settle down into the service. They said, "[Name of person] was unsettled but has settled well now. They had worked very well with her and other professionals such as mental health team and dementia support, which has helped her to settle well. A strategy was developed, and the service implemented it successfully."