

Ixora Healthcare Limited

The White House

Inspection report

84 Wythenshawe Road
Northenden
Manchester
Lancashire
M23 0DF

Tel: 01619987632

Date of inspection visit:
20 February 2018

Date of publication:
18 April 2018

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

This inspection took place on 20 February 2018 and was unannounced which meant the service did not know in advance we were coming.

The White House is a 'care home'. 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 White House is registered with CQC to accommodate up to 28 people. At the time of this inspection, 23 people were accommodated, four people were in hospital and the home had one vacancy.

The White House is a large detached property set in its own grounds, with parking space to the front of the home. The home has a private patio area and garden at the rear of the property which is enclosed at all sides. The home is situated in a residential area of Northenden, within easy reach of the motorway network, public transport and local shops.

At our last inspection we rated the service '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.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

People told us they felt safe living at The White House. Staff received safeguarding training and knew how to keep people safe and raise concerns if they suspected someone was at risk of harm or abuse.

People had comprehensive risk assessments which were reviewed and updated in a timely way to meet people's changing needs. This ensured staff had access to the relevant information and guidance to mitigate risks.

Staffing levels remained consistent and the home benefited from a stable workforce. People, relatives and staff told us there were sufficient numbers of staff on duty to meet people's needs.

The management of medicines was safe. There were appropriate arrangements in place to ensure that medicines had been ordered, stored, received and administered appropriately.

The service had a training matrix to monitor the training requirements of staff. Staff received appropriate training, supervision and appraisal to support them in their role.

People were supported in line with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were encouraged to make decisions and choices about their care and had their choices respected.

People's consent to care and treatment was sought prior to care being delivered.

People were encouraged to maintain a healthy nutritionally balanced diet and had access to sufficient amounts to eat and drink, at times that suited them. People's health care needs were monitored and maintained; people had access to health care services as and when needed.

People continued to receive care and support from staff that were kind, caring and compassionate.

People were treated with dignity and respect and had their independence promoted by staff that openly expressed their fondness for the people they cared for and supported.

Care plans were person centred and tailored to meet people's individual needs. People were encouraged to be involved in the development of their care plans, which were updated regularly to reflect people's changing needs.

A variety of activities were provided and staff demonstrated a good understanding of people's needs and adapted activities to reflect people's individual interests.

The provider had a complaints procedure in place and people felt confident in raising concerns or complaints to staff and the registered manager.

Staff told us the home was well-led and a good place to work. We were told by staff, people and their relatives that the registered manager was visible, had an open door policy and was approachable which meant people, their relatives and staff could meet with the registered manager as and when they needed.

There was an effective system for audit and quality assurance to monitor the service provided. Audits or checks were completed by the registered manager on records, including medicines, accidents, risk assessments, care plans and daily records.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

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 20 February 2018 and was unannounced which meant the service did not know in advance we were coming.

The inspection team comprised of one adult social care inspector and an inspection manager from the Care Quality Commission (CQC) 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.

Before the inspection the provider completed 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 also reviewed information we held in the form of notifications received from the service, including safeguarding incidents, deaths and injuries.

During our inspection we spoke with seven people who used the service and four visiting relatives. We also completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven members of staff, including the provider, registered manager senior carers, care assistants, an activities co-ordinator, and the chef.

We looked in detail at four care plans and associated documentation; four staff files including recruitment and selection records; training and development records; audit and quality assurance; policies and procedures and records relating to the safety the building, premises and equipment.

Is the service safe?

Our findings

We asked people if they felt safe and secure living at The White House. Comments included: "Living here is wonderful. Everybody's so nice. I like it here"; "I'm quite happy. It's homely and warm." and, "The people are nice. I can't grumble at all. I know I'm not alone and someone will talk to you." Comments from visiting relatives included: "It's like a club, all very friendly. It's lovely."; and, "The place is clean and no odours. The local GP is round the corner. They don't take any chances. I'm so relieved. I don't have to worry about [relative] they are safe, and guided and prompted by the staff."

We reviewed staffing and found the home continued to benefit from a stable, long serving workforce who knew people well. Staffing levels were not calculated based on people's individual dependency levels but we found deployment of staff was effective and flexible to meet people's individual needs should they increase. We also looked at historical and planned rotas and found staffing levels were consistent with this approach. People and relatives we spoke with told us enough staff were on shift to safely meet their needs. Comments included: "It doesn't take two minutes for [staff] to come. They're there right away if you press your buzzer." and, "No concerns about staffing at all. They work well together as a team."

Regular maintenance checks were undertaken to ensure the home was safe. This included; electrical testing, the call bell system, lifts, hoists, gas safety and legionella. Checks were also completed in respect of emergency lighting, fire doors and fire extinguishers to ensure they were in working order. These checks ensured the building and premises was safe for people living at the home.

We looked at four staff files to check if safe recruitment procedures continued to be in place and saw evidence of references, Disclosure and Barring Service (DBS) checks and fully completed application forms and full work histories had been sought for all staff. These checks ensured staff were suitable to work with vulnerable people

People continued to be protected against the risk of harm, because the home had embedded practices that identified risks, assessed and monitored them regularly. Staff were given clear guidance on how to manage risks and the steps to take to mitigate the risks. We looked at risk assessments and management plans and found these were comprehensive and updated in a timely manner to reflect people's changing needs.

Where accidents occurred, these were investigated and preventative measures put in place to keep people safe. Accidents and incidents were recorded and reviewed by the registered manager, to identify any trends and ensure appropriate action had been taken. Incidents showed where applicable health care professionals were informed and information shared to minimise the risk of repeat incidents and accidents.

We reviewed systems and procedures which sought to protect people from abuse and found these continued to be robust. Staff could describe the signs and behaviours they would look out for that would alert them to the possible consequence of abuse. Staff described local safeguarding arrangements and records confirmed that safeguarding concerns continued to be reported in a timely way to the relevant authorities.

The management of medicines within the home continued to be done safely and no issues were identified concerning ordering, storage, administration and disposal.

We saw people had their own Personal Emergency Evacuation Plan (PEEP) in place which provided staff and emergency services with all the appropriate details about how to evacuate people from the building safely in the event of an emergency.

Regular maintenance checks were undertaken to ensure the home was safe. This included; electrical testing, testing of the call bell system, lifts, hoists, gas safety and legionella. Checks were also completed in respect of emergency lighting, fire doors and fire extinguishers to ensure they were in working order. These checks ensured the building and premises was safe for people living at the home.

We found the home to be visibly clean and free from offensive odours. We saw detailed cleaning schedules were in place, which included regular deep cleans of bedrooms and communal areas. Communal bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as disposable gloves and aprons, to minimise the spread of infection.

Is the service effective?

Our findings

We found people continued to receive effective care and support from staff that were well trained and competent to carry out their roles.

Newly recruited staff continued to receive a comprehensive induction and a period of shadowing more experienced staff. The training matrix reviewed during the inspection showed staff continued to receive on-going training and refresher training to reflect legislative changes to effectively meet people's needs.

Staff received frequent supervisions and an annual appraisal where they reflected on their working practices. Supervisions gave staff the opportunity to meet with the registered manager and discuss areas of improvement, training needs and for staff to put forward ideas for the development of the home. Comments from staff included: "I find the on-to-one supervision sessions really useful." and, "Any issues I have I know can raise at supervision and are they are always dealt with promptly by the manager."

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 Mental Capacity Act (2005) (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was continuing to work within the principles of the MCA. We found DoLS applications had been submitted for anybody deemed to lack capacity to consent to their care and treatment, with a matrix in place to log referrals and outcomes. Best interest meetings had also been held, to ensure decisions made on behalf of people who lacked capacity were in their best interest. Staff confirmed they had received training in MCA and DoLS and demonstrated a good understanding of the main principles.

People's health and well-being continued to be monitored and assessed regularly by health care professionals including G.P's, psychiatrists, physiotherapists, speech and language therapy (SaLT), diabetic nurse, dentists and chiropodists. Care plans also contained a dedicated section for meeting people's health care needs and the support they required and how this was to be delivered.

People we spoke with continued to express satisfaction with the quality and variety of food and drink provided in the home. Records confirmed that people's dietary requirements continued to be monitored and met. The mealtime experience was relaxed and people that required support eating their meal were not rushed and were supported by staff as required. The chef maintained good oversight of people's dietary requirements and maintained accurate records which were up to date.

Is the service caring?

Our findings

Without exception, people and their relatives told us they considered staff at The White House to be caring. During the inspection we observed staff interacting with people in a compassionate and respectful manner. Observations showed staff had a caring attitude towards people. We noted frequent, appropriate physical contact between staff and people which was natural and symbolised the familiarity and relationships that had developed between people and staff.

People were encouraged to maintain relationships with people that mattered to them and there were no prescriptive visiting times at the home. During our inspection, a relative of person who had previously lived at The White House asked to speak with members of the inspection team. This person's relative had passed away but they still maintained contact with The White House and frequently visited the home. They spoke with great fondness about the care and compassion their loved one had received at home, in particular towards the end of their life. This person considered the caring and trusting relationships between staff, people and their relatives was what 'set the home apart from all others.'

The home was welcoming and people were able to personalise their rooms with items of their choice. One relative told us their loved one had been able to choose a colour of their choice and the room had been fully decorated before they moved in. A second relative told us their loved one had their room in the colours of their favourite football team.

During the inspection we observed people moving throughout the home freely and people were encouraged to spend time in communal areas but people told us personal time in their rooms was equally respected. We saw how one of the lounge's at The White House was primarily utilised for people and their families to enjoy private time in an environment that was reminiscent of being at 'home.' This space was affectionately known as 'Mary's Parlour' because the vast majority of furniture items had been kindly donated by a person's relatives.

People were continued to be supported in making decisions about their care and treatment. People were given information in a manner they understood to enable them to make decisions in matters that affected their lives.

During the inspection we observed staff speaking to people, asking them what activity they wanted to participate in and having their decisions respected. For example, if people wanted to engage in the scheduled activity or return to their room.

People's privacy and dignity continued to be maintained. People told us staff would knock on their room doors and await permission to enter before doing so and that personal care was provided in private.

We looked at how staff recognised and responded to people's personal preferences and how additional needs were taken into account. For example, how information was provided to people living with a sensory impairment; how the needs of older lesbian, gay, bisexual or transgender (LGBT) were met; how people of non-white heritage were supported; and, how the pastoral needs of those who practiced faith were met. At the time of our inspection, we were told by the registered manager there was no one living at The White House who was non-white, and to the best of their knowledge, no one identified as LGBT. For people of faith, we saw the home had good links with the local religious community and people's pastoral needs were being met. By looking at the format of care records and how information was captured, and through talking to staff and the registered manager, we were satisfied the home always sought to deliver care and support in a way that was non-discriminatory and respected personal preferences.

People continued to receive one to one time with staff. The home had a key-worker system in place that was responsible for co-ordinating the care people received within the home.

Is the service responsive?

Our findings

People and their relatives confirmed care and support was responsive to their needs. People's comments included: "There's been 100% improvement going from what [Person] was to now. [Person] is not lonely anymore."; "There is always something to do here and staff are very involved in helping people remain active."

Prior to people moving in, the home continued to complete a pre-admission assessment, to ensure they could meet the person's needs and gather information to ensure care provided was person centred.

We found the home continued to provide personalised care, designed around each person's needs and wishes. Care files contained comprehensive information about people's backgrounds, likes, dislikes, preferences, medical and social needs. Care plans had been written with the involvement of people or their relatives, and provided staff with clear explanations about how each person wanted to be supported. People and their relatives confirmed they were involved in decisions about the care provided.

Care plans were reviewed regularly and updated in a timely way to reflect people's changing needs. People and their relatives confirmed people's care was discussed with them to ensure their needs and preferences were documented and met.

People's social needs were acknowledged and promoted. People continued to be encouraged to participate in a wide range of activities of their choice that met their needs. On the morning of our inspection there was a reminiscence activity taking place in one of the two lounges involving six people and was led by a member of staff who was showing people old pictures of the local area. This prompted people to recall shops they had previously visited and other places of interest. A wide range of activities and events also took place throughout the year which ensured people living at The White House maintained links with the wider community. This included the involvement of local schools and community groups and a variety of day trips.

The home also subscribed to the 'Daily Sparkle' newspaper and this was distributed each day to people at The White House. The Daily Sparkle is a dedicated reminiscence newspaper which offers an ever-changing range of nostalgia topics and activities, targeted for older people and those living with dementia.

The home continued to operate an effective system for handling complaints. We saw only minor complaints had been received which had been taken seriously and responded to in the required timeframe. People were aware of how to raise concerns and complaints. Minutes from a previous residents' and relatives' meeting demonstrated how people were actively encouraged to 'speak up' without fear and make their views known.

We also saw the home had received a number of compliments from people's relatives commending the care that their family member received.

Is the service well-led?

Our findings

Without exception, people and their relatives told us they considered The White House to be well-led. There was a long serving registered manager in post at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

The registered manager promoted an ethos of involvement and empowerment to keep people living at the home involved in their daily lives and daily decision making. Staff and relatives were also involved and encouraged to give ideas about the care and support provided.

Staff told us the home was well-led and a good place to work. We were told by staff, people and their relatives that the registered manager was visible, had an open door policy and was approachable which meant people, their relatives and staff could meet with the registered manager as and when they needed. During the inspection we observed people, their relatives and staff speaking with the registered manager asking them for advice and guidance.

There was an effective system for audit and quality assurance to monitor the service provided. Audits or checks were completed by the registered manager on records, including medicines, accidents, risk assessments, care plans and daily records. They also completed a quality monitoring form addressing any concerns or problems the audit highlighted. We saw the registered manager promptly actioned and addressed areas of concern.

Meetings were conducted regularly with people who used the service, their relatives and staff. Records showed the service reviewed feedback from people and their relatives and where required appropriate action was taken to respond to concerns and improve the quality of care provided.

Without exception, the registered manager and every member of staff we spoke with during the inspection visit was open, honest, transparent and thoroughly engaging.

Throughout the inspection, we asked the registered manager for a variety of documents to be made available. We found documentation was well organised and could be accessed promptly. We found all the records we looked at were structured and well organised which assisted us to find the information required efficiently.

Providers of health and social care services are required by law to inform CQC of significant events which affect the service or people who use it. The registered manager had sent us the required notifications promptly. This meant we could check that appropriate action had been taken.