

Healthcare Homes Group Limited

# The White House

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	<b>Inspected but not rated</b>
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# Summary of findings

## Overall summary

This was an unannounced and focused inspection carried out on 8 September 2016.

The White House residential home provides accommodation and personal care for up to 33 people. At the time of our inspection there were 29 people using the service.

The service had a registered manager in post. 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.

We carried out an unannounced comprehensive inspection of The White House on 15 and 20 June 2016, and we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and the service was given an overall judgement rating of 'inadequate' and is therefore in Special Measures.

Services in Special Measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in Special Measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in Special Measures.

Following the comprehensive inspection on 15 and 20 June 2016, we served a warning notice on the provider in relation to the staffing levels in the service which posed risks to people's safety. The warning notice included a timescale by when compliance with the legal requirements must be achieved.

We undertook this focused inspection to check that the provider had made improvements to meet the legal requirements in the warning notice, within the given timescale. This report only covers our findings in relation to the warning notice and those requirements. 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](http://www.cqc.org.uk).

Improvements had been made in the way the service determined its staffing levels. The provider had introduced a dependency profile tool which calculated the number of hours which were required to meet each person's needs. This resulted in an increase in staffing levels during the afternoon/evening and night shifts.

The management team had started to explore how staff were deployed, and how leadership could be improved to ensure the most effective use of staff resources.

New care workers were being inducted into the service, which would reduce the need for agency staff, and provide a more consistent staff team. Induction processes were more robust, and new staff were observed to ensure they were competent.

People were asked their preferences on how often they would like to take a bath or shower, and at what time of the day. Refurbishment to wash room facilities had taken place which meant that people could choose to take a bath or a shower.

The activity co-ordinators hours had been increased, which enabled them to provide a service five days per week. An activity forum has been set up so people can discuss the provision of activity on a regular basis, and whether this is meeting their needs.

Other issues identified in the June inspection under the domain 'Safe' were not followed up at this inspection. We will review our rating for 'Safe' at the next comprehensive inspection.

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

We always ask the following five questions of services.

### Is the service safe?

Improvements had been made to ensure that staffing levels met the needs of people using the service at all times.

Staffing levels had been increased during the afternoon/evening and night shifts.

Deployment of staff and leadership skills were being reviewed to ensure effective work practices.

The activity co-ordinator hours had been increased to cover five days per week.

### Inspected but not rated

# 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.

We undertook this unannounced focused inspection of The White House on 8 September 2016. This inspection was carried out to check that improvements to meet legal requirements had been made by the provider following our comprehensive inspection on 15 and 20 June 2016. The inspection was carried out by one inspector.

Following the comprehensive inspection on 15 and 20 June 2016, we asked the provider to take action within a given timescale to make improvements to ensure that staffing level arrangements were sufficient to ensure people's needs were met at all times. This action has been completed.

During this inspection we spoke with five people using the service. We spoke with the registered manager, relief manager, and four care workers. We also observed the interactions between staff and people.

## Is the service safe?

### Our findings

At the last inspection on 15 and 20 June 2016, we found shortfalls with staffing levels within the service which did not ensure that people's needs were being met at all times. This included a lack of effective systems to ensure that staffing levels and skill mix were being reviewed continuously, and adapted to respond to the changing needs and circumstances of people. People were restricted to only being offered a bath when there were five staff on duty. This was because there was not enough staff to support other people and this would take too long. There was also an identified need for a third member of staff on the night shift, but the service was still in the process of recruitment. Given that this shortfall had been identified, there was no procedure to follow in the interim where only two staff were working during the night. This did not ensure sufficient and suitable staff were deployed to cover both the emergency and the routine work of the service. This inspection took place to ensure improvements had been made within the given timescale.

At this inspection, we found that the provider had implemented a dependency profile tool, which calculated the number of hours required to meet each person's needs, based on the level of support each person required. This resulted in the provider increasing staffing levels during the afternoon/evening and night shifts. The dependency tool is being reviewed regularly, and when there is a change in occupancy. The registered manager checks the staff rota daily to ensure the dependency levels are met for each shift. Care workers we spoke to said that staffing levels were improved. One care worker said, "It's amazing the difference it has made, it's definitely better". Another said, "It is better, but we still use agency staff and sometimes they don't know the layout of the building, so it's difficult for them as things take longer". We spoke to the registered manager and relief manager about this. We found that they were already in the process of inducting three new care workers, which once they had completed their training, would reduce the need for agency workers and provide a more consistent team of care workers. The induction for new care workers had been improved, and now includes observational assessments to ensure competence before working independently.

The registered manager and relief manager told us about the benefits of the dependency profile they were using, which provided them with a more accurate guide to determine staffing levels, but in addition to this they understood that they needed to review day to day work practices, and the reality of what was happening each day on different shifts. The relief manager told us that they had been reviewing the deployment and leadership of staff, particularly on the morning shift, and had implemented a new process for administering medicines. This had resulted in the medicine round being completed earlier, and the senior member of staff being available to help with direct care. One senior care worker said, "It is a better system now with the medicines, it's definitely quicker". One person told us, "I get my medicines earlier now which suits me, as I can get on with my day".

The registered manager and relief manager told us that they had identified good leadership within the staff team, and were working on developing this to support all senior staff. For example, they had begun to ask senior staff what makes a shift run smoothly, how they delegate work, and how they can further improve this across the shifts. This meant that the management team were exploring ways in which care staff can work more effectively, and make best use of resources for the benefit of people.

People told us that staff responded when they requested support. One person said, "Yes, the staff come fairly quickly if I press my call bell, can't grumble". Another said, "The carers come and see me regularly, so I'm happy". The provider is in the process of arranging for the installation of a new call bell system, which will help the service monitor more accurately how long people are waiting when they activate their call bell. The service can then start to identify trends which will further support the service to ensure staffing levels are sufficient at all times.

Bath and shower facilities had been refurbished which gave people more choice. Each person living in the service had been asked individually how often they would prefer to take a bath or shower, and at what time of the day. A log was compiled, which included the date that people's requests had been carried out. This meant that people were being given choice as to their individual preferences, and at the time of this inspection, these were being met.

The activity co-ordinator hours had been increased from 16 to 25 hours per week, spread over five days. This meant that there would be more opportunity for people to take part in meaningful and stimulating activity. We spoke to the new activity co-ordinator, who told us that they were seeing people individually to ask their views, and trialling different activities to gain feedback on what people's preferences were. There was also an 'activity forum' set up for people to attend and give their views as to whether it was meeting their individual needs. This will ensure that practice is reviewed regularly.