Care Quality Commission

Mr & Mrs M Govindan

The White House Care Home

Inspection report

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Date of inspection visit: 24 July 2015
Date of publication: 12/11/2015

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

Overall summary

We visited the White House Care Home on 24 July 2015.

The inspection was unannounced. The last inspection took place on 9 January 2014 when it was found the service was meeting the regulations we inspected.

The service provides residential care and support for up to nine adults with learning disabilities.

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 at the service felt safe. Staff had completed safeguarding of vulnerable adults training and knew how to recognise and report any indicators of abuse. They knew how to escalate concerns. People's needs were

Summary of findings

assessed and appropriate risk assessments developed. There were sufficient numbers of staff to meet people's needs and safe recruitment procedures were followed. People received their medicines safely and as prescribed.

Staff had the skills, knowledge and experience to deliver safe and effective care and support. Mental capacity assessments were completed to establish each person's capacity to make decisions. Where it was necessary to deprive people of their liberty to deliver care and support the service had applied for authorisations under the Deprivation of Liberty Safeguards. Staff had completed mental capacity training. People were supported to have a healthy diet and to maintain good health.

People and visitors commented positively about relationships with staff. People and their representatives were supported to express their views and were involved in making decisions about their care and treatment. Staff respected people's privacy and dignity.

People received personalised care. Care plans were person centred and addressed a wide range of social and healthcare needs. Care plans and associated risk assessments reflected people's needs, goals and preferences. People were encouraged to take part in activities that reduced the risks of social isolation.

Staff spoke positively about the management team who had an open door policy if people, visitors of staff wanted to speak with them. The service had formal and informal systems of audits to monitor and assess the quality of service they provided.

Summary of findings

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. People felt safe. Staff had completed safeguarding training and knew how to recognise and report abuse. There were sufficient staff to support people's needs. The service provided a safe and comfortable environment. Medicines were administered appropriately.

Good

Is the service effective?
The service was effective. Staff received relevant training and support. People's capacity to make decisions was assessed. People consented to care and support. People were supported with their health and well-being.

Good

Is the service caring?
The service was caring. People and relatives commented positively about staff. Staff were aware of people's needs and preferences. Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive. People received personalised care. Person centred care plans and risk assessments reflected people's needs, goals and preferences.

Good

Is the service well-led?
The service was well-led. Staff spoke positively about the management team. There were appropriate processes to provide feedback and a system of audits and reviews to assess and monitor service provision.

Good

The White House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 July 2015 and was unannounced.'

The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service. During the inspection we spoke with three people using the service, four relatives and three members of staff (including a brief conversation with the manager). We periodically observed people during the inspection. We looked at records about people's care and support which included three care files. We reviewed records about people using the service, staff and the carrying on of the regulated activity. We spoke with one professional from social care.

Good

Is the service safe?

Our findings

We found the service was safe. We spoke with people using the service who told us they were happy and felt safe. Some people were unable to tell us about their experiences of the service so we observed people throughout the inspection and we spoke with relatives. One relative told us, "It's absolutely first rate. I come away from here very reassured and not worried about my [relative's] care." Another relative said, "They are in a place where they feel secure." One relative said, "We go there every week and don't say when we are going. I have had no complaints."

Staff had completed training in safeguarding vulnerable adults. They were able to recognise different types of abuse and knew the procedures for reporting any concerns or escalating concerns to an external body. Handovers took place between shifts albeit of a more informal nature due to the small size of the service. The handovers referred to how people were feeling and behaving and any incidents that had occurred. The service maintained records of accidents and incidents.

We looked at the building and garden areas to the front and rear which were all well maintained. We looked at maintenance records and saw the service had a recent fire safety certificate. The fire alarm, emergency lighting and fire extinguishers had all been checked. There was an emergency evacuation procedure and individuals had personal emergency evacuation plans. The service provided a safe environment for people, visitors and staff.

We found that care and support plans for people using the service were underpinned with relevant risk assessments. The risk assessments reflected the needs and goals of each individual and covered a wide range of risks. As an example, one person's risk assessments included areas such as falls, personal safety, behaviour, personal budgeting and mental health. Risk assessments took into account people's preferences and their daily lives. Risk assessments were reviewed at the same time as care plans or in response to any changes or incidents. Relatives were invited to the periodic review of care plans and associated risk assessments to contribute to the process and to support people to express their views.

We spoke with the deputy manager and a care assistant. They said there were sufficient numbers of staff to meet the needs of people using the service. During the day there were two members of staff. At night time there was one member of staff. A member of staff told us, "Nobody has complex needs and there is not much challenging behaviour." On weekdays, two people using the service went to a day centre five days a week. One person went four days a week and two people for one day. There were eight people using the service in total. Most people were relatively independent. One person was visually impaired but could orientate around the service. The service did not use agency staff. The service was run by a husband and wife team who covered any staff shortages themselves if no other staff were available.

We looked at staff records for recruitment. Staff were required to have checks with the Disclosure and Barring Service to show they were suitable to work with vulnerable adults. The service had further processes within recruitment to ensure staff were suitable. We saw staff completed an application form and underwent an interview process. Records of the interview were retained. Staff also provided references and identification documents.

Medicines were managed safely. We looked at how medicines were stored and records of medicines. We found medicines were stored securely and appropriately. There were no controlled drugs. Medicines records were correctly recorded. We examined the medicine administration records (MARs) for people using the service. Each record was preceded with a front sheet with the name of the person, a photograph, allergies (if applicable), name of the GP and a summary of the medicines and times taken. The MARs were up to date and had been completed correctly. Medicines were administered by staff who had completed appropriate training and were assessed as competent to do so. In addition to audits within the service the pharmacist supplying medicines carried out an audit once a year on medicines processes and records.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. People told us they felt comfortable with the support staff provided. One relative told us, "Staff are very good." Another said, "It's very good, I have no concerns." One relative said, "They have to keep up standards."

New members of staff completed an induction process with training. There were no staff who had recently joined the service. Staff were provided with regular training relevant to their roles. We saw training records that showed staff received regular training. Staff had completed a number of courses in 2015 including safeguarding, moving and handling and fire safety amongst others. Other courses completed by individual staff members included record keeping, infection control, awareness of learning difficulties. All members of staff had completed administration of medicines training.

Staff had additional qualifications relevant to their role. The manager and deputy were both Registered Mental Health Nurses and had completed a National Vocational Qualification (NVQ) Level 5. One member of staff had NVQ Levels 2 to 4 in Health and Social Care. Another member of staff had nursing qualifications from another country. Staff were supported with monthly supervision sessions. In addition to discussions about performance and development the supervision sessions were used as an opportunity to raise points of learning. These included topics such as nutrition and hydration and how that relates to people with learning difficulties.

We saw evidence of consent to care and support and involvement of people and relatives within care records. The manager and deputy understood the requirements of the Mental Capacity Act (MCA) and the Deprivation of Liberties Safeguards (DoLS) which protected people from being looked after in a way that would inappropriately restrict their freedom. At the time of the inspection the service was in the process of reviewing the applications they had made for authorities under DoLS after receiving feedback from the local authority. The review resulted in fewer applications being made. One person was provided with the support of an Independent Mental Capacity Advocate as part of a DoLS assessment. The local authorities concerned have yet to authorise the DoLS applications. The service assessed people's capacity to make decisions. Most people were free to leave the premises whenever they wished and were able to decide what they were going to do each day. Staff completed training in MCA and DoLS including an online course provided by the local authority.

People had sufficient food to eat and liquids to drink. One person told us, "I like to make tea for everybody; I know how they like it." Another person said, "The food is nice." Staff were aware of the dietary needs of people they cared for and care records confirmed a suitably balanced diet was provided to promote people's health and well-being. We saw in care plans that some people had been referred to the dietician. One person was on a low fat diet with lots of fruit and vegetables. Due to the size of the service the menu was quite flexible to accommodate people's preferences. Drinks were readily available to people at all times.

People were supported with their healthcare needs. People were registered with a GP and visited a range of healthcare professionals such as the dentist, optician and chiropodist. We saw evidence of appropriate professionals attending people at the service when required. Most of the information about healthcare needs were recorded in people's Health Action Plans. People were weighed once a month and their body mass index calculated. We saw the service responded to changes in weight. For example, the service identified a person's weight gain that lead to a referral to a dietician and an appropriate plan and diet being put in place. Each person had a hospital passport that provided up to date information about their needs, medical history and how they liked to be treated. On the day of the inspection one person had to be taken to hospital by ambulance and the hospital passport and a member of staff accompanied them. The hospital passport provided information to healthcare professionals about the person that they might not be able to verbally communicate themselves.

Good

Is the service caring?

Our findings

We spoke with people who told us they liked the staff. One relative told us, “The care is absolutely great. It’s a nice family sort of home.” They also said, “They are all very caring, my [relative] is very happy there, [they] would let me know if [they weren’t].” Another relative said, “We have never felt they have not looked after [our relative].” One relative told us, “My relative seems happy enough and well enough cared for.” Another relative said, “It’s very nice, a nice cottage feel about it. As far as staff go they cannot do enough.”

We observed and listened to interactions between people and between people and staff. Everybody addressed each other by their first names. There was a comfortable, friendly atmosphere. Staff interactions with people were on equal terms. For those people who could not express themselves verbally we observed their body language was positive in reactions to other people and staff. Conversations and exchanges ranged between friendly, joking and matter of fact. When we spoke with people they were initially less responsive but became more relaxed as time went on. Most people had been living at the service for a long time and knew each other very well. This was the same with staff who had been at the service for some time and this ensured the care and support provided was based on in depth knowledge of people personally and their individual needs.

People and their relatives were supported by the service to express their views and to be actively involved in planning their care and support. It was evident in the care plans we looked at that people and/or their relatives were involved in the care planning process. Relatives, if appropriate, were invited to annual reviews to contribute to care planning and provide support for people’s involvement. The deputy informed us that wherever possible they encouraged relatives to be involved. Most people were visited on a regular basis by members of their family.

People’s dignity and privacy were respected. We observed people were clean with tidy hair. People were dressed appropriately and wearing clean clothes. There were no malodours. Conversations between people and staff were friendly but also respectful. People could choose where they wanted to spend their time. One person showed us their bedroom which had been decorated by their family and contained personal pieces of furniture. People were encouraged to maintain their independence. They were encouraged to take trips to local amenities to make personal purchases for daily living tasks such as toiletries. People helped staff with minor tasks that were within their capabilities. For example, early in the inspection one person asked the inspector if they would like a cup of tea and whilst making it showed them where everything was stored in the kitchen. They explained they could make a sandwich and other things to eat if they wanted to. We saw in care plans that people’s spiritual needs were considered and supported where appropriate. For example, for a period of time one person liked to go to a local church and staff provided support for them to do so by accompanying them. Relatives told us they were able to visit at any time and were always made to feel very welcome.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. One person smiled when telling us, "Sometimes we go to the pub." One relative told us, "I think they go beyond what they should do to get them out and about." The same relative told us they had recently been to a tea party and had just received a telephone call inviting them to the Christmas party. Staff were knowledgeable about and attentive to the needs of people they supported. They were aware of people's preferences and interests which meant they were better equipped to deliver personalised care and support. We looked at a random selection of care records. They were person centred and identified people's needs, goals and preferences and how they were expected to be delivered. This detailed information about the person gave guidance that supported staff to deliver safe and appropriate care and support.

Most people had been living at the service for a number of years. Only one person was a relatively recent arrival. We saw the local authority had sent information to the service about the person's support needs and provided a support plan. The deputy manager visited the person to carry out an initial assessment and to ascertain if they would fit in with the people already living at the service. Once the person arrived a temporary care plan and associated risk assessments were completed. After they had been resident for six weeks the service created a permanent care plan reflecting what had been learnt about the person during that time.

We found care plans reflected people's needs and preferences. We saw they addressed a range of social and healthcare needs. In one care plan we saw needs included personal hygiene; health; medicines; mobility; nutrition and hydration; behaviour; social; religious and spiritual; and, financial. Other care plans followed a similar pattern but were specific to the needs of each individual.

There were a range of activities that took place and were aimed at both individuals and groups of people depending on their capabilities. Activities were important for people because they enhanced their lives and reduced the likelihood of any social isolation or distancing. Many activities took place quite naturally and informally on a daily basis such as watching TV, conversations, eating meals with other people and colouring books. There were also organised activities. Five people attended day centres on various days of the week. There were shopping trips locally and to towns in the area such as Sutton, Epsom and Croydon. There were regular trips to the park and occasional trips to a public house for lunch. Previously the service had taken people on holiday to Blackpool but some people did not like leaving the home for more than a day. People were quite happy to take day trips. There were regular visits from relatives who could take people out. One relative told us, "We often take [name of relative] out but [they] are always pleased to get back." Occasionally a visitor brought a dog into the service for people to stroke and play. The service also arranged occasional joint activities for people and their relatives such as tea parties and the Christmas party.

We found the service had systems to listen and learn from others experiences of the service and the care provided. Due to the small size of the service feedback effectively took place every day from people. Despite that, meetings were held so that people using the service could raise matters about the day to day running of the service such as menus, activities and the like. The service maintained records of accidents and incidents and reviewed them to see if there was any learning to be taken away and whether the service could improve. Visitors told us the manager, deputy and staff were all approachable and they would raise any concerns with them. One relative told us, "I can openly say I am not happy with something." Another said, "They do listen to me, it's a two way thing." In addition there were one or two gatherings with relatives every year where general feedback in an informal setting could take place. There was a complaints procedure operated by the home and people using the service and relatives were informed about it in the contents of the service user guide. There had been no complaints recorded since our previous inspection.

Good

Is the service well-led?

Our findings

The service and manager were appropriately registered with CQC. The provider was a husband and wife team who performed the role of manager and deputy. At least one of them was usually at the service during the day and worked closely with the small staff team to deliver care. They were always available to people using the service, relatives and staff either at the service or on the end of a telephone. Staff were able to contact them at any time of the day. The manager and deputy had an open door policy and regularly worked with people and staff.

Due to the size of the service the manager and deputy observed and worked closely with staff. They regularly carried out the same work as the care assistants. Staff were involved in developing the care and support provided to people through this daily interaction with and informal feedback to the manager or deputy. The manager and deputy also worked regular night shifts that ensured they were fully aware of people's behaviour patterns at night time and were not totally dependent on feedback from staff. We spoke with one member of staff who spoke positively about the service, the management team and people using the service. They told us, "I like working here, I've been here a long time." We also found the manager, deputy and staff regularly completed their training together. The size of the service worked to the advantage of the management team because any changes in people's needs or behaviours, temporary or permanent, or any accidents or incidents could instantly be relayed to staff or discussed with them. For example, when one person took ill and was taken to hospital they were accompanied by the manager who stayed with them while they were assessed and treated. The manager was able to relay information about what had happened at the hospital to staff and discuss what they needed to do.

The manager and deputy, by working closely with people and staff, carried out daily informal audits of the service. For example, each time one of them administered medicines they were effectively auditing medicines as they checked everything was correct. Once a month the management team audited all aspects of the service from care plans to building maintenance. External bodies were brought in at set intervals to review and maintain areas of service provision such as fire safety, medicines, electricity supply and equipment and water testing. The interior and exterior of the building were regularly checked to direct an ongoing programme of refurbishment and repair. They also maintained regular contact with the relevant local authorities who commissioned their services.

We found that records were legible, accurate, up to date and readily accessible. Where required records were stored securely and access was controlled to ensure they were only seen by people entitled to do so. In relation to people using the service records were accurate, complete and contemporaneous. Records were appropriate for the management of the regulated activity and in relation to staff employed to carry it out.