

TWH Residential Home Limited

The Whitehouse Residential Home

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?	Requires Improvement ●

Summary of findings

Overall summary

The Whitehouse Residential Home accommodates up to 32 older people that require accommodation and personal care. The home comprises of two buildings, one of which accommodates people living with dementia. At the time of our inspection there were 19 people using the service.

The service was last inspected on 14 and 17 July, and 10 August 2015 and was found to be in breach of seven regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us an action plan identifying actions to be taken and timescales for completion, in order for them to become compliant.

This inspection took place on 20 April 2016 and was unannounced, which meant we did not notify anyone at the service that we would be attending and included checks to confirm the service had followed their action plan and met legal requirements. On this inspection we checked and found improvements had been made with the breaches of regulation identified at the last inspection. The registered provider must now evidence that these improvements can be sustained to ensure the service remains well led. Systems and processes that have been introduced must remain consistent and robust to continue to effectively monitor the service and mitigate risks to people.

It is a condition of registration with the Care Quality Commission that there is a registered manager in place. 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.

A new home manager was appointed at The Whitehouse Residential Home two weeks ago. They informed us they were submitting an application to register as manager.

People spoken with said they felt safe living at The Whitehouse Residential Home and they could talk to staff if they had any worries.

There were systems in place to make sure people were protected from abuse and avoidable harm.

We found systems were in place to make sure people received their medicines safely.

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home.

A varied and nutritious diet was provided to people that took into account dietary needs and preferences. People we spoke with told us they enjoyed all of the meals provided at the home.

People's physical and mental health needs were monitored. There was evidence of involvement from professionals such as doctors, the mental health team, dentists and district nurses in people's support plans.

Staff were provided with relevant training to make sure they had the right skills and knowledge for their role. Staff supervision and appraisal meetings took place on a regular basis to ensure staff were fully supported.

We observed people's needs were met by staff that understood how care and support should be delivered. People were treated with dignity and respect.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

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.

People expressed no concerns and told us they felt safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

Staffing levels were suitable to meet people's needs.

There were systems in place to make sure people were protected from abuse and avoidable harm.

Is the service effective?

Good ●

The service was effective.

People were provided with access to relevant health professionals to support their health needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to receive adequate nutrition and hydration.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Is the service caring?

Good ●

The service was caring

People told us staff were kind, caring and treated them well.

We observed good staff interactions where people were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

There were some daily activities available to stimulate people and provide meaningful occupation.

People were confident in reporting concerns to the registered provider and felt they would be listened to.

Is the service well-led?

The service was well led.

Staff told us they felt there had been major improvements in how the home was being managed.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

Requires Improvement 

The Whitehouse Residential 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 20 April 2016 and was unannounced. This meant the people who lived at The Whitehouse Residential Home and the staff who worked there did not know we were coming. The inspection team consisted of three adult social care inspectors.

This inspection was undertaken to check that the registered providers planned improvements to meet legal requirements following our inspection on 14 and 17 July, and 10 August 2015 had been met.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. 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. The PIR was returned as requested.

We contacted Sheffield local authority and Sheffield Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from Healthwatch and Sheffield local authority commissioners. This information was reviewed and used to assist with our inspection.

During the inspection we used a number of different methods to help us understand the experiences of people who lived in the home.

We used the 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. Throughout the inspection we also spent time in the communal areas of the home observing how staff interacted with people and supported them.

We spoke with eight people living at the home and four of their relatives or friends to obtain their views of the support provided.

We spoke with nine members of staff, which included the support manager, home manager, care staff, team leaders and ancillary staff such as maintenance catering and domestic staff. We also spoke with the deputy manager who visited the home on their day off to show inspectors the new medicine management of the home. In addition, we were also able to speak with the registered provider and nominated individual who were visiting the home on the day of inspection. A nominated individual is a designated person identified by the registered provider who acts as the main point of contact with the CQC. The nominated individual must be employed as a director, manager or secretary of the organisation. They must also be in a position which carries responsibility for supervising the management of the carrying on of the regulated activity (i.e. they must be in a position to speak, authoritatively, on behalf of the organisation, about the way that the regulated activity is provided).

We spent time looking at records, which included three people's care records, four staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

We checked progress the registered provider had made following our inspection on 14 and 17 July, and 10 August 2015 when we found a breach of regulation in regard to safe care and treatment, safeguarding service users from abuse and improper treatment and staffing. We found sufficient improvements had been made to meet regulations.

All the people we spoke with were asked if they felt safe and we talked about what that meant in terms of physical safety, the kindness of staff, worries or problems, calling for help and receiving medication. All the people we spoke with told us they felt safe living at the home. Comments included, "I feel safer here than I did at home," "No worries about the staff, they are very good we are taken care of" and "I feel safe, oh yes."

We asked about staffing levels at the home. All people we asked thought staff attended to them promptly and as needed. People said, "They (staff) come when I ring to go to the toilet, always discreet as well" and "Yes, staff come quickly."

We looked at three people's medication administration records (MAR) and checked a sample of these against the medicines held for those people, observed staff administering medication and spoke with staff about medicines management. We found there was a detailed medicines policy in place for the safe storage, administration and disposal of medicines.

People said, "Staff are good they never forget my medicines" and "They (staff) always bring me my tablets on time."

Discussions with the deputy manager and staff about medication identified senior members of care staff were responsible for people's medicines and that they had received training and had their competency to deal with medicines assessed. Staff said the support manager or another senior member of staff observed them administering medicines before signing them as competent to make sure they had understood their training and were following the correct procedure for administering and managing medicines.

We saw records which showed staff had received recent competency checks when administering medicines and training through a 'distant learning course' at a university. Staff said, "We are observed to make sure we are safe to administer, we then get feedback on how we did."

Staff were patient and caring when administering medication and this was done in a courteous and unobtrusive way. Staff were heard to explain to people what their medication was for and encouraged people to take their medicines with a glass of water. The member of staff stayed with the person until they were sure they had taken their medicines. Generally staff did not need to touch the person's tablets as they were dispensed from blister packs, where staff did need to handle medicines, to help with administration; staff were seen to wear gloves.

We found people had a medication plan that identified how people liked to take their medication and any

allergies they had. The plans included guidance for people who were administered medication 'as and when required'. Each person had a MAR, which included a photograph of the person. This meant information was available for staff to minimise risks of people being given the wrong medication.

On people's MAR, we found medicines received into the home had been signed as received. We found medicines were securely stored in locked cupboards.

We checked the records of one person who was receiving controlled drugs. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are dealt with. The drugs were stored appropriately and administration records were signed by two people. This showed that procedures were in place for the safe handling and storage of medicines controlled under the Misuse of Drugs legislation.

We saw documented audit checks regarding the safe storage and accurate record keeping of medicines were being completed by the support manager at the service. These audits were completed on a monthly basis.

The support manager confirmed they liaised regularly with the community pharmacist to help maintain people's safety around medicines management.

At the time of this visit 19 people were living at The Whitehouse Residential Home. We discussed the staffing levels with the support manager and nominated individual. They told us staffing levels had increased since our last inspection despite a reduction in the numbers of people living at the home. They said they felt staffing numbers were safe and the service was able to meet people's needs with the current staffing numbers.

The support manager and nominated individual told us four care staff worked across day time hours and three care staff were now working during the night. There was additional management and ancillary support as well as a senior member of staff who was on call during the night should any person need to go to hospital or in case of emergency.

Since our last inspection a dependency assessment and tool was used to determine the number of staff required in order to meet people's needs. An individual dependency assessment was also recorded in each person's care plan so the managers could monitor if any increase in staffing numbers would be required dependant on the changing needs of people at The Whitehouse.

All the staff spoken with said enough staff were provided to support people with their needs. Staff said, "Due to occupancy levels staff numbers are fine, as long as they increase as more residents come in," "We now have enough to meet people's needs," "Numbers are better," "Numbers of staff are fine" and "It's better because we now work as a team as well, nobody ever says 'That's not my job'."

The nominated individual said there would be a further increase in care staff numbers during the day when two more people came into the home or if people's dependency levels increased.

We observed during the inspection that staff were available to meet people's needs when needed. We found that staff were visible in communal rooms and that three call bells we heard ring through the day were answered within 90 seconds.

We looked at the home's staffing rota for the current month and the month prior to this visit, which showed

that the calculated staffing levels were maintained so that people's needs could be met.

We looked at three staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions. The support manager had to forward a character reference for one member of staff to us the day after inspection as it could not be located on the day of our visit.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they should take if they suspected abuse, or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the senior staff on duty and they felt confident that the management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw that a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

The support manager confirmed the registered provider was not responsible for holding anybody's bank account and did not hold any people's bank cards. The service held small amounts of money for people which were securely locked in a safe. The nominated individual confirmed an independent financial auditor would be checking and auditing people's monies which were held at the home within the next two weeks. The nominated individual confirmed these measures would help to safeguard people's personal finances.

We checked three people's support plans and found they contained risk assessments that identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered all aspects of a person's activity and included environmental, moving and handling and fall risks. We found risk assessments had been updated as needed to make sure they were relevant to the individual.

We checked the previous six incidents and accident records and found all had been checked by the support manager who had completed a 'follow up' report to show incidents were being monitored and dealt with.

We were informed of an incident that occurred at the home 24 hours before our inspection which involved two people who used the service. During this incident one person was placed at significant risk. The support manager said they had immediately referred the incident to the safeguarding authority and notified CQC. We saw evidence of these referrals. Families had been notified of the incident and the action taken by the home to minimise risks. The support manager, home manager and nominated individual had also taken action and introduced other measures to protect people from harm. These included the redeployment of staff and re-evaluating risk assessments and organising staff meetings and memos to staff to advise them of action they were required to take to minimise risk to people.

We saw a potential trip hazard in the lounge area. We discussed the hazard with the support manager and nominated individual. They took immediate short term action to minimise the risk and discussed a longer term plan that would require a building alteration. An assessment of the risk and action required was shared

with staff on the day of inspection.

The home had a fire risk assessment in place which included an emergency evacuation plan. We also found that each person who used the service had a personal emergency evacuation plan (PEEP) which identified the number of staff required to assist the person and any equipment needed.

There was a business continuity plan in place for the service. The business continuity plan contained details of risks or failures that would impact on service delivery, what impact each risk would have should it occur, what action would be taken and who was responsible for dealing with this.

We found that a policy and procedure was in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that infection control audits were undertaken which showed that any issues were identified and acted upon. This showed that procedures were followed to control infection.

We found The Whitehouse Residential Home was clean. Stakeholders, following recent visits to the home, said they had found, "Major improvements to the environment."

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 14 and 17 July, and 10 August 2015 when we found a breach of regulation in regard to staffing and consent. We found sufficient improvements had been made to meet regulations.

People and relatives were positive about the care they or their family member received. People told us their health was looked after and they were given support when needed. Comments included, "I had pain, staff called my doctor straight away," "The doctor comes every week, they are lovely," "The doctor dentist and district nurses come regularly, they take blood, give flu jabs, the usual things" and "The doctor is here every week anyway so anybody who needs help can be seen."

Relatives spoken with had no concerns about the healthcare provided to their family member. One relative told us, "I was a bit worried about [name of person]. When I got home I decided to ring the home back and by the time I rang the staff had recognised the same concern and called the doctor. That was reassuring."

In care records we saw entries of involvement from healthcare professionals including doctors, specialist nurses, opticians and dentists. This showed people were supported with their health needs where required.

Prior to the inspection we reviewed comments from other professionals, one professional said, "There have been significant and continuing improvements at The Whitehouse."

We checked how people were supported to eat, drink and maintain a balanced diet. We viewed people's care plans and observed the lunch and tea time meals. We found people's nutritional needs had been assessed during the support planning process and people's requirements in relation to nutrition identified. We also spoke with people and their relatives. One person said, "Staff keep an eye on us to make sure we eat ok, I get weighed regularly."

People told us the food was good and they enjoyed their meals. Comments included, "The menu changes every day," "The food is really good, we get lots of fresh fruit and veg," "Very good if you don't like something you get an alternative" and "I enjoy my food and there's a choice."

At lunch and tea time there were clean table cloths, serviettes and drinks and condiments available. We saw meals were nicely presented. People said they were enjoying their food and staff made sure they had what they needed. There was a relaxed atmosphere in the dining room and people were allowed to eat at their pace. Staff were aware of people's food and drink preferences and respected these. We saw people were offered drinks throughout the day.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the home acted in line with the MCA and DoLS guidelines. We found people were being deprived of their liberty, but there was evidence that the support manager had sent eight assessments to the local authority for authorisation.

Staff we spoke with had an understanding of the MCA and DoLS and could describe what this meant in practice. Most, but not all staff had been provided with training. This meant staff had relevant knowledge of procedures to follow in line with legislation.

We checked staff training records. Training records showed induction training was provided to all staff and covered mandatory subjects such as, health and safety, safeguarding and people moving people.

New care staff were given a comprehensive induction to prepare them for their role. This was completed over several months and covered the 15 standards of the Care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff told us initial induction training took place over four days and then they also shadowed experienced workers for a set period of time.

Staff said training was "good" and included sessions on people moving people, infection control, NAPPI (non aggressive physical and psychological intervention) and dementia awareness. We saw a training matrix was in place so that updates could be delivered to maintain staff skills. Staff spoken with said the training provided them with the skills they needed to do their job.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two way process which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

Records seen showed staff were provided with supervision and appraisal for development and support. Staff said supervisions were provided regularly and they could talk to their manager at any time. Staff spoken with were knowledgeable about their responsibilities and role.

Staff said, "We are getting training, supervision and appraisals with either the owner or the manager," "We didn't really get supervision or appraisal, we do now, every three months or so," "Training is on-going and we are up to date with it now" and "I feel supported and valued. I didn't but I do now."

The home was clean with no unpleasant odours. We saw the day to day maintenance in all areas of the home was well maintained. One healthcare professional said, "There has been a complete transformation in the environment since last year. When I visited the home appeared clean and looked appealing."

People and staff expressed great pride in the newly refurbished areas of the home. Staff said, "The new hairdressing room has made a big difference. It's nice that people feel they are going to the hairdresser now, rather than having their hair done in a corridor or lounge."

Is the service caring?

Our findings

We checked progress the registered provider had made following our inspection on 14 and 17 July, and 10 August 2015 when we found a breach of regulation in regard to dignity and respect. We found sufficient improvements had been made to meet regulations.

We asked people about their relationships with staff and whether they felt their privacy and dignity was respected. In addition, how the service supported them to express their views and be involved in making decisions about their care, treatment and support.

When we spoke with people there was a consensus of opinion that staff were kind and caring. Comments included, "I don't think there is a better place than this," "It's marvellous, so beautiful, its heaven here, the staff are lovely every one of them," "I don't want to leave here I'd be heartbroken. I like it here," "It's pleasant and we are well cared for" and "Staff are excellent very caring."

Relatives we spoke with said, "Staff are friendly and very nice," "Staff are lovely, they are so kind" and "We would have had my parents in here if we could."

We saw people were relaxed in the company of staff and the relationship between them was friendly and open.

People and their visitors told us there were no restrictions on people visiting the home. There was a lively feel to the home and we observed there were regular visitors throughout the day of the inspection.

Interactions between staff and people were patient and caring in tone and language.

We did not see or hear staff discussing any personal information openly or compromising people's privacy.

People said staff respected their privacy and dignity and said, "If I want to go to the toilet staff come quickly and they are very discreet" and "Staff are very respectful with personal care."

The SOFI observation we carried out showed us there were positive interactions between the people we observed and the staff supporting them. Staff were attentive to people's needs and staff talked to people at their pace and did not rush them in the conversation they were participating in. We saw that in all cases people were cared for by staff that were kind, patient and respectful. Staff reassured people when supporting them with care and assisting them to move around the home. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff.

We found the home had two dignity champions and an end of life champion whose roles were to share good practice with staff. Staff told us that the topics of privacy and dignity were discussed at training events and they found these informative and helpful.

Staff we spoke with were able to describe how they maintained people's dignity and respect and gave examples of how they would implement this. This included practice such as ensuring personal care was provided discreetly and maintaining people's confidentiality.

We saw staff routinely offered people choice such as where they wanted to sit, what they wanted to drink and what activities they wished to do during the day.

We saw when a doctor arrived to see a person at the home staff offered a private area for the consultation. Staff said, "I think we are much better at promoting people's privacy and dignity now, when a health professional came they started some treatment in the lounge. I was polite but immediately told them, we don't do that here, let's move to a private area," "We have two dignity champions to promote good practice" and "I am glad you (CQC) have come back you can see how much better things are now."

There were end of life care arrangements in place to ensure people had a comfortable and dignified death. Staff told us they had been booked onto some end of life care training to be held within the next week. We saw posters advertising this training in a staff area of the home.

Is the service responsive?

Our findings

We checked that people received personalised care that was responsive to their needs.

People living at the home said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided. Comments included, "We play bingo, quizzes, crafts and painting it's lovely here, enough to do," "I used to go to church but can't manage now but a vicar comes to see us, he's lovely," "I went out for a meal for my birthday," "The hairdresser comes every week, it's nice to have your hair done with your friends" and "It is lovely to sit in the garden when it's warm enough."

We checked progress the registered provider had made following our inspection on 14 and 17 July, and 10 August 2015 when we found a breach of regulation in regard to person centred care. We found sufficient improvements had been met to meet the regulation.

Relatives told us they found the home very responsive and we heard staff asking people if they needed anything and checking all was well.

We found an activity worker was employed for five days each week, although we were informed by the support manager that they were currently off work and care staff were supporting people in leisure and occupational activities. Staff said they were happy to do this and could currently facilitate activities due to the decreased numbers of people living at the home. The support manager said this was a short term measure and she was hopeful that the activities coordinator would be returning to work soon.

We found a variety of leisure opportunities were provided for people to enjoy as they chose. The support manager told us that people at the home would soon have access to a minibus to facilitate trips out of the home so that people were provided with more leisure opportunities. People told us the activities provided included quizzes and games, trips out, visiting entertainers, and crafts. We saw people were sitting together in the conservatory overlooking the dams and they told us they like to sit there to admire the view, watch wildlife and watch the comings and goings of people in and out of the home. They were chatting with staff and seemed to be having a good time whilst completing craftwork.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink and if they would like to join in activities.

One person said, "Staff are very observant they ask if you are well, for example, if they notice you haven't eaten much dinner."

People's care records included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed that people had regular contact with relevant health care

professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

During the SOFI we found staff responsive to people's needs. Staff encouraged people to be as independent as possible during mealtimes but we saw staff check people were comfortable at the table and had the correct equipment to aid them to eat, such as plate guards and specialist cutlery.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure and survey leaflets on display in the entrance area of the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw people were provided with information on how to complain in the 'service user guide' provided to them when they moved into The Whitehouse Residential Home. This showed that people were provided with important information to promote their right to complain. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint. The support manager informed us there were no current complaints about the home.

People living at the home and their relatives spoken with all said that they could speak to staff if they had any worries. People commented, "I would tell the manager although I have never had to complain," "It's good here, I have never had to complain since the day I came" and "I'm very happy no worries at all."

Is the service well-led?

Our findings

We checked progress the registered provider had made following our inspection on 14 and 17 July, and 10 August 2015 when we found a breach of regulation in regard to good governance. We found sufficient improvements had been met to meet the regulation.

We checked that the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that is person-centred, open, inclusive and empowering.

The service did not have a registered manager. Since January 2016 a support manager, appointed by the registered provider, had been managing the service to help implement improvements required following our last inspection. The nominated individual was also actively involved in the management of the home.

A new home manager was appointed at the home two weeks ago. They informed us they were submitting an application to register as manager.

We found staff and the managers' were clear and aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The support manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

General observation of the management of the care home was that the support manager, nominated individual and new home manager were very visible and involved in the day to day running of the home. The atmosphere was friendly and caring. We saw that people, staff and visitors knew the management team and were seen throughout the day freely approaching them and sitting with them and chatting.

People's comments about the service were, "I can't think of anything that needs improvement", "I would recommend it here to friends and family" and "Perfect place, perfect."

We spoke with stakeholders before the inspection. They told us, "The Whitehouse has made considerable improvements and there have been continuing improvements noted including major improvements to the environment."

Discussions with staff identified the service had a more open and inclusive culture since our last inspection in August 2015. Comments included, "I feel a lot more positive in the last six months. There is lots more training, we get more guidance and staffing levels have improved," "Big changes since last August, the home is much cleaner, better equipment, new carpets and curtains and the decoration makes the home so much nicer," "The organisation is so much better," "The [named nominated individual] is very supportive to staff. Staff can approach him," "The whole structure is better, more professional, we have new up to date policies," "New management team are brilliant" and "People living here have a better quality of life, more activities, it's safer due to more staff and the care plans are getting better."

We found staff meetings had been held, which meant staff were provided with an opportunity to share their views about the care provided. Minutes we viewed demonstrated these meetings were now mandatory for staff and better attended. Staff we spoke with stated they were able to voice their opinions about the service. We found that at staff meetings staff discussions included expectations from staff roles, staff handovers, cleanliness, privacy and dignity and safeguarding.

We found that a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. We saw the nominated individual had undertaken monthly visits to check procedures within the home. People and staff said they saw the nominated individual and registered provider much more frequently than monthly and they were both very approachable.

We saw that checks and audits had been made by the support manager, nominated individual ancillary and senior staff at the home. These included care plan, medication, health and safety and infection control audits.

We saw records of accidents and incidents were maintained and these were analysed to identify any on going risks or patterns.

In February 2016 the registered provider had sent questionnaires to people living at the home, their relatives and professional visitors to help monitor the quality of people's experiences of the service. The results of questionnaires were audited and the results displayed on the notice board of the home. The support manager told us that if any concerns were reported from people's surveys these would be dealt with on an individual basis. Where people had identified any improvements were needed, an action plan would be developed to act on this.

The home had recently introduced new policies and procedures which covered all aspects of the service. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. Staff said the new policies were much improved and clearer than the previous policies and procedures that were in place. This meant any changes in current practices were reflected in the home's policies.

We rated The Whitehouse Residential Home as inadequate following our inspection on 14 and 17 July and 10 August 2015. We found at the inspection on 20 April 2016 there had been significant improvements. The registered provider must now evidence that these improvements can be sustained to ensure the service remains well led. Systems and processes that have been introduced must remain consistent and robust to continue to effectively monitor the service and mitigate risks to people.