The White House Residential Care Home Ltd

The White House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The White House Residential Care Home is a care home providing personal care to up to 16 people. The service provides support to people living with a dementia, people with a physical disability, people with a sensory impairment, younger adults and older adults. At the time of our inspection there were 11 people using the service.

The home is newly opened and set across 2 floors. The home has good sized communal areas and a garden for people to use.

People's experience of using this service and what we found
The service did not have a manager at the time we inspected; the new manager was due to commence the week after the inspection. As a result, we found that significant improvements were required to manage medicines safely, assess risk to people's health, and to recruit staff safely.

We made a recommendation about the incident recording processes to make sure any lessons were learned and made recommendations about meeting people's communication needs and dealing with complaints.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The home was clean and comfortable. A relative said, "The rooms are pristine and cleaned daily." People were kept safe from the risk of abuse.

People and their relatives spoke highly about staff. One person said, "The staff are very good" and another person said, "Staff seem caring, you can talk to them about anything if you wanted to."

People were supported to live healthy lives, and the food was freshly prepared and nutritious. Rooms were decorated to a high standard and were personalised. People were supported to visit the local area although they and relatives commented that more activities could be done within the home.

Methods to seek feedback from people that used the service, relatives and staff were planned but yet to be embedded. The home had a positive atmosphere and people were supported by staff that enjoyed their jobs.

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

Rating at last inspection
This service was registered with us on 28 March 2023 and this is the first inspection.

Enforcement
We have identified breaches in relation to managing people's medicines, assessing risk to people's health and wellbeing, safe recruitment of staff, consent to care and treatment and the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not well-led.

Details are in our well-led findings below.

The White House Residential Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was undertaken by 2 inspectors.

Service and service type
The White House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Whitehouse Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The provider had recruited a manager who was due to commence their post the week after the inspection. The provider confirmed the new manager would apply to CQC to become registered and we will review the application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 5 people that used the service and 5 relatives. We spoke to 8 members of staff including the directors and care staff.

We looked at a range of records and checked the quality of people's care plans and risk assessments. We looked at medicine records, staff recruitment records and training records. We looked at policies and procedures, and health and safety records.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were not always protected from the risks associated with unsafe medicines management.
- Some people had medicines prescribed 'as and when required', however there was no guidance for staff about how these should be administered.
- Staff did not always record what times some medicines such as paracetamol had been administered. This meant we were not assured people received their medicine in line with guidance.
- Staff did not record the dates that prescribed creams and eye drops were opened, meaning we were not assured about the effectiveness of medicines. There was no system to record when or how creams had been applied.
- Although there was a thermometer above the medicine's cupboard, staff were not monitoring or recording the temperature to make sure the temperature remained within guidelines and medicines were stored safely
- The system for ordering medicines was not effective, and not in line with the provider's medicine policy. Plans were in place to change this in the next few weeks.
- The provider had only undertaken 1 medicine's audit since opening, which had identified some of the above concerns. However, these had not yet been addressed. Through the audit the provider found out of date medicines, and these were disposed of.

Although we found no evidence of harm, systems had not been established to manage medicines safely. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new manager with the support of senior staff put together an action plan to address all of the concerns found during the inspection.

- We found good guidance in people's records about prescribed medicines for staff to follow.

Assessing risk, safety monitoring and management

- Risks to people's health were not adequately assessed.
- People's care plans were lacking in detail and not every person had risk assessments or care plans in place for staff to follow.
- The service was without a manager for several weeks, meaning that pre-admission assessments undertaken during this time were not completed by someone with the necessary skills, knowledge and

experience.

Although we found no evidence of harm, the provider failed to establish systems to adequately assess, monitor and manage risks to people's health and wellbeing. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager commenced their role the week following the inspection and confirmed that risk assessments and care plans would be completed immediately.

● We checked health and safety records and found that checks had been made regarding fire risks, electrical testing and gas safety. Some actions were required to improve risks around fire safety, and these were in progress.
● The provider used a maintenance book to record actions taken when something required fixing or replacing.

Staffing and recruitment
● There were enough staff to meet people's needs.
● The provider did not make sure that staff were recruited safely. Not all staff had up to date Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● The provider did not record interview notes for potential staff, and we did not see evidence of application forms. The provider did not complete risk assessments for staff they did not have adequate references for. Therefore, we could not be assured that staff had been recruited safely.

Although we found no evidence of harm, the provider failed to establish safe recruitment practices. This placed people at risk of harm. This was a breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager started their post the week following inspection and confirmed that risk assessments would be put in place and safe recruitment processes would be followed with immediate effect. The provider confirmed new DBS checks were applied for.

● There were enough staff to meet people's needs. The provider was not completing rotas and did not provide a full staff list at the start of the inspection. However, through observations it was clear there were enough staff on duty to meet the needs of people who lived at the home.

Learning lessons when things go wrong
● People were not protected from the risk of mistakes being repeated.
● Although the provider recorded accidents in an accident book, the provider confirmed they had not yet established a process to fully record all types of incidents to be able to analyse and monitor themes and make improvements.

We recommend the provider seeks proper advice to establish a robust incident recording process to support them to learn lessons when things go wrong.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse.

● The provider had a safeguarding policy.
● The provider arranged online training in safeguarding which staff were in the progress of completing.
● Relatives told us they felt their relatives were kept safe in the home, and 1 person said, "I feel safe here."

Preventing and controlling infection
● People were protected from the risk of infection.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● The provider supported visiting in line with guidance.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We did not see evidence of any MCA assessments or consideration given to consent to care and treatment.
- The provider had not arranged MCA training for staff.
- The provider planned to install CCTV in communal areas and did not consider consent or the MCA process when making this decision.
- People's needs were not assessed and delivered in line with standards and guidance. Care plans lacked detail and were not undertaken by staff that had the necessary skills and experience regarding current guidance and the law.

Although we found no evidence of harm, the provider failed to have due regard to the MCA process and people were at risk of having care and treatment delivered without their consent. This placed people at risk of harm. This was a breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider confirmed the new manager would put processes in place to become compliant with the MCA,

and this was included in the overall action plan.

● The provider had made DoLS applications to the local authority and were waiting for these to be assessed.

Staff support: induction, training, skills and experience
● Staff were not yet fully compliant with all mandatory training.
● The provider did not show us training compliance rates; however, we saw evidence that online training was in progress for staff, and some face-to-face training had been delivered.
● Staff had not received additional specialist training, for example in end-of-life care or choking risks. We fed this back and after the inspection the new manager confirmed this had been arranged.
● Staff told us they received an induction and had commenced their required training.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● We saw evidence that the provider made referrals to external agencies and worked effectively with them, for example, district nurses.
● The provider supported people to live healthy lives and supported them to access external healthcare services.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink to maintain a balanced diet.
● The provider recently appointed a cook, and all meals were freshly prepared at the home.
● People were offered choices and people and their relatives were complimentary about the food. One person said, "The food is good", another said, "The food is very nice."
● Staff made referrals to dieticians for further support. People who were on specialist diets received these as needed.

Adapting service, design, decoration to meet people's needs
● The service was comfortable and had a homely and welcoming atmosphere.
● The home and people's rooms were decorated and furnished to a high standard. People could personalise their rooms and make choices about how their rooms could be decorated.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well and people were well supported.
- One person told us, "The staff are good to me, and they help me to get dressed nicely every day."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff involved people during their caring tasks and explained what they were doing.
- Relatives said they were involved in care planning, and they were given time to tell staff about the background of their relative.
- Staff respected people and upheld their privacy, dignity and independence.
- We observed staff talking to people respectfully and people said staff promoted their privacy and dignity. A relative said, "Nothing is too much trouble."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider did not explain how they would meet the Accessible Information Standard.
- We did not see a policy or any staff training around meeting people's communication needs.
- Some people had some basic information about their communication needs within care plans.

We recommend the provider consider guidance on meeting people's communication needs.

Improving care quality in response to complaints or concerns
- The provider had a complaints policy. However, following a recent complaint the provider did not provide us with enough information to ascertain whether they dealt with this in line with their policy.

We recommend the provider seek proper advice about how to deal with complaints effectively.

End of life care and support
- People were at risk of not receiving effective care when at the end of their lives. Although senior staff were trained in end-of-life care, the provider had not arranged this for care staff.
- We did not see a policy regarding end-of-life care and there was no evidence of consideration of this in people's care plans.
- 'Do not attempt cardiopulmonary resuscitation' (DNACPR) records had not been reviewed following people moving into the home or following a change in circumstances.
- We fed this back to the manager post inspection who confirmed relevant training had been arranged for staff, and all care plans would be reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
- There was a risk that care would not be personalised, or people may not have choice and control in how their needs were met, due to gaps in the quality of the care plans in place.
- Relatives told us they had been involved in assessments of care and they felt able to participate in any potential reviews of care in the future.

● Following feedback, the manager confirmed that all concerns found regarding care plans would be actioned with immediate effect.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to develop and maintain relationships and take part in activities. Staff supported people to go into the local community and visit local shops and amenities.

● Staff supported people to go into the local community and visit local shops and amenities.

● We did not observe many activities within the home and relatives told us they thought people could be doing more. The provider had plans to appoint 2 activities co-ordinators to support people to follow their interests.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider lacked understanding about risk.
- The provider did not establish robust systems to manage risk regarding medicines management, people's health and wellbeing, and recruitment.
- There was not an effective end of life policy and system in place.
- The provider did not complete audits to assess the quality of their service and to make improvements where required. For example, staff commenced employment without the proper checks and required training to do their jobs and people's consent for support was not always sought.

The provider did not establish systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service. This put people at risk of harm. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection, the new manager confirmed all areas of risk would be assessed and mitigated with immediate effect, and we saw evidence of action plans to address.

- The provider made statutory notifications to CQC in line with their legal responsibility to do so.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider did not understand their responsibilities regarding the duty of candour.
- The provider had not established a clear incident recording process so we were not assured that if anything went wrong this would be noted and dealt with transparently. Following our feedback, the new manager confirmed this would be addressed.
- Relatives told us they thought the provider would contact them with any concerns or issues.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We observed a positive culture and staff treated people in a way that was inclusive and empowering.
- People and their relatives spoke highly about staff and the home. One person said, "The staff are wonderful, and I feel really well looked after."
- People were supported by staff that took pride in and enjoyed their jobs. One member of staff said, "I

really enjoy working here, I love it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Plans were in place to engage with people, the public and staff but these were not yet embedded. For example, supervisions with staff were planned in the coming months.

● The provider told us they would invite people, their relatives and staff to complete surveys to feedback on care.

Continuous learning and improving care; Working in partnership with others

● Continuous learning for staff was in progress.

● The provider was part of the provider forum and received updates about new guidance.

● The provider planned to participate in local networking events and worked in partnership with external agencies such as the district nurses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People were at risk of receiving care and treatment without their consent.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems and processes were not established to assess risks to the health and safety of service users. People were not protected from the risks associated with unsafe medicines management because adequate systems had not been established.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems had not been established to assess risks, monitor and mitigate risks relating to the health, safety and welfare of service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Effective recruitment procedures had not been established to ensure persons employed met appropriate conditions.