

Mrs Helen Judith Walsh

The White House Falmouth

Inspection report

128 Dracaena Avenue
Falmouth
Cornwall
TR11 2ER

Tel: 01326318318

Date of inspection visit:
20 February 2017

Date of publication:
24 March 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The White House is a care home which provides accommodation for up to 17 older people who require personal care. At the time of the inspection 17 people were using the service. Some of the people who lived at the service needed care and support due to dementia, sensory and /or physical disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We inspected The White House on 20 February 2017. The inspection was unannounced. The service was last inspected in July 2016 when it was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. For example we were told, "In my opinion it is safe," and "I have never observed anyone being nasty in any way."

People received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately.

There was enough staff on duty, people did not appear to be rushed, and any help people needed was provided promptly.

Staff training was delivered to a satisfactory standard although some newer staff still needed to complete essential training. When staff started to work at the service they received a comprehensive induction. Staff received regular one to one supervision with a senior member of staff, and an annual appraisal.

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received enough support from these professionals. There were not records, however, when people last saw a dentist.

Care was provided appropriately and staff were viewed as caring. For example comments received included, "It is like a hotel. Carers are helpful. They go the extra mile. First class," "They look after me properly, they are very good" and "The staff are without doubt lovely."

The service had some activities organised. There was an activities organiser. Activities available included arts and crafts, pamper sessions, and making cards and calendars (for example people made these just before Christmas). The service also had external activities facilitators who visited the service such as a singer and an aroma therapist.

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People were happy with their meals. Everyone said they always had enough to eat and drink. People were not provided with a choice of meals, but staff would provide an alternative meal if people did not like what was on offer. We observed that people received enough support when they needed help with eating or drinking.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint.

People felt the service was well managed. There were satisfactory quality assurance systems in place to ensure there was a process of continuous improvement.

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

Medicines were suitably administered, managed and stored securely.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

The service was clean and well maintained. Health and safety checks were satisfactory and there were suitable procedures in place to assist the prevention of infection and cross contamination.

Is the service effective?

Good ●

The service was effective.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to doctors and other external medical support. However records relating to whether people had seen a dentist needed improvement.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support responsive to their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There were suitable activities available to people who used the service.

Is the service well-led?

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was very good.

Good ●

The White House Falmouth

Detailed findings

Background to this inspection

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

We visited The White House on 20 February 2017. The inspection was carried out by one inspector and an Expert by Experience. An Expert -by -Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Before visiting the home we reviewed information we held about the service. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we spoke with twelve people who used the service. We had contact (either through email or speaking to) with eleven relatives. We also spoke with the registered manager and six members of staff. Before and after the inspection we had written contact with three external professionals including GP's and other health and social care professionals who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at four records which related to people's individual care. We also looked at six staff files and other records in relation to the running of the service.

Is the service safe?

Our findings

People told us they felt safe. For example we were told, "Yes, in my opinion, it is safe," and "That is the reason I came here. I was not safe at home, here I feel safe 24 hours a day." One relative said, "My sister had very bad dementia, but she is as happy as can be possible. It is a very safe environment," and another relative said, "Without doubt I have great admiration for the staff. My relative is looked after very well. I visit often. I have never observed anyone being nasty in any way."

The service had a satisfactory safeguarding adult's policy. Most staff had received training in safeguarding adults, although some staff still needed to attend training about this. There was information in the hallway of the service about what people should do if they suspected anyone who lived at the service was subject to any form of abuse. A relative said, "I have never seen a staff member not being supportive or caring."

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary. People were provided with safe moving and handling support where this was necessary. Staff said they had received training about moving and handling, and we were able to check this was the case from the records we inspected.

People's medicines were administered by staff. Medicines were stored in a locked cabinet, and a locked trolley. Medicine Administration Records (MAR) were completed correctly. A satisfactory system was in place to return and/or dispose of medicine. Medicines which required refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Training records showed that staff who administered medicine had received suitable training. Staff had also been formally observed by a senior member of staff to assess competency administering medicines, and this assessment had been recorded. The pharmacist had checked the system, and their report said its operation was satisfactory. The registered manager also completed monthly medicines audits, and copies of these were maintained at the service.

Incidents and accidents were recorded in people's records. These events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

The service did not keep money on behalf of people. When the service needed to help people with expenditure on items such as toiletries and hairdressing, the service met the cost, and subsequently invoiced the person's representative for the cost. None of the staff who worked in the organisation acted as a signatory, held financial PIN numbers for people's financial accounts or acted as an appointee for people's financial affairs.

There were enough staff on duty to meet people's needs. Rotas showed there were three care staff on duty in the morning, two staff in the afternoon and evening. During the night there was two care assistants on waking night duty. The registered manager and deputy manager worked at the service, on a full time basis. Ancillary staff such as catering and cleaning staff were also employed. At the time of the inspection staff appeared not rushed and attended to people's needs promptly. An external professional said, "I have

spoken with (many of the) staff, and they all said that it was one of the only places they had worked where they did not feel under pressure and things never got chaotic or stressful, and that there were always enough staff to support. The team work was also one of the best I have seen, everyone was keen to support each other. The White House is a calm, very professional environment."

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

The environment was clean and well maintained. Appropriate cleaning schedules were used. Hand gel was available to assist in minimising the risk of cross infection. Staff wore uniforms and had aprons available to them to assist in preventing cross infection. The service was warm, and had sufficient light.

We were told the laundry service was efficient. We saw there were appropriate systems in place to deal with heavily soiled laundry. There were no offensive odours.

The heating system had recently been replaced and there was suitable documentation to show this had been safely installed. Portable electrical appliances had been tested and were safe. The electrical circuit had been tested in 2011 and was seen as safe. As this is required to be tested every five years the registered manager said she would arrange this to be completed. Records showed manual handling equipment had been serviced. There was a risk assessment to minimise the risk of Legionnaires' disease, and systems were in place to take action to minimise the risks identified. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked.

Is the service effective?

Our findings

New staff had an induction to introduce them to their role. The registered manager spent time with new staff to explain people's needs, the organisation's ways of working, and policies and procedures. New staff also worked alongside more experienced staff before being expected to complete shifts.

The registered manager was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. Currently none of the staff had completed the Care Certificate. This was because they had either worked at the service for a long time, or they had previous experience in the care industry and had a suitable qualification, such as a National Vocational Qualification in care, which meant it was not totally necessary to undertake the Care Certificate.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that most staff had received training in manual handling, fire safety, health and safety, infection control, safeguarding, and first aid. Staff had also undertaken further training about dementia awareness. Staff who administered medicines, and who handled food had received suitable training. Staff had completed a diploma or a National Vocational Qualification (NVQ's) in care. Some staff had commenced employment at the service in the last year and still had to undertake some of the essential training. The registered manager said there was a plan for these staff to complete relevant training. However all staff had completed manual handling training in the last 12 months. An external professional said, "There is evidence to indicate all the staff are proficient in moving and handling safely, with sufficient knowledge to identify when additional health professional input is needed."

In addition to this training many of the staff had also attended training about 'The Role of the Care Worker,' 'Communication,' 'Duty of Care,' 'Continence,' 'End of Life Care,' 'Hydration and Nutrition,' and 'Parkinson's Disease,' as well as other courses.

Staff told us they felt supported in their roles by colleagues and senior staff. There were comprehensive records of individual formal supervision with a manager. Staff who had worked at the service for twelve months had also had an appraisal. Staff who were during their induction period had records which showed they had received a review of their progress.

People told us they did not feel restricted. However, due to some people having dementia, and the high level of vulnerability of everyone, the front door was locked for security reasons and to maintain people's safety. There was however a key pad system so if people wished to go out they could do so as long as staff provided them with the code for the door. There were no restrictions imposed upon people living at the service. People were encouraged to be involved in making choices about how they wanted to live their lives and spend their time. For example, people were involved in decisions about how their personal care was given and they were able to choose when they got up and went to bed.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance. 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 people lack mental capacity to take particular decisions, any decisions 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. 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.

The registered manager said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. The majority of staff had received formal training about the Mental Capacity Act and Deprivation of Liberty Safeguards, although some of the newer staff still needed to complete this training.

People were happy with their meals. Relatives said, "The food looks and smells good and I have never heard any complaints from my mum," and "My relative has a good appetite. The residents are always provided with food and drinks." At lunchtime we observed that everybody had enough to eat and drink. Staff said, because the White House was a small home they knew people's individual likes and dislikes. Subsequently although there was no formal choice of meal available, people could receive an alternative if they did not like what was being offered at meal times. People were regularly offered cups of tea, coffee or a cold drink. There were also jugs of water or fruit squash around the service so people could help themselves to a drink if they were thirsty. At lunch time, either in the dining room, or in their bedrooms, we observed people receiving appropriate support to eat their meals. Lunch appeared to be hot when served and the people appeared to enjoy it.

People told us they could see a GP if requested. One person told us, "I had the Doctor in last week. If I am worried at all they call people; the paramedics or the doctor." We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Records about medical consultations showed that people saw, where appropriate, GP's, opticians and district nurses regularly. However, for the records we checked we could not see if these people wanted or needed to see a dentist or when they had last seen one.

The home had appropriate aids and adaptations for people with physical disabilities such as bath chairs to assist people in and out of the bath, a specialist bath for people with disabilities and a walk in shower. There were overhead hoists in some of the bathrooms, and some of the bedrooms. These could help people to manoeuvre around the specific room, and were more comfortable for people than using a mobile hoist.

The service's environment was maintained to a high standard; for example all areas were well decorated, with clean and comfortable furnishings and fittings. The home was clean and tidy, and there were no offensive odours. Furniture has all been replaced in recent years for example some new arm chairs had just been purchased so the service looked very pleasant and it was clear the owner was concerned about how the service looked and felt, and ensured it was comfortable and homely for the people who lived there. On the day of the inspection some of the radiators were being replaced, and we were told fire doors had also been recently replaced. One relative said, "They are continuously doing something in the home."

People told us they liked their bedrooms and these were always warm and comfortable. Bedrooms all had adjustable beds to help assist people get in and out of bed, and to assist staff should personal care need to be given to individuals in their beds. People also had a lockable cabinet by their beds, and were provided with a key.

Is the service caring?

Our findings

People and their relatives were positive about the care people received from staff. We were told, "I can't walk very well and use a frame but if I have a bad day they will always help me whenever I need it," "It's like a hotel. Carers are helpful. They go the extra mile. First class," "They look after me properly, they are very good." and "The staff are without doubt lovely."

We observed staff working in a kind, professional and caring manner. Staff were judged to be patient, calm, and did not rush people. Staff provided personal care discreetly. An external professional said, "I have always felt staff are friendly and helpful and that the residents are happy and well cared for." The people we met were all well dressed and looked well cared for. People's bedroom doors were always shut when care was being provided.

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. There was information about people's backgrounds, and life before moving into the home. This information is useful to staff to help to get to know the person when they move into the service. The registered manager said where possible care plans were completed and explained to people and their representatives. This was carried out for example when people had a monthly review with staff. Relatives said, "A care plan is in place for (my relative) and staff have gone through this with me and my relative" and "My mother has a care plan which my family are involved in."

People said their privacy was respected. For example, we were told staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable.

Family members told us they were made welcome and could visit at any time. People could go to their bedrooms, and also to one of the lounges if they wanted to meet with visitors.

Is the service responsive?

Our findings

Relatives were very positive about the care they received from staff. We observed staff acting in a kind and considerate manner. When people rang call bells for help these were answered promptly. Relatives said, "The call bells are usually answered within a minute or two" and "The staff do their utmost to answer call bells quite quickly."

Before moving into the service the registered manager told us she went out to assess people to check the service could meet the person's needs. People, and/or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person.

Each person had a care plan. Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments for example about the person's physical health, personal care needs, and moving and handling needs. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, falls and pressure sores. Care plans were regularly reviewed, and updated to show any changes in the person's needs. Care plan review documentation was very comprehensive. Staff met with people to review care plans. People's representatives were also consulted when they wanted to be involved. All staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time.

The service arranged organised activities for people. The service now had an activities organiser. The activities organiser worked at the service three days a week. Activities offered included arts and crafts, pamper sessions, and making cards and calendars (for example people made these just before Christmas). The service also had external activities facilitators who visited the service. For example an aroma therapist visited the home and there was also a singer who visited the service twice a week. Some external trips occurred. One person told us, "We made calendars at Christmas, I really enjoyed that, and we grow plants from seed."

On the day of the inspection the singer visited the service. The singer told us that he had training in dementia so he was aware of people's needs that had this diagnosis. The session was very participative for example people had a chance to sing into the microphone, and have a dance. The entertainer asked people about their week, and generally got people involved in the session. It was a very enjoyable occasion with some jokes and laughter, and it was great to see people who had previously shown little responsiveness, and / or some sense of confusion 'light up,' and join in with the proceedings. The registered manager said it was a very good session and this was why the entertainer was currently visiting the service twice a week. At the last comprehensive inspection we witnessed the aroma therapist at work and this proved an equally involving and stimulating session.

The registered manager said the library visited the service so people could have books if they wanted these. The local church and chapel visited the service to provide monthly services, and the Catholic priest was also visiting to provide communion for those who wanted this.

People said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern. A relative said, "I have had no reason to complain however, I have approached the staff on a few occasions regarding my mum and have always been listened to and treated with respect. If I had to formally complain I would know what steps to take and I am sure these would be taken seriously." There was been no complaints on record since the last planned inspection.

Is the service well-led?

Our findings

People and staff had confidence in the registered persons (owners and manager of the service.) For example people told us the registered manager was approachable and helpful. The registered manager was observed engaging very well with people who used the service. An assistant manager had been appointed since the last planned inspection. The assistant manager was playing an increasing role in the day to day management of the service. The current registered manager, although still currently working full time at the service, was planning to step back from some aspects of the day to day management of the service although she still planned to be involved. There was a plan for the assistant manager to shortly be registered with CQC as the manager of the service.

Relatives and external professionals were positive about the culture of the service. A relative said, "The management have never been a problem. They always speak when I see them and are very approachable. There is good communication." Another relative said, "We find the carers excellent, always helpful to me and my family." An external professional said, "I have always found the staff to be caring, compassionate and supportive to those we mutually care for. They are always approachable and efficient in their communications with us as health care professionals, and I am confident they would contact us with any concerns as they have done previously." Several relatives confirmed communication between staff and families was good, and they were informed of any concerns staff had about people's health and welfare.

Staff were positive about the culture of the team. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management. Staff members said morale was good within the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by the registered manager. There were records of staff meetings which had occurred. For example three staff meetings had occurred in 2016. There were also records that three resident meetings had occurred in 2016. We were told formal shift handovers were completed twice a day.

The registered manager worked in the service full time, and worked alongside staff. The registered manager said she was on call when she was not at the service.

The registered manager monitored the quality of the service by completing regular audits of care records, medicines, health and safety, training provision, supervision, environmental standards, accidents and falls. An annual survey of visitors, and people who lived in the service was completed. The registered manager said surveys had recently been sent out. There was a copy of several responses on file, which were all positive in their views of the service. The registered manager said she would collate the results once all the surveys had returned.

The registered manager said the service had recently obtained a 'Gold' grade as Investors in People awarded organisation. Investors in People is a business standard which audits and consequently awards organisations about their training and development standards. We read part of the assessor's report which

stated the service was, "Truly exceptional and the first one as an assessor (where a gold standard had been) achieved on the first assessment." The assessor said the service had a "positive culture," "staff showed compassion...felt valued (and) have trust and respect for each other." In 2016, an audit of care records had also been completed by the local authority. The registered manager said any recommendations by the local authority had been actioned.

The registered manager was registered with the CQC in 2011. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.