

Janes Care Homes Limited

The White House

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?	Good ●

Summary of findings

Overall summary

About the service: The White House provides accommodation and personal care to 28 people aged 65 and over. At the time of the inspection there were 23 people living in the home.

People's experience of using this service:

Everyone we spoke with as part of this inspection told us they were happy living in The White House because staff were kind and all their needs were met.

People told us they felt safe and well looked after, and their relatives agreed. People had their needs met in a personalised way by staff who knew them well and took account of their likes, dislikes and preferences.

Risk assessments were developed where risks to people's well-being were identified and these were mitigated effectively.

People told us and relatives confirmed that there were enough staff to support people in a timely way. People's medicines were administered safely by staff who were appropriately trained and had their competencies checked.

Care plans were kept electronically and this helped keep people's personal information confidential. Care plans were reflective of people's current needs, however they needed developing further to include all the personalised details staff knew about people.

The registered manager completed a range of audits to ensure they monitored the quality of care provided. Where actions were needed to improve the service, these were promptly completed.

People were involved in decisions around their care and where appropriate their relatives gave their input in creating the care plans. However, reviews were mainly done by staff and not evidenced how people were involved in these.

Staff knew how to deal with emergencies like fire, and infection control procedures were adhered to.

Rating at last inspection: Good (report published 21 June 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was 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?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

The White House

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by two inspectors.

Service and service type: The White House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed information, we held about the service, including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local authority and reviewed the commissioner's report of their most recent inspection. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with four people who lived at the home, four relatives, two staff members, the deputy manager and the registered manager who was also the provider. We also contacted a social care professional for feedback.

We looked at care plans relating to four people and reviewed records relating to the management of the service.

We carried out observations throughout the day and used the short observation framework tool (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their complex needs.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home because they trusted staff and their needs were met. One person said, "I am very safe. I know all the staff who work here and they look after me well. Relatives told us they had no concerns about their family members' safety. One relative said, "[Person] is very safe here. Not just because of the environment but staff know them well and recognise when [person's] health is declining."
- Staff told us what the provider's safeguarding procedure was and gave us examples of what they would report to the registered manager or external safeguarding authorities.
- The registered manager had close working relationships with the local safeguarding authority and discussed any concerns they had about people.
- The provider has systems and processes to safeguard people from the risk of abuse.

Assessing risk, safety monitoring and management

- People had risk assessments in place to ensure staff knew how to promote people's health and well-being. Risk assessments were descriptive of what the risks were and what staff had to do to mitigate the risks. For example, where people were assessed to be at risk of falls or risk of choking, staff had guidance in place to ensure they assisted people with appropriate mobility aids and also provided people with the appropriate diet.
- Accident and incidents were analysed and actions were taken to prevent reoccurrence. For example, where people had repeated falls their care plans and risk assessments were regularly reviewed and further measures were taken to help people stay safe.
- Procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEP) in place so that staff were familiar with how to assist people in case of an evacuation.

Staffing and recruitment

- People and relatives told us they felt there were enough staff to meet people's needs in a timely way. One person said, "They come quickly when I ring my bell. I think there are enough." On the day of the inspection we saw staff being quick to respond to people's needs and call bells were answered promptly. Staff told us there were enough staff and if they needed help, the registered manager was always available to help them provide care.
- Safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

Using medicines safely

- People's medicines were managed safely. However, we noted that the electronic medicine administration records were not always matching the handwritten records. The registered manager informed us after the inspection that this system error was being corrected.
- The sample of medicines we counted tallied with the amount recorded. Staff had received training and there were protocols in place for medicines prescribed on an 'as needed' basis. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning in the home. The home was clean and comfortable. Staff were seen to make use of personal protective equipment (PPE) and they used it appropriately when delivering personal care to people. Handwashing posters were placed near the sinks in bathrooms and toilets to remind staff of the importance of hand washing.

Learning lessons when things go wrong

- Staff told us there were lessons learned when things went wrong. We saw evidence that the registered manager took appropriate actions following complaints or incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving to the home. Care plans were developed to support people in all areas they needed support with.
- People were encouraged to remain independent and actively participate in their care. Staff were aware of what people's abilities were and how to support people in line with best practice guidance. For example, they were encouraging people to walk to maintain their mobility.
- Care plans were regularly reviewed and were reflective of people's current needs.

Staff support: induction, training, skills and experience

- People and relatives told us staff were well trained and knowledgeable about their needs. One person told us, "They [staff] are so good. They know what to do."
- Staff told us they received training relevant to their roles and they had opportunities to further their knowledge in the areas they had an interest in by achieving the roles of champions. For example, there was a dementia champion, a falls champion and a nutrition and hydration champion. Staff in these roles were involved in mentoring newly employed staff, as well as developing strategies to meet people's needs in their specialist areas.
- Staff told us they were well supported by the management team through regular meetings and supervisions.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food served to them and the menu offered enough choices. One person said, "The food is good and we always have choices. If I don't like what's on the menu, I can ask for something else."
- Specialist diets were catered for and where people were identified as at risk of not eating or drinking enough, their foods were fortified and they were referred to their GPs or dietician.
- We observed how people were supported at meal times. Staff adapted the support to each person's needs. People were asked if they wanted help with cutting their food up or more assistance. Meal time experience for people could have been improved by giving more purpose to the dining room with nicely laid tables, condiments and the daily menu being displayed.

Staff working with other agencies to provide consistent, effective, timely care

- Staff working at the home knew people well. Staff told us and we saw in care records that staff were able to promptly identify when people's needs changed and seek professional advice. This had been confirmed by relatives who gave us examples of how prompt staff were in seeking professional health care advice when people's health needs changed.

- Staff worked in partnership with health and social care organisations, appropriately sharing information about people to ensure that the care and support provided was effective and in people's best interest.
- The White House was one of six care homes to pilot a programme in partnership with the local clinical commissioning group where staff monitored key indicators of people's health and sought medical advice in a timely way to prevent unnecessary hospital admissions.

Adapting service, design, decoration to meet people's needs

- The environment had a homely feel. However, due to the design and decoration of the building, for visitors who were not familiar with the layout there was little signage available to aid orientation. The registered manager told us they had recognised this and were planning to use more signage to aid people's orientation.
- We discussed with the registered manager the national best practice guidelines for dementia friendly environments where the use of colour and contrast can be really helpful for people living with dementia. They told us they were assessing the environment and changes would be made as and when needed.

Supporting people to live healthier lives, access healthcare services and support

- People told us staff were good at helping them access medical help when it was needed.
- We saw evidence of dietician and district nurse involvement in people's care, as well as physiotherapists, speech and language therapists and opticians. Information was shared with other agencies if people needed to access other services such as hospitals.

Ensuring consent to care and treatment in line with law 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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people who were found lacking capacity to make certain decisions were taken following a best interest process.
- Staff were asking for people's consent before they delivered any aspects of care. People were offered choices and encouraged to express their wishes. For example, people were offered a choice of hot and cold drinks, where they wanted to spend their time and what they wanted to wear. People could freely walk around and staff engaged with them often walking along. We saw some people chose to stay in their bedroom or lay in in the morning and this had been respected by staff.
- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions. DoLS applications were submitted to local authority by the registered manager to ensure that any restrictions applied to people's freedom in order to keep them safe were done lawfully.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were happy living in the home because staff were friendly and caring. One person said, "They are so good to me. If I am feeling low they [staff] go over and above until they cheer me up. They are very kind." Another person said, "They are so friendly. I like them all."
- We saw very caring interactions between care staff and people in the home. Staff greeted people when they passed them in corridors, offering support and reassurance where necessary. All staff knew and used people's names, and made eye contact when talking to people.
- Relatives told us they were made to feel welcome when they visited and staff were like family to people.
- People's religious and cultural beliefs were respected by staff who spoke about people in a kind and compassionate manner. Staff knew the people they were supporting well. We saw staff communicate with people in their preferred communication methods and people reacted positively to these interactions. People were visibly happy and relaxed being supported by staff members.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in their care. They told us staff were respectful of their wishes and choices. One person said, "I will let them [staff] know when I am ready to get up or go to bed. They are good and listen."
- Where people were not able to express their views and could not be involved in decisions about their care, their relatives, next of kin and health and social care professionals were involved to ensure the care and support they received was appropriate.
- Staff knew people well and they could tell us about people's past, likes, dislikes and preferences. Care plans needed personalising to capture all the information staff knew about people.

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their privacy and dignity. One person said, "They always knock on my door and wait. I feel comfortable with them and I have no problems." Another person said, "I can choose to stay in my bedroom when I want and they don't disturb me."
- People were well-groomed and dressed appropriately for the weather. We saw staff supporting people with their needs discreetly to protect their privacy. Doors were closed when staff were supporting people with personal care.
- Relationships were encouraged. People told us their visitors were made to feel welcome and had no restrictions on visiting times.
- The confidentiality of information held in records about people's medical and personal histories was kept secure and had been sufficiently maintained across all areas of the home in a way that preserved and maintained appropriate levels of privacy.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were happy living in the home and they received care and support the way they liked it. One person said, "I have friends here and I feel well cared for. Staff could not do more for me. I am very happy."

- People told us they liked the activities provided at the home, however these were not as regular as they would like. One person said, "I like the quizzes more, but would be nice to have more outings and trips."

Another person said, "Today is exercises and I don't feel like going. Staff are doing the activities and sometimes they have not got the time to do everything."

- There were a range of activities provided to people and these included, exercises, musical entertainments, outside trips as well as other social in-house activities like reminiscing, card games or quizzes.

- There was an initiative from staff to fulfil a special wish for people. For example, a person wished to have dinner with all their family. Staff planned this to ensure every family member could attend and fulfilled this person's wish.

Improving care quality in response to complaints or concerns

- People told us they had no complaints about the service; however, they said they knew how to complain if they had any concerns. One person told us, "I don't have any complaints. I only have to mention something to staff and they do it for me." Relatives told us they had raised issues with the registered manager and these were resolved to their satisfaction. One relative told us, "I have confidence to raise any issue. I have done it in the past and it was quickly resolved and never happened again."

- Complaints were recorded and responded to in line with the provider's policy.

End of life care and support

- The service provided end of life care for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans. Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes. Where people were nearing the end of their life, action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, relatives and social care professional told us the home was well managed and provided personalised care to people safely. One social care professional said, "I have only praise for [registered manager] and the staff there. They really have people's best interest at heart." A relative told us, "The [registered] manager is always around. They are involved and staff listen to them."
- There was an open culture at the home with staff openly sharing their views in team meetings and supervisions. One staff member said, "I am confident in speaking up. We are listened to and things are actioned very quickly (actions from team meetings)."
- The registered manager was knowledgeable about the people living in the home. We observed them supporting people and talking to people in a way which suggested they knew people well.
- Systems and processes were developed to support the registered manager to monitor and improve the quality of the care and support people received. Regular audits were carried out by the registered manager and the provider where they regularly looked at all aspects of the service. There were regular health and safety audits, care plan audits, surveys and meetings organised for people, as well as staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities to effectively manage all the aspects of the service. The registered manager had an overarching governance system which monitored how staff fulfilled their role.
- Staff told us the registered manager often helped and worked with them to ensure people's needs were met. Staff felt listened to and they told us the registered manager's door was always open if they needed support.

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

- People and staff actively participated in the running of the home by sharing ideas at meetings which were listened to by the registered manager. Where needed, actions were put in place to ensure the service was tailored to people's needs.
- People were asked for their feedback to ensure their views on the service were captured and improvements made where needed.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care.