

Platinum Care Limited

The White House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The White House Care Home is a residential care home providing personal care for up to 34 people. The service provides support to older people some of whom may be living with dementia. At the time of our inspection there were 30 people using the service.

The White House is an older style property based near the centre of Bodmin. Accommodation is spread over 3 floors.

People's experience of using this service and what we found

There were enough staff to support people safely. Staff were unhurried in their approach and responded to call bells quickly. The registered manager was proactive in their approach to recruitment; for example, they had sourced accommodation for new employees moving into the area.

People received medicines safely and as prescribed. Staff administering medicines had received training which was regularly refreshed. Competency assessments were completed to ensure staff continued to follow good working practice when administering medicines.

Staff were aware if people were at risk due to their health condition. Risk assessments contained guidance on how to minimise risks. Where necessary external health care professionals worked with the service to help ensure people's health was safely monitored and action taken to support people appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager was supported in the service by two deputy managers. All were visible in the service and worked alongside staff as needed. This meant they were aware of the culture of the service and able to check staff reflected their values.

There were systems in place to gather people's feedback. Although there was no formal system for gathering relative's feedback there was a suggestion book in the foyer. Managers told us they spoke with relatives regularly.

The provider's operations director visited the service regularly. They completed audits covering all aspects of the management of the service. Action plans were then developed to help drive improvement. In addition, they spoke to residents and completed dining room observations. This meant people's experience of living at The White House was captured.

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

Rating at last inspection and update

The last rating for this service was good (published 11 August 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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?

Good ●

The service was safe.

Is the service well-led?

Good ●

The service was well-led.

The White House 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

The White House 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 White House 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 a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because it was carried out at the weekend. We needed to be sure a manager would be available to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 members of staff, the registered manager and the providers operations director. We spoke with 5 people. We looked at 2 people's care plans, Medicine Administration Records (MAR) and other records relating to the running of the service including rotas, policies and procedures and training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were robust systems in place to protect people from the risk of abuse. A safeguarding policy was available which outlined indicators of abuse and information on how to raise any concerns.
- A member of staff described the process of escalating any concerns and told us they were confident these would be dealt with internally. The registered manager had reported safeguarding concerns to the local safeguarding team and CQC.
- People told us they felt safe. One person commented; "Oh yes, of course I am safe!"

Assessing risk, safety monitoring and management

- Care plans contained risk assessments which identified when people were at risk and guided staff on the actions to take to mitigate the risks.
- Regular checks of the premises and equipment were made. For example, checks of fire equipment and electrical equipment were completed.
- Emergency evacuation plans were in place outlining the support each person would need to evacuate the building in an emergency.

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

- We found the service was working within the principles of the MCA. People's consent was sought before personal care was provided. Staff explained the actions they would take if anyone was resistant to personal care. This reflected people's right to choose when they were supported.
- Some people had been assessed as lacking capacity and applications for DoLS authorisations had been made appropriately.

Staffing and recruitment

- There were enough staff to meet people's needs. There were some vacancies at the service and the registered manager was pro-actively seeking to fill these vacancies. Staff from outside of the local area had

been recruited and accommodation for them had been identified to help facilitate a successful recruitment process.

- Agency staff were used to help ensure all shifts were covered. Where possible the agency staff used were familiar with the service and people's needs. An agency induction process was in place for those who had not worked at The White House previously.
- Staff were unhurried in their approach and call bells were responded to quickly. People showed us where their call bells were and told us staff always came when they used the call bell.
- Recruitment practices were safe. References were followed up and Disclosure and Barring Service (DBS) checks completed before new employees started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were robust systems in place to help ensure the safe management of medicines, including those needing additional security. Medicines were stored securely, and temperature checks were carried out in areas where medicines were stored.
- Medicine Administration Records (MARs) were completed to evidence people had received their medicines as prescribed. Daily and weekly checks of MARs were completed so any errors would be quickly identified, and action could be taken to mitigate any risk.
- Some people had medicines for use 'as required' (PRN). There were PRN protocols in place to guide staff on when these should be administered and the appropriate dosages and gaps between administration.
- Staff responsible for administering medicines had received training and competency checks were completed regularly to ensure their practice remained safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 admitting people safely to the service.
- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.
- There were no restrictions on visitors to the service at the time of inspection.

Learning lessons when things go wrong

- Accidents and incidents were recorded. Monthly audits were completed to help identify any patterns and trends. Where needed action plans were put in place to minimise any identified risks.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team had a shared ethos of supporting people to have positive outcomes. This ethos was also shared among staff. One member of staff told us; "We are all working for the same thing, making sure people have a good life."
- There was an overlap between day staff and night staff shifts. This allowed staff to have a comprehensive handover and share any information about people's changing needs.
- Managers were visible in the service and worked alongside staff as needed. This meant they were aware of the culture of the service and were able to check staff reflected organisational values.
- People told us they saw the registered and deputy managers often and knew who they were.

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

- There was a Duty of Candour policy in place which outlined the responsibilities of the service and provider if things went wrong. Managers and senior carers had completed training in the legislation.
- The Duty of Candour Policy had recently been the policy of the week. This meant staff had been required to read the policy and sign to indicate they understood the principles underpinning the policy.

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

- The registered manager was supported by two deputy managers. All had clear roles and responsibilities. One of the deputy managers commented; "We work to each other's strengths."
- The service was well supported by the provider. The provider's operations director visited approximately twice a month staying for 2 to 3 days a time. They audited the service and met with people to check people's experiences were good and identify any areas for improvement.
- Statutory notifications were submitted to CQC as required. The CQC rating was displayed in the service and on the website in line with regulatory requirements.
- There were some vacant rooms at the service. Managers told us they would not take any new admissions unless they were confident they had enough staff, with the relevant skills and knowledge, to provide a safe service.
- Managers worked together to provide an on-call service so a manager was always available for advice and guidance.

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

- Staff meetings were held regularly. These provided a platform for staff to raise any concerns as well as sharing any organisational developments.
- There were systems in place for gathering people's views. A resident of the day system was in place. Each day a residents' care plan was reviewed, and their room checked to see if any improvements were needed. The resident was asked for their views on the menus and any areas of care they would like to be changed.
- There was no formal system in place for regularly gathering the views of relatives. However, a suggestion book was available in the foyer where visitors could record any comments or suggestions.
- Staff were supported in their own personal development. One commented; "It's a lovely company to work for."

Continuous learning and improving care

- The registered manager was a member of local forums for managers which were an opportunity for sharing learning and good practice.
- The service was signed up to social care websites which provided advice, guidance and updates about any changes in the sector.

Working in partnership with others

- The service worked with other agencies to help provide joined up care. District nurses attended daily to support people with any nursing needs.
- Records showed referrals were made to other professionals appropriately. For example, dementia liaison nurses and community psychiatric nurses.